## Blood Glucose Point of Care Testing Using Accu-Chek Inform II ™ System

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**A.** **General Policies**

1. This document is the official policy and procedure for the use of the Accu-Chek Inform II™ System glucose point of care testing throughout the Medical Center.
2. The policies and procedures pertaining to blood glucose monitoring, quality control, and record keeping with the Accu-Chek Inform II™ System are reviewed every 2 years by the Ancillary Testing Coordinator, the Glucose Testing (Nursing) Site Coordinator, and any revisions will be reviewed and approved by the Laboratory Director.
3. The Accu-Chek Inform II™ System is currently the standard of care for point-of-care glucose testing in all areas where nursing staff are assigned, with the exception of the following areas where Accu-Chek Inform II™ System is not used; Home-Based Primary Care and the Substance Abuse Treatment Program (SATP).
4. If the Accu-Chek Inform II™ System should fail during any of its tasks, the Troubleshooting section in this procedure or in the User’s Manual should be referenced for problem-solving information and patient management.

**B.** **Clinical Indications**

Any patient requiring blood glucose levels for the purpose of monitoring and managing diabetes control or glucose levels.A review of glucose metabolism is essential in order to appreciate blood glucose concentration variations that may reflect primary abnormalities of carbohydrate metabolism as well as secondary abnormalities accompanying other diseases.

1. The Accu-Chek Inform II™ System will provide blood glucose readings in the operating range of 10 – 600 mg/dL; however, VA SORCC has established the reportable range as 30-545 mg/dL. Therefore, only results greater or equal to 30 and less than or equal to 545 will be charted with a numerical result (i.e. the reportable range). \*\*Note: Results <11 or >599 will not automatically go into the patient’s record and are required to be evaluated based on other tests by the Point of Care Testing (POCT) Site Coordinator.
2. Accu-Chek Inform II glucose readings should only be used with patients who have hematocrit (HCT) levels in range 10 – 65%. Glucose results may be inaccurate in patients whose HCT levels are outside this range, and then only lab glucose results may be used.
3. Results may be falsely low in patients with severe dehydration which can accompany hyperglycemia. Therefore, patients with diabetic ketoacidosis or hyperosmolar nonketotic coma should have periodic laboratory glucose samples drawn when glucose levels remain above 300 mg/dL.
4. If peripheral circulation is impaired, capillary collection is not advised as it may not be a true reflection of physological blood glucose.
5. Refer to the next section C **Limitations of the Method** or the test strip packaging information for further clinical guidance.

## C. Limitations of the Method

##  Test strips give dependable test results if the following limitations are understood:

1. The Accu-CHEK Inform II test strips are for testing fresh capillary, venous, arterial, or neonatal whole blood. Cord blood samples cannot be used.
2. Hematocrit should be between 10-65%
3. Lipemic samples (triglycerides) in excess of 1800 mg/dL may produce elevated results.
4. Blood concentrations of galactose>15mg/dL will cause overestimation of blood glucose results.
5. Intravenous administration of ascorbic acid which results in blood concentrations of ascorbic acid >3 mg/dL will cause overestimation of blood glucose results.
6. If peripheral circulation is impaired, collection of capillary blood from the approved sample sites is not advised as the results might not be a true reflection of the phsiological blood glucose level. This may apply to the following circumstances: severe dehydration as a result of diabetic detoacidosis or due to hyperglycemic hyperosmolar non-ketotic syndrome, hypotension, shock, decomepensated heart failure NYHA Class IV, or peripheral arterial occlusive disease.
7. This system has been tested at altitudes up to 10,000 feet.
8. The performance of this system has not been evaluated in the critically ill.

