CONCORD HOSPITAL
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Title: Point of Care - ACCU-CHEK Inform II Glucose Monitoring System		
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ACCU-CHEK Inform II Glucose Monitoring System

POLICY:
This procedure is intended to be a guideline to all certified/ trained point of care testing personnel at Concord Hospital and Concord Hospital-owned entities. Blood Glucose Monitoring is performed: a) As ordered by a physician; b) Anytime, in an authorized caregiver's judgment, a blood glucose test is warranted in accordance with the applicable Concord Hospital patient care guidelines.

PURPOSE:
The ACCU-CHEK Inform II system quantitatively measures glucose (sugar) in venous whole blood, arterial whole blood, neonatal heel stick, or fresh capillary whole blood samples drawn at the fingertips as an aid in monitoring the effectiveness of glucose control. The system is not for use in diagnosis or screening of diabetes mellitus, nor for testing neonate cord blood samples. The ACCU-CHEK Inform II Blood Glucose Monitoring System is intended for testing outside the body (*in vitro* diagnostic use) at the patient bed side and is intended for multiple-patient use in professional healthcare settings.

The ACCU-CHEK Inform II Glucose Monitoring System is made up of:

- ACCU-CHEK Inform II Meter
- ACCU-CHEK Inform II Test Strip
- ACCU-CHEK Inform II Control Solutions
- Single-use, auto-disabling lancing devices must be used with this system.

PRINCIPLE:
The enzyme on the test strip, mutant variant of quinoprotein glucose dehydrogenase from Acinetobacter calcoaceticus, recombinant in E.coli, converts the glucose in the blood sample to gluconolactone. This reaction creates a harmless electrical DC current that the meter interprets for a glucose result. The sample and environmental conditions are also evaluated using a small AC signal. The system is calibrated with venous blood containing various glucose concentrations and is calibrated to deliver plasma-like results. The reference values are obtained using a validated test method. This test method is referenced to the hexokinase method and is traceable to an NIST standard.

LIMITATIONS

- Cord blood samples cannot be tested.
- Hematocrit should be between 10 – 65%
- Lipemic samples in excess of 1800 mg/dL, may produce elevated results.
- Blood concentrations of galactose > 15 mg/dL will cause over estimation of blood glucose results.
- Intravenous administration of ascorbic acid that result in blood concentrations of ascorbic acid > 3 mg/dL will cause overestimation of blood glucose results.
- If peripheral circulation is impaired, collection of capillary blood from the approved sample sites (finger or heel of a neonate) is not advised as the results might not be a true reflection of the physiological blood glucose level.

  This may apply in the following circumstances:

- Severe dehydration as a result of diabetic ketoacidosis or due to hyperglycemic hyperosmolar non- ketotic syndrome
- Hypotension
- Shock
- Decompensated heart failure NYHA Class IV or peripheral arterial occlusive disease.

- This system has been tested at altitudes up to 10,000 ft
- The performance of this system has not been evaluated in the critically ill by the manufacturer. This test system should not be used to test patients that meet Concord Hospital Laboratory's definition of critically ill.

  Concord Hospital Laboratory has defined critically ill as:

  - Patients with impaired peripheral circulation. Impaired peripheral circulation may occur in the circumstances listed above.
  - Patients with a hematocrit < 10% or > 65%
  - Patients with a glucose value < 40 mg/dL or > 500 mg/dL.
- Concord Hospital Laboratory evaluated this test system with samples from patients with a variety of conditions from a variety of locations and based upon that evaluation, determined a safe reportable range limited to 40 mg/dL to 500 mg/dL which is in line with the main laboratory's critical call values of <40 mg/dL and >500 mg/dL. A result less than 40 mg/dL appears as "<40" and a result greater than 500 mg/dL appears as ">500" on the glucometer and in the patient chart. Follow up actions are described in the Concord Hospital guidelines for care of neonatal, pediatric, and adult patients with hypoglycemia or diabetes, as applicable.
- If results obtained on the ACCU-CHEK Inform II meter do not match the patient's clinical presentation a whole blood glucose should be ordered STAT. A venous sample should be drawn and sent to the main laboratory for glucose testing.

