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

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

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itle:	Location:		
ate:			
orrectly", "N	rve the operator performing ACT testing during normal/routine conditions. Evaluate the follow ot performed correctly" by placing a " $$ " in the matching column. For any criteria rated as "Noper technique and reassess. Document corrective actions below.	ing criteria as eii lot performed cor	her "Performo rectly", counso
		Rating	
Phase	Criteria	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.		

Rev. 11-2022

Trainer Signature: