Direct Observation of Patient Testing for i-STAT Initial Training, 6 month and Annual Assessments

Check one: □ Initial Assessment □ 6-Month Assessment □ Annual Assessment

i-STAT Operator Name	Location	Date(s)	Signature

Direct Observation of Routine Patient Testing observed by another currently certified staff member, to include:
Identification

- Verification of patient's full name and full SSN, before beginning the collection and testing process
- Scans armband to enter ID into i-STAT

Specimen Collection

- Does not use any samples obtained from "traumatic" draws
- Ensure lines are flushed adequately, if applicable
- Uses appropriate specimen type (see chart)
- Mixes green top tubes thoroughly (at least 8 times)
- Does not expose samples collected for blood gases to air

Cartridge Type	Acceptable Samples
Blood gas (CG4, EG6, CG8+ etc.)	Heparinized syringe, plain syringe (CG4, Hep syringe or Hep tube only)
Chemistry (Chem8, CREA, E3+, etc)	Green top tube (minimum half full), heparinized syringe
Troponin	Green top tube (FULL), heparinized syringe
ACT	Plain plastic syringe
PT/INR	Plain plastic syringe or capillary skin puncture (first drop, no "milking")

Testing Procedure

- Handles cartridges correctly, i.e. doesn't press on air bladder, touch sensors, etc.
- Operates analyzer without difficulty
- Doesn't apply sample to cartridge until prompted by analyzer
- Tests samples without delay (see chart)
- Remixes sample if delayed more than 1 minute
- Disposes of testing materials in appropriate containers
- Follows correct procedures for any critical values

Cartridge Type	Time to Test
Blood gas with Lactate (CG4)	immediately
Blood gas without lactate	within 10 minutes in heparinized syringe
Chemistry	within 30 minutes in green top tube or heparinized syringe
Troponin	Immediate in plain syringe, within 30 minutes green top tube or heparinized syringe
ACT & PT/INR	immediately

The observed test must be visible on the POC data management server as verification of this CMS, Joint Commission, VA and CAP required competency element.
I have directly observed the routine patient test performance of the listed individual on the date(s) noted above and found performance to be acceptable.

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Printed name and Signature of Assessor Date