SPECIMEN:

*Patient Preparation***:** Patient identification must be confirmed using two identifiers just prior to the capillary stick (One must be the patient's full name and the second may be the date of birth or medical record number).

Specimen Type: Capillary whole blood from the finger or
Capillary whole blood from neonatal heel or child < 1 year old, not walking.

Specimen collection: Finger Stick- capillary whole blood
Heel Stick – capillary whole blood
Venous whole blood
Arterial whole blood

Handling Conditions: Tested immediately.

Alternate Testing Sites: none

☣ All body fluids and the Roche ACCU-CHEK Inform II System should be handled as if capable of transmitting blood borne pathogens between patients and health care professionals. Use of Standard Precautions and disinfection procedures between each patient according to CH policy must be observed.

TOUCH SCREEN:

- Use only your finger to touch the screen elements. Using a sharp-edged object (e.g., tip of a pen) can damage the touch screen.
- Do not use the system in direct sunlight. Direct sunlight may reduce the life expectancy and functionality of the display, as well as the integrity of test strips.

BAR CODE SCANNER:

- Never stare into the barcode scanner or point it towards anyone's eyes while the laser light is on.
- To use the barcode scanner, touch the *BARCODE* button in the upper right hand corner of the display screen. Do not "hold down" on the button while scanning.
- Clean the barcode scanner by wiping the lens with a soft cloth dampened with water. Dry with a lint free soft cloth.
- A bar code does not need to be present in order for the scanner to become active.

EQUIPMENT:

Roche ACCU-CHEK Inform II meter
Base Unit (back up network connection to down load and recharge glucometer) or recharging station.

MATERIALS:

CH approved, single use and auto-disabling lancet device
Gloves
Alcohol Wipe
Gauze
CH approved Clorox Germicidal wipes

REAGENTS:

Roche ACCU-CHEK Inform II test strips are used with the ACCU-CHEK Inform II meter to quantitatively measure glucose (sugar) in fresh capillary whole blood drawn from the fingertips and neonatal heel stick as an aid in monitoring the effectiveness of glucose control.

- Store the test strips between 39F-86F (4C-30C). Do not freeze. Avoid extremes in temperature.
- Use the test strips between temperatures 61F-95F (16C-35C)
- Use the test strips between 10% -80% relative humidity
- Store unused test strips in the original container with the cap tightly closed. Do Not remove the test strips from the test strip container and put them into another container such a as a plastic bag, pocket or combine with other test strips in a container.
- Close the container tightly immediately after removing a test strip to protect the remaining test strips from humidity.
- Use the test strip immediately after removing it from the container.
- Discard test strips that are past the manufacturer's expiration date printed on the test strip canister.
- If the use by date is missing or illegible, do not use the test strips.
- Discard test strips found in an open bottle.

Roche ACCU-CHEK Inform II controls are used for performance checks on the ACCU-CHEK Inform II glucometer with ACCU-CHEK Inform II test strips. Testing control solutions with known glucose levels establishes that the operator and the system are performing acceptably.

Both Level 1(gray cap) and Level 2 (white cap) control results must PASS before any patient testing is allowed.

- Store controls at room temperature (39F-86F) 4C-30C. Do not freeze. Avoid extremes in temperature.
- Once the Control bottles are opened, the expiration date changes to 3 months from the open date, unless the manufacturer's "use by" date is sooner. Label the control vial with the 3-month expiration dated when opened and initial.

QUALITY CONTROL:

When a new bottle of control is put in use, the 3-month expiration date is written on the bottle in the space provided. The new expiration date is three (3) months from the open date, unless the manufacturer's printed expiration date is sooner.

Controls need to be tested:

- Each day of patient testing and when opening a new bottle of test strips.
- If a patient test has been repeated and the blood glucose results are still lower or higher than expected.
- When troubleshooting the system.
- If you drop the meter.

