The Johns Hopkins Hospital 1800 Orleans Street Baltimore, MD 21287 Point-of-care Testing Office

## ITC Hemochron Signature Elite/ACT-LR /CVCRR Competency 2022 Direct Observation of Patient Testing Checklist

Operator Name: \_\_\_\_\_\_ Operator ID: \_\_\_\_\_

| Title:           | Location:   |  |                                    |
|------------------|---|--|------------------------------------|
| Date:            |   |  |                                    |
| correctly", "I   | erve the operator performing ACT testing during normal/routine conditions. Evaluate the follow Not performed correctly" by placing a "\" in the matching column. For any criteria rated as "N roper technique and reassess. Document corrective actions below.  | ing criteria as eit<br>Tot performed cor | her "Performed<br>rectly", counsel |
|                  |   | Rating                                   |                                    |
| Phase            | Criteria  | Performed correctly                      | Not<br>performed<br>correctly      |
| Pre-<br>analytic | Patient identity is determined by 2 unique identifiers  |  | •                                  |
|                  | QC status of the meter is determined.   |  |                                    |
|                  | Cuvette lot number is scanned successfully.   |  |                                    |
|                  | Patient CSN is correctly entered into the meter –scanned armband or label   |  |                                    |
|                  | Cuvette is inserted, pre-warmed. The message "Add sample" is displayed prior to sample collection.  |  |                                    |
|                  | <ul> <li>Sample is collected in appropriate sampling device according to protocol.</li> <li>From the distal port of the arterial line, withdraw 10 cc blood for discard</li> <li>Turn stopcock to ½ on and ½ off</li> <li>From the proximal port, withdraw 10 cc, turn stopcock to ½ on. ½ off</li> </ul> |  |                                    |
|                  | <ul> <li>From the proximal port, withdraw 10 cc, turn stopcock to ½ on, ½ off and discard</li> <li>From proximal port, draw 1-3 cc for specimen.</li> </ul>   |  |                                    |
|                  | Sample is checked for bubbles and/or clots. If clotted, sample is discarded and redrawn.  |  |                                    |
| Analytic         | Sample is added to cuvette immediately after collection.  |  |                                    |
|                  | Correct amount of sample is added to cuvette well pushing excess into the overflow well if necessary.   |  |                                    |
|                  | Start button is pushed immediately after sample application.  • Purge arterial line and side port  • Recap the ports  |  |                                    |
|                  | Test is initiated within 5 minutes after sample cuvette is warmed. If not, cuvette is removed and discarded.  |  |                                    |
| Post<br>Analytic | Results are evaluated according to patient condition.   |  |                                    |
|                  | Meter is connected to network and downloaded.   |  |                                    |
|                  | Used cuvette is removed and discarded according to biohazard protocol.  |  |                                    |
|                  | Biohazard spills are cleaned as needed.   |  |                                    |

Corrective actions:

Trainer Signature:

PPE is worn during the entire testing procedure.