Dwight David Eisenhower Medical Center Employee:

Supervisor:

POINT OF CARE TESTING Clinic:

POINT OF CAR	E TES	TING (PC	OCT)	COMPI	ETENC	Y ASS	SESSM	ENT CH	ECK-L	IST						
Source of Performance	Stand	ard: Car	e of I	Patient	ts-Con	tinuu	m of (are- Po	oint of	Care	Testi	ng				
Demonstrates Point of Care Testing competency related to specific skills and procedures IAW Point of Care Testing sta							stande	ards.								
			Type of Assessment													
		+ Evaluation Method														
CDIFICAL DEHAVIOR	* Self- Assess		Pass Initials				Pass	Initials			Pass	Initials		$\overline{}$		
CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)			(Y/N)	Operator	Trainer	Date	e (Y/N)	Operator	Trainer Date		(Y/N)	Operator	Trainer	Date		
	1					1										
				<u> </u>	<u> </u>		<u> </u>			<u> </u>		<u> </u>	<u> </u>	1		
1. iSTAT ANALYZER SYSTEM	CRITIC/	AL THINKIN	NG: Per	rform proc	edures an	ıd evaluat	te results.									
GENERAL INFORMATION										السبا						
A. Read Standard Operating Procedure (SOP).																
B. Obtained 80% or above on a written assessment.																
C. Identifies equipment parts and supplies.																
 D. Demonstrates knowledge of ON/OFF features of the iSTAT Analyzer System. 																
E. Knowledge of the location of the Owner's Manual and the Error Code interpretations.																
F. Understands and perform appropriate instrument			 	 			+		+	+				<u> </u>		
troubleshooting and maintenance.				'						\perp			<u> </u>	<u> </u>		
2. iSTAT ANALYZER (QC)	CRITICAL THINKING		G: Perform procedures and evaluate		results.				—							
A. Read Standard Operating Procedure (SOP).				<u> </u>									<u> </u>			
 B. Knowledgeable about stability and storage of control Solution and cartridges 	'			!		1							,			
C. Understands proper troubleshooting when control is not within the acceptable range.																
D. Knowledge of proper documentation of any QC issues.																

*E= Experienced *ND= Never Done	*NA= Not Applicable (Based on Scope of Practice) *NP= Needs Practice		ctical Exercise constrated	+V= Verbal +L= Lecture or Video	+W= Written Assessment						
I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level/Scope of Practice, after I have successfully demonstrated competency in those tasks.											
Employee Signature:	Date:		Signature of Supervis	sor:	Date:						

Dwight David Eisenhower Medical Center: Employee:

Supervisor:

POINT OF CARE TESTING Clinic:

A V															
POINT OF CA	RE T	ESTING	(POC	r) comi	PETEN(CY AS	SESSI	MENT C	HECK-	LIST					
Source of Performance	e Sta	ndard: (Care o	of Patier	nts-Con	tinut	ım of	Care- I	Point of	f Car	e Tes	ting			
Demonstrates Point of Care Testing competer	ncy re	lated to sp	ecific	skills and	l procedi	ires IA	W Po			g stan	ıdards.				
			Type of Assessment												
		+ Evaluation													
CDITICAL BEHAVIOR	* Self-		Pass In		tials		Pass	Initials			Pass	Initials			
CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)		Method	(Y/N)	Operator	Trainer	Date	(Y/N)	Operator Trainer		Date	(Y/N)	Operator	Trainer	Date	
		1													
3. iSTAT ANALYZER TESTING	CRITICAL THINKING: Perform procedures and evaluate results.														
(Kaolin ACT, PT/INR, EG7+, CG8+)				, <u>, , , , , , , , , , , , , , , , , , </u>											
A. Read Standard Operation Procedure (SOP)															
B. Demonstrates proper specimen collection and handling															
 Demonstrates performance of Modified Allen's test 															
 Arterial; Venous; Fingerstick, Indwelling line, 															
Extracorporeal line (circle all that apply) C. Knowledge of correct patient identification. (<i>This is</i>															
necessary for the results to transfer to the patients															
<i>medical records</i>).D. Knowledge of procedures and proper documentation															
of <i>CRITICAL VALUES</i> .															
E. Demonstrates Standard Precautions and use of Personal Protective Equipment (PPE).															
 F. Demonstrates test performance through a previously analyzed specimen, testing sample, or proficiency 															
testing sample.															
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Trainer's Initials: Printed Name:					Signature:										
					J	-									
Trainer's Initials: Printed Name:	Printed Name:			Signature:											
Trainer's Initials: Printed Name:					Signature:	-									
*E= Experienced *NA= Not Applicable (Based on Scope of Practice) *NP= Never Done *NP= Needs Practice		⁺ PE= Practical Exercise +V= Verbal +W= Written Assessment ⁺ D= Demonstrated +L= Lecture or Video													
I understand that of all the topics listed in this document, I will be	e allowed	d to perform on	ly those li	sted for my sk	ill level/Scop	e of Pract	ice, after	I have success	fully demon	strated co	ompetency	in those tasks.			
Employee Signature		Date:		Signature of	f Supervisor					Date	ż.				