Valid results depend on the correct test strip lot number being correctly scanned into the meter. Results that fall within the range, when testing in the meter's QC Test mode are indicated by PASSED on the meter display. Results that are not within the range are indicated by FAILED. When a level of QC fails, the meter will not allow patient testing to be performed until the problem has been resolved and the QC PASSES.

QUALITY CONTROL PROCEDURE:

1. Ensure your control solution has a hand written expiration date (3 months from the date opened). If not, discard and open new controls and label with the 3-month expiration date and your initials.

2. Turn on the ACCU-CHEK Inform II meter. You will see QC due on the screen.

3. Enter your operator ID. Confirm by pressing ✓ button.
   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.

4. From the *Main Menu,* touch *Control Test*.

5. The Control Test screen will show you two levels of QC are needed.

6. Touch and release the bar code symbol and scan the Control vial. The background of the bar code icon will turn blue while the scanner is active. If a message appears telling you the control lot number is not in the glucometer, contact Point of Care (ext 4645 or ext 4643) before you continue. *Do not enter lot numbers into the meter.*

7. The Test Strip screen will appear. Select the bar code symbol then scan the lot number of the test strip vial. If a message appears telling you the test strip lot number is not in the glucometer, contact Point of Care before you continue. *Do not enter lot numbers into the meter.*

8. The meter will display a picture of a test strip with a downward flashing arrow on the meter indicating that you are ready to insert a test strip into the meter. 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 control solution. Do not apply the drop of control material until you see the flashing red drop on the screen.

   NOTE: Place the meter on a flat surface to ensure that the control material does not get into the test strip opening

9. Apply control solution to the front edge of the test strip. The solution will fill the yellow sample chamber by capillary action. *Do not apply sample to the top of the test strip*. Once sufficient sample has been detected, the meter will beep and the measurement begins. An hourglass icon indicates that the measurement is in progress. You will get an error message if the sample is insufficient. If this occurs, you will need to repeat the test.
   Avoid getting the control solution into the test strip port.

10. The measurement is complete when the result is displayed on the meter screen.

11. Results are displayed on the screen as PASS or FAIL. Any result that shows a "FAIL" is an indication there is a problem with the QC or the system may not be performing correctly.
12. For "FAIL" QC results, select the blinking on the bottom left corner to select the comment "REPEAT CONTROL TEST". You must enter a message.

13. Remove the test strip and dispose of it in the trash.

14. Repeat QC for Failed control.

15. Touch the button to confirm the PASSED result and send the result from the meter wirelessly.

16. If the wireless system is down, place the meter in the base unit labeled at "Downloader" to send the result and record the result into the electronic data management system. The base unit doubles as a charging base for the meter.

17. Both Levels of QC must PASS before any patient testing can be done. The meter will not display the patient testing option until the QC Failure is resolved.

18. Quality Control values will down load to the glucometer software and Quick MultiLink for review by Point of Care via wireless or network connectivity.

19. When the meter is not in use, place it in the base unit to recharge battery

Troubleshooting FAILED QC

- Are the test strips or QC vials beyond the expiration date? If so, discard them, open new vials and repeat QC. (QC expires 3 months after opening).

If the test strips and QC vials are within the expiration date—

- Repeat the QC using the same test strip vial, QC bottle on the same meter
  Result **PASSES**- you may do patient testing
  Result **FAILS**-- press on the bottom left corner, select the comment "REPEAT CONTROL TEST"
- Repeat the QC using a new bottle of QC and the same test strips.
  Result **PASSES**—you may do patient testing. Discard the bottle of QC that failed.
  Result **FAILS** -- press on the bottom left corner, select the comment "REPEAT CONTROL TEST"
- Repeat the QC using the new bottle of QC and a new bottle of test strips.
  Result **PASSES**- you may do patient testing. Send the old bottle of QC and the old bottle of test strips to Point of Care.
  Result **FAILS** -- Call ***Point of Care to notify them of the problem, send the QC bottles, test strips and meter that failed to Point of Care and request a loaner***

If QC fails check the following:

- Have the test strips and controls expired?
- Was the tip of the control bottles wiped before and after use?
- Were the test strip container and control solution bottle caps always closed tightly?
- Was the test strip used immediately after removing it from the container?
- Were the test strips and control solutions stored properly?
- Were the testing steps followed?
- Was the correct control solution level selected when the test was performed?
- Did the code number on the meter display match the code number on the test strip container?