## D. Operator Certification/Recertification Policies

1. Only personnel whose certification and competency can be tracked in the Laboratory glucose database are permitted to perform patient testing independently. Agency nurses may perform CBG testing after obtaining computer access and CBG certification. Student nurses may perform CBG testing under their own access if they have computer (VistA) access and have been certified for CBG testing.
2. Operators must maintain certification to perform glucose testing and be proficient in the use of the Accu-Chek Inform II™ System. Employees authorized to perform glucose testing after completing the certification process include: RNs, LPNs, NAs, SNTs, MAs, Student Nurses, NPs, CNSs, MDs, and Health Technicians.
3. Initial certification and training records will be maintained in the laboratory.
4. To become a certified operator of the Accu-Chek Inform II™ System the first time, each operator will demonstrate the following:
	* + 1. Achievement of the knowledge and skills to perform blood glucose testing as defined in this policy/procedure. Initial users will be reassessed after 6 months.
			2. Achieve a PASS on a complete Quality Control (QC) routine.
			3. Be observed by a certified trainer performing a patient test which includes obtaining the specimen. (Employee testing of self or other employees for training is not acceptable.) Trainees should refer to the step-by-step instructions for obtaining a patient blood droplet as indicated in this procedure.
			4. The meter will not allow a new operator access to perform testing until the certification information has been entered into the Lab Information Management System.
5. Recertification requires the following:
	* + 1. A passing score on the knowledge-based quiz.
			2. Observation of testing performance by the Ancillary Testing Coordinator.
			3. Perform a successful QC routine (both levels of controls) after the first six months of certification and at least annually thereafter. (Ongoing certification is automatically tracked via the RALS® System ).
			4. Meters will not work for the operator after certification has expired.
6. Each operator will also be assessed for ongoing competency based on:
	* + 1. Monthly unit-based review of quality control and statistical reports.
			2. Individualized findings from ongoing review of flagged results and errors by the Ancillary Care Testing Coordinator.

## E. Quality Control Testing Policy

Quality control testing validates the integrity of the strips, the correct coding and calibration of the meter, and operator technique. Therefore, it should be done on a routine basis and whenever there is a change in the meter, strips or with questionable test results. The meter will alert the user when the QC testing is due. If QC is not performed, the meter will lock-out further patient testing until QC is performed and an acceptable result is obtained.

1. Low (level 1) and high (level 2) control tests are performed each day the meter will be in use. In areas with infrequent use, control tests should be performed prior to patient testing, and in the following situations:
* Each time a new vial of test strips is opened.
* When a vial of strips has been left opened more than 60 seconds.
* If the Accu-Chek Inform II™ System has been dropped.
* When test results contradict clinical symptoms.
* After the battery in the Accu-Chek Inform II™ System has been replaced.
* After the Accu-Chek Inform II™ System has been recoded.
	1. Patient testing may only proceed when quality control results are within the acceptable control range. This is indicated as PASS or FAIL. If the QC results FAIL, the problem must be corrected before any patient testing is performed.
	2. The corrective actions taken to restore failed QC results to acceptable range (PASS) must be recorded using comment codes.
	3. If problem persists, call the ATC if during normal business hours/days, off hours call Accu-Chek Customer Care at 1-800-440-3638. This number is available 24 hours per day, 7 days per week.
	4. Sources of error: If the results obtained are outside the acceptable range consider:
		1. Were the test strips or control solutions expired?
		2. Was the tip of the control solution bottle wiped before and after use?
		3. Were the test strip container and control solution bottle caps always closed tightly?
		4. Was the test stip used immediately after removing it from the container?
		5. Were the test strips and control solutions stored properly?
		6. Were the testing steps followed?
		7. Was the correct control solution level selected when the test was performed?
		8. Did the code number on the meter display match the code number on the test strip container?
	5. Test strips should remain in the tightly sealed vial. Use the test strip immediately after removing it from the container. Check manufacturer expiration date on bottle and discard if expired.
	6. The Ancillary Testing Coordinator (LAB) will review QC on a weekly basis, and notify the Nurse Manager when corrective action is needed for identified problems.
	7. The ATC will oversee performance quality related to glucose testing. This includes checking dating of control solutions, expiration dates of control solutions, operator certification/recertification, review of QC results and monthly error reports, as well as acting on QC results which identify trends that may indicate potential problems. These trends include acting on the analysis and recommendations for each site in the monthly QC reports.

### F. Quality Control Procedure

1. Put on disposable gloves.
2. Press power ON button.
3. Enter your operator ID (last 4) and then press the forward arrow button.
4. Select Control Test.
5. Scan the bar code for either one of the control solutions bottles: Level 1 (Low) or Level 2 (High). Ensure the solution has not expired either by viewing manufacturer’s expiration date on new bottles or the hand written expiration date on previously open bottles (90days from date first opened).
6. Scan the test strip vial barcode. Check manufacturer expiration date on bottle and discard if expired.
7. Remove a test strip from the vial and replace the vial cap immediately.
8. When the flashing strip icon appears on the meter display, gently insert test strip with the yellow target area or test window facing up and insert the end with the silver bars.
9. **Insert test strip BEFORE dosing.**
10. Using the Accu-Chek Comfort Curve test strip, touch and hold drop of control solution to the curved edge of the yellow target area. The glucose control solution is drawn into the test strip automatically.
11. An hourglass will be displayed on the Accu-Chek Inform II™ meter while waiting for the result.
12. Enter the appropriate comment(s), if needed. Then press the forward arrow button to record the test and then again to test the second control solution, or to proceed to patient testing. For the second control level, repeat steps 5 – 11 above.
13. Remove the used test strip(s) and disposable gloves and discard.

