

Blanchard Valley Health System Location: _____

Training Checklist for Laboratory Point of Care Testing

Date of Initial Training: _____

Method: **POCT McKesson 10SG Urinalysis Reagent Strips on McKesson Consult 120 Urine Analyzer**

Test analytes: Urine Qualitative Dipstick Leukocytes, Nitrite, Urobilinogen, Protein, pH, Blood, SG, Ketone, Bilirubin, Gluc

Associate Name and Title: _____

(print legibly) Associate ID number: _____ Supervisor: _____

I. Sample Collection

- _____ 1. Collect acceptable specimen type.
- _____ 2. Follow collection ID requirements (2 patient identifiers).

II. Reagent / Controls Storage, Stability, Codes, Expected Ranges

- _____ 1. Urinalysis dipstick storage and handling requirements:
 - a. Store urinalysis dipsticks at room temp. Stable 3 months after opening. Mark open expiration date.
 - b. Do not use urinalysis dipsticks after the manufacturer's expiration date or open expiration date.
 - c. Enter canister code in analyzer. Replace lid immediately and keep out of direct sunlight.
- _____ 2. Urine controls storage and handling requirements:
 - a. Store urine controls in frig. Stable at room temp. 30 days after opening. Mark open expiration date.
 - b. Do not use controls after the manufacturer's expiration date or open expiration date.
 - c. Set QC values from insert for each control into analyzer. For visual reading, record lot numbers and expiration dates of controls and dipsticks on monthly QC Log. Document expected QC values on monthly QC Log.

III. Safety including Infection Control / Prevention

- _____ 1. Wear gloves during testing events. Clean hands with effective antimicrobial agent.
- _____ 2. Discard materials designed for single use in appropriate container.

IV. Quality Control

- _____ 1. Frequency of performing Quality Control:
 - a. Monthly, at the beginning of the month, on each opened container of urinalysis dipsticks.
 - b. Initially when opening a new container of urinalysis dipsticks.
 - c. Each day of patient testing.
 - d. Each newly trained operator for training assessment.
- _____ 2. Check that the controls are not expired. Let warm to room temperature before testing.
- _____ 3. Ensure the analyzer operating **Mode** is set to **QC**. All test numbers in QC mode will begin with **2**.
- _____ 4. Wearing gloves, mix the diptube gently by inversion, 3 times. 20 dips maximum per control vial.
- _____ 5. Press **START**. Wait for audible triple beep (62 sec). Completely immerse strip and remove immediately. While removing, run edge of strip against rim to remove excess. Hold dipstick horizontally, contacting paper towel.
- _____ 6. Place on instrument. Review results. Set timer and visually use dispenser color chart for manual downtime procedure, if needed. Record results on monthly QC Log.
- _____ 7. Verify that all of the Quality Control results are acceptable. If not, patient testing is suspended. Corrective action must be documented including using new bottle of control and/or new container of dipsticks.

V. Patient Testing

- _____ 1. Use fresh, well-mixed urine, saving 10 ml for culture & UA. Unusual color may mask chemical reactions.
- _____ 2. Wearing gloves, visually determine color and clarity. Record results. Note color interference, if indicated.
- _____ 3. Press **START**. Wait for audible triple beep (62 sec). Immerse dipstick into the urine. Then remove by running the edge of the strip against the rim of the urine container. Hold dipstick horizontally, contacting paper towel.
- _____ 4. Place on instrument. Review results. Set timer and visually use dispenser color chart for manual downtime procedure, if needed. Avoid carryover between specimens on instrument by frequent cleaning, if indicated.
- _____ 5. Review results. Record patient results in the patient's chart.

VI. Analyzer Maintenance

- _____ 1. Daily cleaning of strip holder and White Calibration Circle with distilled water on lint free cotton swab/ball.
- _____ 2. Sample deposit cleaning, if needed.
- _____ 3. Strip holder sterilization, if needed.

Associate Signature: _____ Date: _____

Signature of Qualified Trainer/Assessor: _____ Date: _____

Job title of Qualified Trainer/Assessor: _____