PATIENT FINGER STICK PROCEDURE:

1. Identify the patient using two identifiers: One must be the patient's full name, the second may be the date of birth or medical record number. Verbally identify the patient, and confirm the identification with the patient's CH arm band (for inpatients). (The patient's room number cannot be used as a patient identifier).
2. Identify yourself and explain the finger stick and test process to the patient.
3. Assemble equipment.
4. Cleanse hands according to Concord Hospital hand hygiene protocol. Put on gloves.
5. A) **In Hospital**- Press the bar code icon and scan the patient ID bracelet in the ACCU-CHEK Inform II system. The patient's full name and date of birth appear. Match this information with the patient's wrist band. If the information matches, select the green check to accept the patient ID.
   If the "Patient Not Found" window pops up, you will see the question *" XXXXXX was not found in the patient list. Do you want to proceed with this ID?"* select the green

to move on to the next screen to do patient test.

A transferred patient may arrive on your unit before the transfer information is crosses in the computer system. Selecting the green ✓ allows you to test the patient. This will happen until the patient is transferred in the computer

B) **CVOR , Main OR, Wound Health, Cath Lab** will scan chart labels.
C) **Lab Patient Service Centers** will scan the order bar code label
D) **CHMG practices** will manually enter a 6 digit Date of Birth

6. Properly position patient either sitting or lying down.
7. Select a site on the pad of the fingertip, preferably on the middle or ring finger. These fingers are less sensitive to pain than the index finger. Using the thumb or little finger presents a greater probability of injuring the bone.
8. This area should be free of cuts, scars, and bruises.
9. Warm the site if necessary.
10. Hold the patient's selected finger allowing the intended puncture site to face upward.
11. Cleanse the selected site with alcohol and either allow to air dry or wipe away with a clean dry gauze. (Not only does wet alcohol cause a stinging sensation, it lyses the red blood cells, which causes a release of glucose, meaning it falsely increases the glucose result).
12. Firmly position the lancet at the incision site on the finger (at 10 o'clock or 2 o'clock, perpendicular to the finger print lines).
13. Depress the firing pad on the side of the lancet to activate the incision device.
14. Remove the lancet from the finger. The incising blade will have already retracted into the body of the lancet.
15. Apply gentle pressure to the selected finger to form a drop of blood resting (facing upward) on the finger at the puncture site.
16. **Wipe away the first drop of blood.**
17. Alternately ease and reapply pressure to the finger as drops of blood appear. Do not squeeze the finger as this may cause hemolysis, which can falsely increase the glucose result.
18. Touch the front edge of the test strip to the blood drop (do NOT apply blood to the top of the yellow window). Fill the yellow window. Avoid getting blood into the test strip port.

    There must be a small bubble of blood to allow the blood to wick up into the test strip. Do not scoop blood into the test strip.
19. The meter will beep when the strip is full.
20. When collection is complete, use a clean dry gauze pad to apply pressure to the puncture site.
21. Dispose of the lancet in a biohazard sharps container.
22. Examine puncture site for bleeding and bandage accordingly.
23. Dispose of all used materials in waste receptacles.
24. Take gloves off. Cleanse hands according to the Concord Hospital hand hygiene protocol.

NOTE: The lancet "low flow" has a depth of 1.8mm. This depth is sufficient for the collection of most specimens. In the event that the patient has extremely tough or calloused skin, the lancet "high flow" with a depth of 2.0mm may be used.

