



Blanchard Valley Health System Site: _____ Location: _____

Training Checklist for Laboratory Point of Care Testing

Date of Hire / Transfer: _____

Method: POCT Nova StatStrip Xpress 2 Glucose Meter

Date of Initial Training: _____

Test Analyte: Whole blood glucose

Associate Name and Title: _____

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

Describe Xpress 2 Meter

Highlight differences from current meter

- ____ 6-sec analysis time
- ____ 1.2 μ L sample volume
- ____ Importance of clean and dry patient finger
- ____ Linearity range 10-600 mg/dL
- ____ 2 Energizer Max AAA batteries
- ____ Position of strip port

Describe buttons

- ____ Mode
- ____ Arrows
- ____ Eject button

Describe test strips

- ____ Front fill
- ____ Gold layer
- ____ Do NOT under-dose or re-dose; overdosing is not possible
- ____ Date vials when opened; 6 month expiration after opening
- ____ Store at room temperature
- ____ Keep vial closed; affected by heat, humidity

Demonstrate how to manipulate the meter

- ____ Keep horizontal / keep strip well dry
- ____ Apply sample or QC until countdown starts

Using the Meter

- ____ **Introduce Quick Reference Guides**

Quality

- ____ QC to be done each day of patient testing. Record results on Xpress 2 QC and Maintenance log sheet.
- ____ Date QC vials when opened; 3 month expiration after opening
- ____ Store at room temperature
- ____ Values displayed
- ____ Mix vial and expel first drop
- ____ Keep meter on counter
- ____ Explain failure due to wrong vial run
- ____ How to follow-up on failed QC (use comments & repeat) Process same as current practice. Comment required. Repeat QC testing. If necessary, obtain new controls and repeat testing. If necessary, obtain new test

strips and repeat testing. Do not test patients until QC is acceptable. JC/CAP accredited sites required to enter QC results and comments in Cerner.

List of BVHS Glucose Meter quality control identifiers:

- BVH Cardiac Rehab: CR - High: QC-1070391, Low: QC-1070392
- BVH Laboratory: 1. OPL A (Outpatient Lab A) - High: QC-1070441, Low: QC-1070442
2. OPL B (Outpatient Lab B) - High: QC-1070451, Low: QC-1070452
- Bluffton Laboratory: XLAB - High: QC-1070611, Low: QC-1070612
- Carey Diagnostic Center: CDC – High: QC-6070002, Low: QC-6070001
- Eastern Woods Outpatient Center: EW - High: QC-1070541, Low: QC-1070542
- Ottawa Diagnostic Center: ODC - High: QC-2070621, Low: QC-2070622
- Wound Care Solutions: 1. WC A - High: QC-1070531, Low: QC-1070532
2. WC B - High: QC-1070681, Low: QC-1070682

Run a sample and report results

- Check strip lot for expiration date.
- Comment (Provider notified) required for critical result.
- How to test an isolation patient* Current practice unchanged. Trained operators should only take glucose meter and testing strip in room. OK to put glucose meter in clear zip lock bag with only testing strip exposed. However, glucose meter must still be disinfected.

Review / Look up Results

- Memory 400 samples

Batteries Inspection

- Inspect batteries monthly for expiration date for swelling, cracking, leaking, or any white powder on the outside of the batteries or in the battery case. Record findings on Xpress 2 QC and Maintenance log sheet. Replace batteries if needed and document on Xpress 2 QC and Maintenance log sheet.
- Update date and time

Cleaning

- What to use - only *Clorox Healthcare Bleach Germicidal Wipes (Do not use hydrogen peroxide wipes as they will eventually gum up eject button and cause instrument failure.)
- Frequency* Wet time__1 minute__Exception: Known diagnosis of C. diff infection 3 minutes
Dry time__Until outside air dried (approx.1 minute)__OR wipe dry

Additional Agenda Items for Super User Training:

- Cleaning and avoiding the strip port
- Troubleshooting failed Quality Control
- Other Error Code troubleshooting
- Glucose test strip technology
- Question and answer session
- Distribute "StatStrip Xpress 2 Meter Training" Printouts (for Super Users to use as a reference when training)

Associate Signature: _____ Date: _____

Signature of Qualified Trainer/Assessor: _____ Date: _____

Job title of Qualified Trainer/Assessor: _____