

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER
INITIAL ORIENTATION & TRAINING
COAGUCHEK XS PLUS (INR)

This form is to be used for trainer-supervised initial orientation and training. The newly trained employee must demonstrate competency at the time of initial orientation & training and a second time during the first year. All employees must demonstrate competency on an annual basis thereafter.

EMPLOYEE NAME (Printed):	
TRAINER(s) NAME (Printed):	
LICENSE NUMBER:	LOCATION/UNIT:
I _____ (initials) HAVE READ AND UNDERSTAND THE COAGUCHEK XS PLUS (INR) POLICY & PROCEDURE.	

<u>STEP 1</u>		
ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT	Date:	Trainer's Initials:
<input type="checkbox"/> • Location of POCT Policy Manual, Supplies and Reagents, and where to dispose of used materials		
<input type="checkbox"/> • IDA (Clinical Indications, Documentation and Clinical Actions) PLAN		
<u>STEP 2</u>		
INTRODUCTION OF COAGUCHEK XS PLUS (INR)	Date:	Trainer's Initials:
<input type="checkbox"/> • Purpose and Principle		
<input type="checkbox"/> • Qualified Testing Personnel ➤ Requirements: Initial Orientation & Training; Initial Competency and 2 nd Competency during first year; and Annual Competency thereafter.		
<input type="checkbox"/> • Equipment ➤ Coaguchek XS Plus Meter, Coaguchek Handheld Base Unit, Coaguchek XS PT Test Strip and Test Strip Code Chip, Coaguchek XS Plus PT Controls and Quality Control Code Chip, Handheld Battery Pack and Blood sample collection materials		
<input type="checkbox"/> • Overview of the Coaguchek XS Plus Meter		
<input type="checkbox"/> • Base Unit – Docking / Charging Station		
<u>STEP 3</u>		
REAGENTS AND SUPPLIES STORAGE AND HANDLING	Date:	Trainer's Initials:
<input type="checkbox"/> • CoaguChek XS PT Test Strips		
<input type="checkbox"/> • CoaguChek XS PT Test Strip Code Chip		
<input type="checkbox"/> • Coaguchek XS Plus PT Controls		
<input type="checkbox"/> • Coaguchek XS Plus PT Controls Code Chip		
<u>STEP 4</u>		
QUALITY CONTROL	Date:	Trainer's Initials:
<input type="checkbox"/> • Automatic Internal Quality Control Testing		

<input type="checkbox"/>	• When to Perform External Quality Control Testing	
<input type="checkbox"/>	• How to Prepare and Perform Quality Control Testing	
<input type="checkbox"/>	• Verify Control lot number and expiration date	
<input type="checkbox"/>	• Verify Strip lot number and expiration date	
<input type="checkbox"/>	• Expected Results and Documenting Liquid Quality Control Testing Results	
<input type="checkbox"/>	• Suggested actions when Quality Control Out of Range	
STEP 5		
PATIENT TESTING PROCEDURE	Date:	Trainer's Initials:
<input type="checkbox"/>	• Specimen Collection and Handling	
<input type="checkbox"/>	• How to Perform Patient INR Testing	
<input type="checkbox"/>	• Reporting and Documenting Results	
<input type="checkbox"/>	• Limitations and Interferences	
<input type="checkbox"/>	• Reference and Reportable Ranges	
<input type="checkbox"/>	• Record Keeping	
STEP 7		
MAINTENANCE AND CARE	Date:	Trainer's Initials:
TROUBLESHOOTING (Refer to Policy and Procedure)	Date:	Trainer's Initials:
MATERIAL SAFETY DATA SHEETS (MSDS)	Date:	Trainer's Initials:

Employee: My signature indicates that I have received this orientation and training in full.

Trainer: My signature indicates that I have reviewed this orientation and training with employee in full.

EMPLOYEE SIGNATURE:	DATE TRAINING COMPLETED:
TRAINER(S) SIGNATURE:	DATE TRAINING COMPLETED:

UPON COMPLETION:

Fax copy to POCT Services @ 415.206.3451 or 415.206.3045 or bring copy to 2M14. Unit Manager is encouraged to retain a copy in employee or unit file.