PATIENT VENOUS/ARTERIAL WHOLE BLOOD SAMPLE PROCEDURE

1. Identify the patient using two identifiers: One must be the patient's full name, the second may be the date of birth or medical record number. If possible, verbally identify the patient, and confirm the identification with the patient's CH arm band. (The patient's room number cannot be used as a patient identifier).
2. Identify yourself and explain process to patient.
3. Caution should be taken to clear arterial lines before blood is drawn.
4. An approximate 5cc waste specimen is drawn into a syringe.
5. In a second syringe, draw an adequate amount of blood and immediately perform capillary glucose test with the AccuChek Inform II meter.
6. To minimize the effect of glycolysis, blood glucose determination with venous or arterial samples must be performed within 30 minutes of sample collection.
7. Fresh venous and arterial blood containing the anticoagulants EDTA, lithium heparin, or sodium heparin is acceptable. Iodoacetate or fluoride-containing anticoagulants are not recommended.
8. Refrigerated samples should be brought to room temperature slowly prior to testing.

PATIENT TEST PROCEDURE:

1. Turn on the ACCU-CHEK Inform II meter.

2. 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 Point of Care Coordinator. **DO NOT** perform any tests under another operator's ID.

3. From the *Main Menu*, touch *Patient Test*.

   A) **In Hospital**- Press the bar code icon and scan the patient ID bracelet in the ACCU-CHEK Inform II system. The patient's full name and date of birth appear. Match this information with the patient's wrist band. If the information matches, select the green check to accept the patient ID.

   If the "Patient Not Found" window pops up, you will see the question *" XXXXXX was not found in the patient list. Do you want to proceed with this ID?"* select the green ✓ to move on to the next screen to do patient test.

   A transferred patient may arrive on your unit before the transfer information is crosses in the computer system. Selecting the green ✓ allows you to test the patient. This will happen until the patient is transferred in the computer

   B) **CVOR , Main OR, Wound Health, Cath Lab** will scan chart labels.
   C) **Lab Patient Service Centers** will scan the order bar code label
   D) **CHMG practices** will manually enter a 6 digit Date of Birth

4. Press the bar code icon and scan the bar code on the test strip vial. A window will pop open telling you it is checking for the test strip code. Contact Point-of-Care if you are unable to confirm the correct test strip code in the meter

5. You will now see a picture of a test strip with a downward flashing arrow on the screen indicating that you can now insert a test strip into the meter. Do not insert the test strip before it tells you to do so.

6. 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 beep and display a flashing drop above the test strip icon when the test strip is properly inserted. You are now ready to apply a blood sample.
   Once the test strip is taken out of the vial, it must be used right away.

7. Collect an acceptable blood sample according to the finger stick procedure above. It is important to have a nice resting drop of blood on the finger.

8. Apply 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. Avoid getting blood into the test strip port.

9. Once sufficient sample has been detected, the meter will beep and the measurement begins. An hourglass icon indicates that the measurement is in progress.

10. After the sample has been obtained, apply gentle pressure to the puncture with a clean gauze square for several minutes. If the patient is conscious and capable, enlist the patient's assistance with applying pressure.

11. The measurement is complete when the result is displayed on the screen.

12. When the glucose result is LO or HI, the test must be repeated. This means the result is outside the reportable range. While the first result is on the screen, touch ☑ to select the following **two** comments : *"erase this test"* ***and*** *"will repeat test"*
    This gives documentation the first result will be erased and you will repeat the test.
    Note: to repeat a glucose test on a neonate, order GLNEO, collect a sample from the heel into a green top microtainer and sent STAT to the lab for testing

13. When the glucose test has been repeated, and while the result is on the screen, touch ☑ to select the comment "*notify RN/MD*" and inform the RN/MD of the test result.
    Note: When adult cap glucose test results are outside the reportable range or are in question, a STAT serum glucose or STAT whole blood glucose test may be indicated according to patient care protocols. A STAT serum glucose or STAT whole blood glucose is order by the provider and entered into the computer. A specimen will be drawn and tested in the main lab.

14. Remove the test strip from the glucometer and dispose of properly

15. Dispose of lancet in a sharps container.

16. Touch the ✓ button to confirm the result and send the result from the meter wirelessly or place the meter in the network base unit to send the result. The network base unit will also charge the meter.

