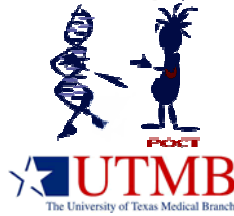


# Point of Care Testing Competency Form



<b>Name:</b>	<b>Date:</b>	<b>Emp ID:</b>
<b>Resident:</b> (circle one) <b>PGY1 PGY2 PGY3</b>	<b>Preceptor(s):</b> Diana Dehoyos Mindy Dement	
<b>Discipline:</b> (circle one) <b>FM IM OB PED</b>		

<b>URINALYSIS (CHEMSTRIP 10)</b>	<b>INITIALS</b>
<b>Competency Assessment:</b> 1. Read entire Policy/Procedure 2. Complete and pass written test (Passing criteria is 100%) 3. Direct observation by preceptor (return demonstration, complete )	
<b>⚠ CRITICAL POINTS</b>	
<b>a. Sample Application:</b> Mix specimen 10 times by inversion if allowed to settle; dip and remove immediately from container; blot excess urine.	
<b>b. Interpretation of Results:</b> Match reagent pads to appropriate areas on key - handle side up; begin reading after 60 seconds have elapsed; leukocytes may be read up to 120 seconds.	
<b>c. Quality Control:</b> Two levels of quality control are performed and documented weekly.	
<b>d. Storage Requirements:</b> UA strip vials must remain closed until ready to use; urine must be examined within 1 hour of collection.	

<b>SAMPLE # _____</b>	<b>RESULTS:</b> (check appropriate boxes)						
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	5	6	7	8	9		
Leukocytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Neg	Trace	+	++			
Nitrite	<input type="checkbox"/>	<input type="checkbox"/>					
	Neg	Pos					
Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Neg	Trace	+	++	+++		
			30	100	500 mg/dL		
Glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Norm	50	100	250	500	1000 mg/dL	
Ketones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Neg	+	++	+++			
		small	mod	large			
Urobilinogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Norm	1	4	8	12 mg/dL		
Bilirubin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Neg	+	++	+++			
Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Neg	trace	about 50	about 250 Ery/uL			
		trace	about 50	about 250 Ery/uL			

**Pass**  **Fail**  
 Validator: \_\_\_\_\_

URINE PREGNANCY (SUREVUE)		INITIALS
<b>Competency Assessment:</b> <ol style="list-style-type: none"> <li>1. Read entire Policy/Procedure</li> <li>2. Complete and pass written test (Passing criteria is 100%)</li> <li>3. Direct observation by preceptor (return demonstration, complete )</li> </ol>		
<b>⚠ CRITICAL POINTS</b>		
<b>a. Sample Collection:</b> Morning specimen is optimal; filter specimens with gross hematuria.		
<b>b. Sample Application:</b> Dispense 4 drops of sample into round sample well.		
<b>c. Interpretation of Results:</b> Read at 4 minutes; result is positive if appearance of two colored lines – T and C region; result is negative if appearance of colored line in C region only; result is invalid if control line fails to develop.		
<b>d. Quality Control:</b> Document Control Line once on day of testing and 2 Liquid Controls when a new Lot Number of kits is opened.		
<b>e. Storage Requirements:</b> Urine may be held at room temperature up to 8 hours; otherwise refrigerate (2-8°C) up to 72 hours; test kits are stored at room temperature.		
<b>f. Sensitivity:</b> SureVue will detect hCG concentrations of 25 mIU/mL or greater; if negative results occur and pregnancy is still suspected re-sample and re-test 48 hours later, or send to lab for hCG quantitation.		
<b>SAMPLE # _____ RESULT: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</b>		<input type="checkbox"/> Pass <input type="checkbox"/> Fail Validator: _____

