



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: _____

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

_____ Clorox Healthcare Bleach Germicidal Wipes Or Super Sani Disposable Wipes

_____ Surface Contact Time: Ensure the meter surface stays wet

Clorox Wipe: 1 minute

Super Sani Wipe: 2 minutes

Exception: Known diagnosis of C. diff infection 3 minutes

Allow to air dry for an additional 1 minute

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: _____