17. The outside of the meter (and carry case, if brought into the patient's room) *must be cleaned/disinfected after each patient. See CLEANING AND DISINFECTING in this procedure*

18. When the meter is not in use place it in the base unit to charge battery.

INTERPRETATION OF RESULTS

Adult Reportable Range: 40 mg/dL to 500 mg/d/dL

Critical Range: < (less than) 40 mg/dL, > (greater than) 500 mg/dL

Neonate Reportable Range: 40 mg/dL to 500 mg/d/dL

Critical Range: < (less than) 40 mg/dL, > (greater than) 500 mg/dL

If the blood glucose result does not reflect the patient's clinical symptoms, or seems unusually high or low, perform a control test. If the control test confirms that the system is working properly, repeat the blood glucose test. If the repeated blood glucose result still seems unusual, have a serum glucose test performed.

Neonate Samples

As a matter of good clinical practice, caution is advised in the interpretation of neonate blood glucose values below 50 mg/dL. Please follow the recommendations for follow up care established by the Concord Hospital nursery for critical blood glucose values in neonates. Glucose values in neonates suspect for galactosemia should be confirmed by an alternate glucose methodology.

RESULT REPORTING

- Adult LO results outside the reportable range will be reported as < (less than) 40 mg/dL.
- Adult Hi results outside the reportable range will be reported as > (greater than) 500 mg/dL

- Neonate LO results outside the reportable range will be reported as < (less than) 40 mg/dL
- Neonate HI results outside the reportable range will be reported as > (greater than) 500 mg/dL

In House Patient Result Reporting --Results within the Reportable Range will cross to the electronic record via wireless or network connectivity.

Off Site Adult Patient Result Reporting –

- *CHMG practices and FHC*—Results for patient testing performed at the CHMG practices will be manually recorded into Cerner Powerform using the adult guidelines above.
- *Walk In Urgent Care & Laboratory Patient Service Centers*- Patient test results at these sites will utilize the network connectivity established at these sites.

CONNECTIVITY

In- House *(Concord Hospital)*

- **Wireless Connectivity-** Once the green check mark is selected to accept the cap glucose result in the glucometer, the meter will send the results via the wireless network in the hospital.

  In the event the wireless network is not functioning, results can be sent by setting the meter into the labeled network capable base unit located on each patient care unit.

- **Network Connectivity (back up):** Once the glucometer is set into the network capable base unit you will see the comments-- Connecting, Busy, Synchronizing Database. When the transfer of information is complete the comments will stop, Idle will appear and the screen will darken

Off- Site *(CHMG, FHC, Walk In Urgent Care & Laboratory Patient Service Centers)*

- **Off site connectivity:** All off site glucometers will be connected via the network using a network capable base unit. Once the glucometer is set into the network base unit you will see the comments-- Connecting, Busy, Synchronizing Database. When the transfer of information is complete the comments will stop, Idle will appear and the screen will darken.

CLEANING AND DISINFECTING

- ACCU-CHEK Inform II meters are disinfected following each patient use. Using the Clorox Germicidal Wipes, the surface of the Inform II meter must stay wet for one (1) minute.
- For Inform II meters that are visible soiled or used with patients on precautions (C.diff, Norovirus) use one Clorox Germicidal wipe to the meter clean and a second wipe to disinfect the meter. The meter must remain wet 3 minutes for disinfection to be effective.
- The same protocol is followed for carry cases brought into the patient room.
- After the meter has dried, you may notice a film on the touch screen. Use a paper towel and wipe the screen. The film should go away.
- Base units should be cleaned periodically or when visibly dirty
- Meters must be dry when put into the base unit for charging or a network download

- **DO NOT LEAVE THE ACCUCHEK INFORM II METER IN A ROOM WHEN THE XENEX DISINFECTING ROBOT (ROSIE) IS IN USE.**

If you notice any of the following signs of deterioration after cleaning or disinfecting of your meter system, stop using the glucometer and contact the Point of Care office:

- Clouding of the touch screen display that cannot be wiped away
- On/off-button button malfunction
- Clouding of the infrared data port and/or barcode scanner,

- Quality control results outside of the specified ranges.

