ITC Hemochron Signature Elite/PICU Competency 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.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Criteria</th>
<th>Rating</th>
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</table>
| Pre-analytic | Patient identity is determined by 2 unique identifiers  
QC status of the meter is determined  
Insert cuvette  
Cuvette lot number is scanned successfully  
Enter user ID  
Enter patient CSN – scanned armband or label  
Inserted cuvette is the pre-warmed. The message “Add sample is displayed prior to sample collection  
Alcohol ACT port for 15 seconds  
Draw waste blood 0.5ml into syringe  
Remove waste syringe  
Place a 1ml syringe on ACT port  
Draw up 0.2ml to 0.3ml blood | Performed Correctly | Not Performed Correctly |
| Analytic | Remove syringe with sample blood and add correct amount of sample blood in cuvette well pushing excess into the overflow well if necessary  
Start button is pushed immediately after sample application  
Test is initiated within 5 minutes after sample cuvette is warmed, if not, cuvette is removed and discarded and sample is restarted from the beginning. | Performed Correctly | Not Performed Correctly |
| Post Analytic | Results are evaluated according to patient condition  
Meter is connected to the network and downloaded.  
Cleans and disinfects any biohazard spills as needed  
Wears appropriate PPE during the entire testing procedure | Performed Correctly | Not Performed Correctly |

Corrective actions:

Trainer Signature: ____________________________________________________________

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