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

ITC Hemochron Signature Elite/ACT-LR /IRC/NIR Competency 2023
Direct Observation of Patient Testing Checklist

Operator Name: _____ Operator ID: _____

Title: _____ Location: _____

Date: _____

Trainer: Observe the operator performing ACT testing during normal/routine conditions. Evaluate the following criteria as either "Performed correctly", "Not performed correctly" by placing a "√" in the matching column. For any criteria rated as "Not performed correctly", counsel operator on proper technique and reassess. Document corrective actions below.

Phase	Criteria	Rating	
		Performed correctly	**Not performed correctly**
Pre-analytic	Patient identity is determined by 2 unique identifiers		
	QC status of the meter is determined.		
	Cuvette lot number is scanned successfully.		
	Operator ID 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.		
	Sample is collected in appropriate sampling device according to protocol. • 5-10 ml blood is wasted from sampling line		
	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 Analytic	Results are evaluated according to patient condition.		
	Meter is connected to the network and downloaded.		
	Used cuvette is removed and discarded according to biohazard protocol.		
	Biohazard spills are cleaned as needed.		
	PPE is worn during the entire testing procedure.		

Corrective actions:

Trainer Signature: _____