**Quality Control Comments**

|  |
| --- |
| Operator Error |
| Invalid Result, Will Repeat |
| (Or use free text)  |

## G. Test Strip Storage and Handling *(obtain strips from Lab)*

1. Test strips must be stored at room temperature. Do not freeze.
2. Test strips are stored in the same tightly capped vial in which they are packaged. The vial cap must be immediately replaced after removal of a test strip. Use test strip immediately.
3. Test strips may be used until the expiration date on the vial.

## H. Specimen Collection and Handling *(Refer to the test strip package insert for the most current information)*

1. Capillary, venous and arterial whole blood specimens may be used for testing on the Accu-Chek Inform II™ System with Accu-Chek Inform II test strips. Do not use serum or plasma.
2. The capillary fingertip sample must be tested immediately after collection. Sufficient sample size is required to ensure accurate results Do not “Milk” fingers for sample. Venous and Arterial specimens: Blood glucose determinations using venous and arterial blood specimens should be performed within 30 minutes of specimen collection to avoid glycolysis. Mix samples thoroughly.
* For best results with arterial and venous blood, heparin (lithium or sodium) and ethylenediaminetetraacetic acid (EDTA) are the recommended anticoagulants/preservatives.
* Iodoacetate or fluoride/oxalate containing anticoagulants are not recommended as a preservative.
* Caution should be taken to clear arterial lines before blood is drawn and dosed on the test strip.

**I.** **Patient Testing Policies**

1. The operator must view the patient’s ID Badge and verify Date of Birth or Social Security Number. (The Joint Commission National Patient Safety Goal, the use of two patient identifiers).
2. Cleanse the puncture site (the side of the fingertip) with an alcohol swab and allow it to thoroughly dry. Alcohol at the puncture site must be dry or an error code/inaccurate result may occur.
3. A bar code scanner function is used to enter patient ID and operator ID in the Accu-Chek Inform II™ System. Manual input should be used only in situations where scanning is not available or not feasible. Manual entry causes frequent errors and is tracked.
4. Critical results as well as unexpected results obtained by non-RN staff should be reported immediately to the RN.

## J. Patient Preparation

1. The following items should be available and ready at time of testing: *test strips and control solutions are available from Lab.*
2. Accu-Chek Inform II™ System and Accu-Chek Inform II test strips
3. Single use lancet device.
4. Warm soap and water (primary preference) or Alcohol swab (secondary preference).
5. Cotton ball, tissue, or gauze for wiping finger after stick.
6. Disposable gloves.
7. Identify the correct patient to be tested.
8. Assure that the skin at the site has been cleansed.

**K.** **Patient Testing Procedure**

1. Wash hands and don personal protective equipment (gloves, gowns, etc.) as required by infection control and isolation policies and procedures.
2. Explain the procedure to the patient.
3. Turn on the ACCU-CHEK Inform II meter.
4. Enter your operator ID*.* **NOTE:** If the operator ID you enter is not accepted, attempt to re-enter it. If it is still rejected, contact your supervisor or Point of Care Coordinator. **DO NOT** attempt to perform tests under another operator’s ID.
5. From the *Main Menu*, touch *Patient Test*.
6. Enter the patient identification in the ACCU-CHEK Inform II system by barcode scanning of the patient wristband attached to the patient.
7. Confirm that the meter is coded (calibrated) to the same test strip code that is printed on the test strip vial by barcode scanning*.* Contact your supervisor or Point-of-Care Coordinator if you are unable to confirm the correct test strip code.
8. You will now see a picture of a test strip with a downward flashing arrow on the screen indicating that you are ready to insert a test strip into the meter.
9. Remove a test strip from the vial and immediately recap the vial. Insert the test strip into the meter in the direction of the arrows and with the “ACCU-CHEK” lettering facing upward. The meter will display a flashing drop above the test strip icon when the test strip is properly inserted indicating that you are ready to apply a blood sample.
10. Collect an acceptable blood sample according to your facility’s established procedures.
11. **Fingerstick**: Test immediately as the sample is collected.
12. ***Wipe the first drop of blood away with a clean dry cloth or towel when testing capillary samples.***
13. Apply next drop of blood to the front edge of the test strip. The sample will fill the yellow sample chamber by capillary action. Do not apply sample to the top of the test strip.
14. Once sufficient sample has been detected, the measurement begins. An hourglass icon indicates that the measurement is in progress.
15. After the sample has been obtained, apply gentle pressure to the puncture with a clean gauze square or cotton ball site for several minutes. If the patient is conscious and capable, enlist the patient’s assistance with applying pressure.
16. The measurement is complete when the result is displayed on the screen. Depending upon how high or low the result is, it may appear in a numeric or non-numeric format. See *Interpretation of Results* section below for interpretation of each result format.
17. Touch  to enter appropriate comment(s) as follows:

**Chart comment codes by exception**. All critical results (less than 40mg/dL or greater than 400mg/dL) must include a comment code. For non-critical results, you may select up to three preprogrammed comments and one custom comment based on results. After selecting comments, press the forward arrow button to record the test result and again to return to the Main Menu screen. See [Attachment A](#AttachmentA) for definitions. The only comment code that will prevent the result from going into the chart is ErrorDoNotChart and Critical Result, RN Notified. Comment codes include:

**Patient Testing Comment Codes:**

|  |  |  |
| --- | --- | --- |
| **Critical Result, RN Notified** | **MD Notified** | **Error Do Not Chart** |

1. Remove the test strip and dispose of it in the trash receptacle.
2. Touch the  button to confirm the result and replace the meter in its cradle (making sure it is OFF) as soon as possible after testing or after using for multiple patients to upload the results to CPRS. This will make the data immediately available to the providers within CPRS. The base unit also charges the meter.
3. Clean meter by using approved disinfecting solution between patients and at QC time daily. Take care to cover strip port during cleaning and ensure meter is dry prior to docking.
4. Remove gloves and dispose of them in regular trash. Wash hands thoroughly with soap and water.

## L. Expected Results

1. The normal fasting blood glucose range for a non-diabetic adult is 74-106 mg/dL.
2. One to two hours after meals, normal blood glucose levels for a non-diabetic adult should be less than 145 mg/dL. The recommended level for a diabetic patient is a peak postprandial glucose less than 180 mg/dL. Peak level blood glucose values depend on many factors including: age, stress, current overall control of blood sugars, insulin timing/administration, and medications.

**M. Critical Results**

If a whole blood glucose result is **less than 40 mg/dL or greater than 400 mg/dL**, the operator will;

1. **Mark first result as Critical Result, RN Notified or Error Do Not Chart** using the glucometer comment codes.
2. **RN will Immediately repeat the test** with a new strip.
3. If result is still in critical result range the RN must notify the provider and use comment **MD Notified** on the glucometer.

## N. Infection Control Guidelines

1. Standard precautions are required during patient testing, handling blood-contaminated lancets and/or tests strips, and for cleaning the meter. Disposable gloves **must** be used.
2. The Accu-Chek Inform II™ meter must be disinfected with disposable disinfecting towelettes before and after each patient use (See cleaning procedure on page 12)
3. Single use Lancet devices will be utilized. Used lancets will be discarded in sharps containers.
4. Test strips and gloves used for glucose testing may be discarded in regular trash containers.
5. For patients in Contact isolation, you may place meter in a sealed biohazard bag or clear plastic bag . Pierce a small hole in the bag for the strip guide area of the meter. After performing testing, remove and dispose of test strip and bag in the room. Outside the room wipe down the meter and wash hands.

## O. Documentation of Blood Glucose Result

The test results are electronically uploaded to CPRS/VISTA to the Lab results. This is the official documentation of the result. Frequent data uploads are required to maintain current results in the official electronic record. Use comment codes (scan or enter code numbers as needed to document problems, maintenance, clinical status such as fasting state, or other pertinent information to interpret results). **Dock the meter in use as soon as possible and at least every 4 hours** to upload current results to CPRS. Delay in uploading could result in delay of treatment or interpretation of results by other providers caring for the patient.

