Hanover Hospital Point of Care

Provider Training: Fecal Occult Blood

Test Notes

- Hemoccult Sensa is for use in testing fecal specimens only.
- Do not use Hemoccult Sensa for gastric specimens.
 Contact the laboratory for gastric specimen testing.
- Quality Control monitoring must be performed on each slide. Document results on the patient (pink) result card.
- Do not use expired developer or slides for patient testing.

Test Preparation

- Always check the expiration date of the developer before using.
- Attach a patient label to the pink result card
- With an applicator stick, apply a thin smear of fecal sample inside BOX A.
- Reuse the applicator stick to obtain a second sample from a different part of the feces and apply a thin smear to BOX B.
- Close the cover flap.

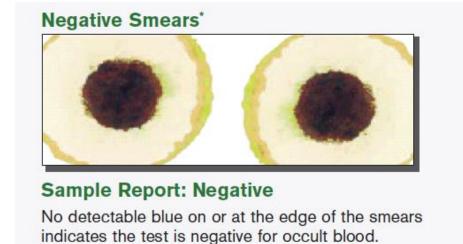
Developing the Test

- Wait 3 to 5 minutes before applying the developer.
- Open the flap on the backside of the card and apply 2 drops of Hemoccult Sensa developer directly over each smear.
- Read results within 60 seconds.

Interpreting the Test

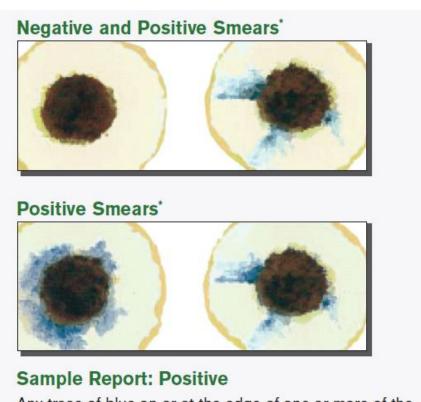
Negative Smears

 No detectable blue on or at the edge of the smears.



Positive Smears

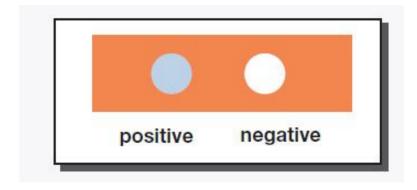
 Any trace of blue on or at the edge of one or more smears.



Any trace of blue on or at the edge of one or more of the smears indicates the test is positive for occult blood.

Quality Control Monitoring

- Must be performed on EVERY SLIDE to check function and stability.
- Apply one drop of developer BETWEEN the (+) and (-) Performance Monitor areas.
- Read the Performance Monitor results within 10 seconds.
- A blue color must appear in the window labeled POSITIVE and remain for 60 seconds.
- No blue color should appear in the NEGATIVE window.
- If the Performance Monitor areas do not react as expected, the patient test is invalid and must be repeated with a new slide.



Reporting Results

- Attach a patient label to the pink result card.
- Circle the location the test was performed.
- Circle the patient result.
- Circle the Quality Control result.
- Sign and date the card.
- Return the card to the laboratory.
- Document the result on the patient's medical record as required by hospital policy.

| Hemoccult II Sensa Testing COMPLETE THIS FORM AND RETURN TO LAB Patient Name Place Label Here Patient # Location: ED CCA M2 M4 E4 PEDS GEU | | | |
|--|---------------------|---------------------|--------------|
| | | Performed by: | |
| | | Date: | |
| | | Patient Result: Neg | Pos |
| | | Control: Acceptable | Unacceptable |
| | | | Initials: |
| Acceptable Control: | | | |
| 500 | Pos - blue reaction | | |
| | Neg - no reaction | | |
| Card: | Developer | | |
| Lot#: | | | |
| Exp: | | | |
| Rec'd | | | |
| Opened: | | | |
| Lab#354 3/08, 3/14 | | | |