RAPID STREP-A (SIGNIFY)		INITIALS
<b>Competency Assessment:</b> <ol style="list-style-type: none"> <li>1. Read entire Policy/Procedure</li> <li>2. Complete and pass written test (Passing criteria is 100%)</li> <li>3. Direct observation by preceptor (return demonstration, complete )</li> </ol>		
<b>⚠ CRITICAL POINTS</b>		
<b>a. Sample Collection:</b> Obtain sterile throat swab using the swabs provided with the test kit.		
<b>b. Patient Testing:</b> Dispense 3 drops of reagent 1 and 3 drops of reagent 2 in to test tube; observe color change in solution from light pink to light yellow; place swab in tube a mix vigorously; allow swab to incubate for 1 minute; remove swab from test tube expressing as much liquid as possible; discard swab; remove test strip from vial and place in to test tube with the arrows pointed downward.		
<b>c. Interpretation of Results:</b> Read at 5 minutes; result is positive if appearance of two colored lines – test and control region; result is negative if appearance of colored line in control region only; result is invalid if control line fails to develop or if the background fails to clear.		
<b>d. Quality Control:</b> Document three procedural controls once on day of testing (solution color change, control line, clearing of background) and 2 Liquid Controls when a new box is opened and at change of operators.		
<b>e. Storage Requirements:</b> Test kit is stored at room temperature and expires on the date indicated by the manufacturer.		
<b>f. Lab Confirmation:</b> If swab is to be sent to the laboratory for strep screen confirmation via culture, a second swab must be collected as any strep cells present in original swab used for strep screen become non-viable.		
<b>SAMPLE # _____ RESULT: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</b>		<input type="checkbox"/> Pass <input type="checkbox"/> Fail Validator: _____

<b>FECAL OCCULT BLOOD (COLOSCREEN)</b>		<b>INITIALS</b>
<b>Competency Assessment:</b> 1. Read entire Policy/Procedure 2. Complete and pass written test (Passing criteria is 100%) 3. Direct observation by preceptor (return demonstration, complete )		
<b>⚠ CRITICAL POINTS</b>		
<b>a. Sample Application:</b> Must be thin smear.		
<b>b. Patient Mail-ins:</b> Must be developed within 12 days of sample application.		
<b>c. Development:</b> Specimen must be allowed to air dry prior to addition of developer.		
<b>d. Interpretation of Results:</b> After addition of developer, test must be read within 2 minutes. The presence of any blue or blue-green in, or near edge of circular area is considered a positive test.		
<b>f. Quality Control:</b> Always develop onboard controls when performing a patient test. The positive control must turn blue, blue-green; the negative control should remain colorless.		
<b>g. Charting of Patient Results:</b> Do not record unless controls perform as expected.		
<b>SAMPLE # _____ RESULT: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</b>		<input type="checkbox"/> Pass <input type="checkbox"/> Fail Validator: _____

<b>BODY FLUID pH (pHYDRION)</b>		<b>INITIALS</b>
<b>Competency Assessment:</b> 1. Read entire Policy/Procedure 2. Complete and pass written test (Passing criteria is 100%) 3. Direct observation by preceptor (return demonstration, complete )		
<b>⚠ CRITICAL POINTS</b>		
<b>a. Specimen:</b> The specimen may be either vaginal fluid or other body fluid; estimated to be stable for 2-5 minutes at room temperature; Whole blood, plasma or serum may not be used.		
<b>b. Patient Testing:</b> Using approximately 3 inches of pH paper, dispense one drop of fluid on to the paper and compare to the color chart; if testing vaginal fluid, take a sterile cotton swab and obtain a sample of the vaginal fluid by touching tip of swab against the vaginal wall - press the wet cotton swab against the strip of pH paper, and compare to color chart.		
<b>f. Quality Control:</b> Performed and documented once per month or whenever patient testing is performed (whichever is less) and when new roll of pH paper is put into use.		
<b>d. Reagent Storage:</b> store pH paper at room temperature and protected from light.		
<b>SAMPLE # _____ RESULT: _____</b>		<input type="checkbox"/> Pass <input type="checkbox"/> Fail Validator: _____