**P.** **Downtime Process for Glucose Testing**

In the event of downtime related to network failure or inability to upload data to CPRS/VISTA, glucose testing information may be recalled from each meter for up to 10 days or 4000 tests, whichever occurs first. The procedures to recall tests from meter memory for a group of patients or a single patient are described below.

## Q. Meter Repair/Troubleshooting

1. Prior to exchanging any meter, the following steps must be taken. First call ATC at ext. 3251 during normal operating hours. If ATC is unavailable Call Roche Tech Support line at 1-800-440-3638 for 24 hour troubleshooting assistance. If the meter will not work at all, or displays a blank screen, the user should reset the meter.
2. If staff are unable to correct a problem with the Accu-Chek Inform II™ System, remove meter from service and send/take to the Lab for repair/replacement. *The Accu-Chek Inform II™ System must be cleaned and disinfected before it is sent out for repair or replacement.*
3. Meters will lock-out if the battery has not been recharged in the cradle within 48 hours.

### R. Error Codes/Messages

If the Accu-Chek Inform II™ System displays anything other than a numerical blood glucose result, troubleshoot the results using the table below:

| **Error Code/Message** | **Interpretation** | **Operator Action(s)**  |
| --- | --- | --- |
| **LO/HI** | Test result may be below (LO) or above (HI) than the reading range of the meter. | If result is unexpected based on patient’s condition, **repeat the patient test with a new test strip.** If patient test still LO or HI, **report to an RN to rerun and verify the result and report to MD. QC should also be done on the meter.**  If control result is not within acceptable range, do not perform any further patient testing with that meter. The result will not be uploaded into the patient record until it has been evaluated. |
| **RR LO/RR HI** | Test result may be below/above the reportable range set by the system administrator. | If result is unexpected based on patient’s condition, **repeat the patient test with a new test strip.**If patient test still LO or HI, **report to an RN to rerun and verify the result and report to MD. QC should also be done on the meter.**  If control result is not within acceptable range, do not perform any further patient testing with that meter. The result will not be uploaded into the patient record until it has been evaluated. |
| **CR LO/CR HI** | Test result may be below/above the critical range set by the system administrator.  | If result is unexpected based on patient’s condition, **repeat the patient test with a new test strip.**If patient test still CR LO or CR HI, **report to an RN to rerun and verify the result and report to MD.**  |
| **Strip Defect Error** | Test strip may be damaged or the test result is extremely low and below the meter’s measurement range. | The test strip should be inserted into the meter prior to applying blood to the test strip. If this display appears *before* blood is placed on the strip, remove the test strip and reinsert. If the error display remains, repeat the test with a new strip. |
| **Type Bad Dose** | Insufficient amount of blood on the test strip. | Discard test strip and repeat the test. If the error persists, contact the ATC at 3251, after normal hours contact ACCU-CHEK Customer Care. |
| (QC) **Fail or Out of Range** | Failed QC test as it was out of range for the test strip lot. | Repeat control test with a new test strip. If the error persists, contact the ATC at 3251, after normal hours contact ACCU-CHEK Customer Care. |
| **Glucose Error** | Detection of an unexpected hardware error | Repeat the test, Run a control test with a new test strip. Press and release the On/Off button on the top of the meter. Reset the meter by pressing the reset button. If the error persists, contact the ATC at 3251, after normal hours contact ACCU-CHEK Customer Care. |
| **Unexpected SW Error** | Detection of an unexpected software error | Repeat the test. Place the meter into a connected base unit to synchronize. Reset the meter by pressing the reset button. . If the error persists, contact ACCU-CHEK Customer Care. |

**S.** **Recalling Testing Results From Meter Memory**

Press power ON button.

1. Press MENU.
2. To review multi-patient results, select REVIEW RESULTS on the Main Menu screen to review the most recent results.
3. Press the up and down arrow keys to display various test results for multiple patients.
4. For a single patient, select PATIENT to specify a single patient’s test result.
5. Scan (or enter) the patient ID for desired patient.
6. Press up and down arrows to review all of that patient’s results.
7. Select ALL to return to viewing all patients’ results.
8. Select QC to review QC results.

