

Training Checklist

TRUE METRIX™ PRO Blood Glucose System Training Checklist (Please print)

Name _____ Date ____/____/____

Title _____

Facility _____

1. The Facility Personnel has completed the following:

- ____ Read the Owner's Booklet
- ____ Read the test strip Instructions for Use
- ____ Read the Control Solution Instructions for Use
- ____ Read the sections in the Comprehensive Resource Guide located prior to the Training Program section

2. The Facility Personnel understands the following:

- ____ Use of the TRUE METRIX™ PRO System in a clinical setting
- ____ System specifications
- ____ Limitations and critical safety information, including that the TRUE METRIX™ PRO System must not be used for certain patients (neonate)

3. Familiarization with the components of the system.

a. Meter

- ____ Location of serial number for the meter
- ____ Review of meter buttons and functions

b. Test strips

- ____ Identifies lot number
- ____ Writes open date on test strip vial label
- ____ Understands the use by dates, both printed and written
- ____ Reviews proper handling of test strips including recapping of the test strip vial immediately after removing test strip
- ____ Demonstrates proper insertion of the test strip into the meter

c. Control Solution

- ____ Identifies lot number
- ____ Writes open date on control solution bottle label
- ____ Understands the use by dates, both printed and written
- ____ Identifies control test level
- ____ Identifies control test ranges

Training Checklist cont.

Name _____

4. Quality Control Tests

- _____ Understands manufacturer's instructions for quality control testing
- _____ Understands the purpose of the automatic self-check of the meter upon insertion of test strip into Test Port
- _____ Understands the purpose of control tests, the frequency of testing, and the number of control solution levels to be tested
- _____ Understands the testing temperature range and what may result if testing temperature is out of range
- _____ Identifies correct (unopened vs. opened) use by dates on the control solution bottle
- _____ Identifies the correct control test range for the control solution level and understands the troubleshooting if the control test result is not within the acceptable range
- _____ Demonstrates the procedure using the control solution
- _____ Records the control test result on the TRUE METRIX™ PRO Quality Control Testing Data Form

5. Blood Collection

- _____ Understands the proper technique of capillary blood collection for both fingertip and forearm samples
- _____ Understands when fingertip should be used instead of forearm
- _____ Demonstrates the ability to obtain a sufficient amount of blood for testing from both a fingertip and forearm
- _____ Understands facility's procedure on obtaining blood samples
- _____ Understands the importance of the use of the recommended type of blood collection tube for collecting a venous blood sample for the testing on the TRUE METRIX™ PRO Blood Glucose Monitoring System

6. Demonstration of Blood Glucose Testing

- _____ Demonstrates proper blood glucose testing procedure for the TRUE METRIX™ PRO System
- _____ Understands the proper blood application to the Sample Tip and the significance of the symbols in the Display

7. Patient Blood Glucose Test Results

- _____ Demonstrates the proper documentation of test results
- _____ Understands that use of Memory, Averages, and Ketone Test Reminder features may not be appropriate for multiple-patient facilities
- _____ Proper disposal of biohazardous materials (contaminated biological materials and sharps) per facility policy and procedures

8. Care, Cleaning/Disinfection, Storage of System

- _____ Understands recommended procedures for cleaning and disinfecting the TRUE METRIX™ PRO Meter
- _____ Understands facility policy and procedure for Medical Device Cleaning and Disinfection
- _____ Demonstrates battery replacement
- _____ Understands proper storage of meter, test strips, and control solution

Training Post Test

TRUE METRIX™ PRO Blood Glucose System Training Written Test (Please print)

Name _____ Date ____/____/____

Title _____

Facility Name _____

Address _____

Phone/Fax _____

True or False

1. It is recommended that healthcare personnel complete the training program prior to using the TRUE METRIX™ PRO Blood Glucose Monitoring System for the first time in a facility.

_____ True _____ False

2. The TRUE METRIX™ PRO System can be used on neonates.

_____ True _____ False

3. Quality Control Testing should be performed per your facility's policies and procedures.

_____ True _____ False

4. Any control solution can be used with the TRUE METRIX™ PRO System.

_____ True _____ False

5. Capillary blood testing of critically ill patients with reduced peripheral blood flow (for example: shock, severe hypotension, severe dehydration, hyperglycemia with hyperosmolarity, with or without ketosis) should be tested with the TRUE METRIX™ PRO System.

_____ True _____ False

6. If the meter becomes soiled, wipe it off with PDI Super Sani Cloth Wipes.

_____ True _____ False

7. The battery should be replaced with an AAA alkaline battery.

_____ True _____ False