Do's

- Dispose of Clorox Germicidal wipes per CH guidelines.
- Dry the silver contact pads on the back of the meter before placing in the base unit to avoid rust.

Don'ts –

- **Do Not** clean or disinfect the meter while performing any type of test.
- **Do Not** allow pooling of liquid on the touch screen.
- **Do Not** spray anything onto the meter or base unit.
- **Do Not** immerse the meter or base unit in liquid.
- **Do Not** get liquid into the test strip port! If liquid does get into the test strip port, or if you suspect any moisture got into the test strip port on the meter, immediately dry the components with a dry cloth or gauze pad. Contact Point of Care for a loaner and send the meter to the Point of Care office.
- **Do Not** wipe the electrical connectors on the back of the base unit.
- **Do Not** leave the meter is a room when the Xenex disinfecting robot (Rosie) is in use.
- **Do Not** use any cleaning and disinfecting product other than that which is recommended by the manufacturer, identified in this procedure and provided through normal procurement policies and procedures within CH or CHMG.

TROUBLE SHOOTING the Inform II meter for operational issues:

- If the meter fails to function at any point when performing a capillary glucose test, or if you get an error message associated with the result, make a note of the malfunction or error message and repeat the test using a different glucometer with a new test strip and new finger/heel puncture.
- Call the Point of Care office (Suzanne Chute ext. 4643 or Michelle Labbe ext. 4645). Send the meter and test strip vial involved and deliver them to the Point of Care office for further investigation.
- Request a loaner glucometer
- If the error message "**Strip Defect Error**" appears on the display, the test strip may be defective or the blood glucose result may be extremely low and below the meter's measurement range.
    1. Repeat the patient capillary glucose test on a different meter with a new puncture. Always consider having a serum glucose test performed to confirm any questionable result.
    2. After you have completed the patient test, go back to the meter you set aside and perform a quality control testing.
- If the meter displays "**Type Bad Dose,**" there may be insufficient amount of blood on the test strip.

  Repeat the test using a new finger/heel puncture and new test strip, ensuring proper sample application.

Guidance for interpreting on-screen message and error codes:

All error messages displayed by the system have a letter identifying the message type, a number and a description of the error to help the operator take action to resolve the problem. The different message types are in the table below.	
E	Identifies the notification as an Error. The information notifies the operator that an error has occurred.
W	Identifies the notification as a Warning. The information does not block the operator from continuing, but rather gives the operator information that may suggest an alternate workflow is required.
I	Identifies the notification as Informational only. Informational notifications present the operator with contextual information, and allow the operator to proceed after confirming the notification.
D	Identifies a Decision point. Decision notifications provide the operator with a choice based on contextual information.

References: *Accu-Chek Inform II Operator's Manual*; Roche Diagnostics Indianapolis IN USA 3/2013
Accu-Chek Inform II Customer Inservice Plan; Publication 4830-00-1112 11/2012 Roche Diagnostics, Indianapolis, Indiana,USA . www.poc.roche.com
Accu-Chek Inform II Controls Product Insert; Roche Diagnostics, Indianapolis IN USA www.accu-chek.com
Accu-Chek Inform II Test Strip Product Insert; Roche Diagnostics, Indianapolis, IN USA www.accu-chek.com
CLSI H04A6E Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens-Approved Standard- 6th ed.; NCCLS Wayne PA 19087 USA
CLSI C30A2E Point of Care Blood Glucose Testing in Acute and Chronic Care Facilities- Approved Guidelines, 2nd ed.; NCCLS Wayne, PA 19087 USA
Clorox Germicidal Wipes product label; Clorox Professional Products Co. Oakland CA 94612

Responsible Department: *Concord Hospital Point of Care*

Distribution: *Concord Hospital, CHMG practices, Walk In Urgent Care Center, Occupational Health at Horse Shoe Pond, the following Patient Service Centers at- Memorial, Penacook, Horse Shoe Pond, Epsom*

Initiated by*: Suzanne Chute BB(ASCP) Sept 9-2013.*