

The Johns Hopkins Medical Institutions
 Department of Pathology Point-of-Care Testing Program
Glucose Blood Specimen Collection – Fingerstick Collection Operator Competency Assessment

Date: _____ Site: _____ Dept: _____ Name (Print): _____ Title: _____ Employee ID#: _____

Required Performance Skills – Fingerstick Collection

Competency Category	Performance Indicator	Performance Standard	Assessment Tool	Criteria Met	Criteria Not Met	Remedial Action
Specimen Collection	a. Verify patient identity with 2 identifiers. b. Select appropriate sampling site. c. Warm the site if needed. d. Clean site with 70% alcohol and allows site to air dry. e. Perform puncture just off-center of the finger tip. f. Wipe off first 1-2 drops of blood. g. Allow small drop of blood to form on finger by gently applying intermittent pressure to surrounding tissue.	1. Maintains correct patient ID. 2. Uses correct procedures to obtain optimal fingerstick sample. a. Uses “scrubbing” action with alcohol pad to clean site b. Allows site to air dry c. Wipes away first 1-2 drops of blood.	Direct Observation			
Test Sampling	a. Touch end of test strip to the drop of blood. b. The test strip must fill completely. DO NOT touch the strip to the blood drop a second time. c. Testing will not begin until enough blood has been added to the strip. d. Do not let blood run down into meter.	1. Follows proper procedures for test sampling. 2. Performs testing within appropriate time frame.	Direct Observation			
Biohazard Safety	a. Discard all contaminated patient materials in biohazard containers. b. Dispose of used lancets in a JHMI approved sharps container.	1. Follows proper safety practices. 2. Uses Standard Precautions	Direct Observation			
Problem Solving	a. Explain interferences that may affect samples (these include low BP, milking the site, improper cleansing of site, edema) b. Explain potential influence of conditions that reduce peripheral blood circulation	1. Understands the physiological conditions and interferences that may affect glucose results	Discussion			

Evaluator’s Signature: _____ Title: _____ Date: _____