## T. Linearity Testing

## (Performed by Lab Only) Linearity testing is performed by the Ancillary Testing Coordinator/designee as follows:

* Before a blood glucose meter is put into use
* Anytime an Accu-Chek Inform II™ meter has been serviced
* Reagent reliability is checked prior to release of a new lot of test strips
* Calibration verification is performed on each new meter
* The reportable range of each lot number of reagent strips is verified prior to putting in use.
* When controls begin to reflect an unusual trend or are consistently out of range
* If a patient test result falls outside of the linear range, it is verified by the laboratory by an alternative method and is reported as less than (<) or greater than (>) the linear limits.
* The linearity results of the Accu-Chek Inform II™ System are recorded and retained per the retention policy by the ATC.

## U. Proficiency Testing

1. Randomly selected operators will be requested to run tests on five unknown samples according to the College of American Pathology (CAP) proficiency testing methodology to verify meter accuracy and operator competency. There will be no interdepartmental communication about proficiency testing samples until after the deadline for submission of the data to the proficiency testing provider. Referral of proficiency testing samples to another laboratory is prohibited.
2. Proficiency testing is performed three times per year at every testing site by a certified operator.
3. The test sample may be a blood product or derivative; therefore, standard precautions, including glove use must be observed.
4. The procedure for proficiency testing is nearly identical to patient testing, except that the operator must go to the Main Menu after entering Operator ID, press the ARROW for “MORE OPTIONS” and then select “Proficiency”. (This will permit the user to scan or enter the SAMPLE ID instead of a patient ID.) Press the forward arrow button to return to the “Main Menu 2” screen to run the next sample. A Laboratory staff member will assist testing sites with proficiency testing meter menus.

## V. Transferring Data from the Accu-Chek Inform II™ System

1. Data is transferred from an Accu-Chek Inform II™ System immediately upon docking the meter in the base unit, into a computer with specialized software. Assuring prompt and ongoing data transfer is the responsibility of every certified operator. When not in use, leave the meter in the cradle to recharge.
2. The meter will retain testing data after an upload has been done to permit users to recall patient data from meter memory for 10 days; then the data is automatically cleared.
3. To transfer data from an Accu-Chek Inform II™ System, replace meter firmly into docking station cradle. Data will automatically upload to CPRS/VISTA. A two-way information exchange from the meter to the Lab occurs often while the meter is docked in the cradle. Assure that all the wire connections to and from the cradle are properly plugged in and that the green indicator light on the cradle is on.

## W. Cleaning and Disinfecting Procedure for the Meter

1. Clean the meter after each patient use.
2. Meter is on a level surface prior to disinfecting and powered off.
3. Using the approved Disinfecting Wipe (Oxivir® Tb Wipes), gently wipe the outside of the meter three times horizontally and three times vertically and carefully wipe around the test strip port area, making sure that no liquid enters the test strip port.
4. Allow the surface of the meter to remain damp with the recommended disinfecting solution.
5. Allow the meter to dry thoroughly prior to docking the meter. Avoid getting liquid into the test strip port area to avoid damage to the meter.

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**ATTACHMENTS:**

Attachment A: [Comment Code Definitions](#AttachmentA)

Attachment B: [Accu-Chek Inform II System](#AttachmentC)

**Attachment A**

[**Comment Code Definitions**](#CodeDefinitions)

**Note: Up to three comment codes can be assigned to each result**

|  |  |
| --- | --- |
| **Patient Testing Comments:** |  |
| ErrorDoNotChart | Any result the operator feels is incorrect. This is the only code that will prevent a result from automatically going to the chart. Expectation is that a repeat test will be done. |
| MD Notified | Used by RN’s only to document that an unexpected result was communicated to the provider. NOTE: All critical results **should** use this comment. |
| Crtical Result, RN Notfied | Used by LPN, CNA, SNT or any other Non-RN for any critical results.  |
| Free Text | Operator may free type an additional comment code if the above does not define the exception. |
| **Quality Control Comments:** |  |
| Operator Error | Used when QC value is out of range due to operator error. Repeat QC to obtain valid result. |
| Invalid Result, Will Repeat | Used for any QC results that are out of acceptable range. |
| Free Text | Operator may free type an additional comment code if the above does not define the exception. |

Reminder:

**CRITICAL VALUES: <40mg/dL OR >400mg/dL** **need the following comment codes:**

* First result marked **Critical Result, RN Notfied** .
* Can also include **ErrorDoNotChart**(for first test).
* **Have RN immediately repeat test** with a new test strip.
* 2nd result must have **MD Notified.**

**Attachment B**



