

## SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

Initial **ORIENTATION & TRAINING** or  Follow Up


### PROCEDURE: AVOXIMETER 1000E CO-Oximetry

This form is to be used for trainer-supervised initial orientation and training. The trained employee must demonstrate competency at the time of initial orientation and training, six months after initial training and annually thereafter.

EMPLOYEE NAME (Printed):	
TRAINER(s) NAME (Printed)	
LICENSE NUMBER:	LOCATION: Cath Lab

I \_\_\_\_\_ (Initials) HAVE READ AND UNDERSTAND THE AVOX 1000E PROCEDURE AND CHANGES THEREIN.

NURSING: CLIA '88 requires you have a high school diploma or college degree in one of these listed sciences to perform this moderately complex test. Please attach a copy of your College Degree in Chemical Science, Biological Science, Physical Science or Nursing.

<u>STEP 1</u>		
ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT	Date:	Trainer's Initials:
<ul style="list-style-type: none"> <li>• Location of Supplies and Reagents, and where to dispose of used materials</li> <li>• Procedure Log Book (Patient ID, Date and Time of Procedure, Initials of Nurse performing test)</li> <li>• IDA (Clinical Indications, Documentation and Clinical Actions) PLAN</li> </ul>		
<input type="checkbox"/> <a href="http://www.SFGH-POCT.org">www.SFGH-POCT.org</a>  on the CHN intranet		
<u>STEP 2</u>		
INTRODUCTION TO AVOX 1000E	Date:	Trainer's Initials:
<ul style="list-style-type: none"> <li>• Purpose and Principle</li> <li>• Qualified Testing Personnel (Initial Training, 6 mos after initial training and Annual Competency)</li> <li>• Equipment (AVOX 1000E Analyzer, Single-use cuvette, Optical Quality Control filters, AC adapter, Operator's Manual Printer)</li> </ul>		
<u>STEP 3</u>		
PREPARATION OF THE AVOX 1000E	Date:	Trainer's Initials:
SPECIMEN AND REAGENTS	Date:	Trainer's Initials:
<ul style="list-style-type: none"> <li>• Specimen Collection, Specimen Preparation and Stability of Specimen</li> <li>• Storage and Stability of Reagents (Cuvettes, Optical Quality Control filters, RNA Medical CO-Oximeter Control)</li> </ul>		
<input type="checkbox"/> • Daily Environmental checks and corrective actions		

<u>STEP 4</u>		
CALIBRATION	Date:	Trainer's Initials:
QUALITY CONTROL	Date:	Trainer's Initials:
<ul style="list-style-type: none"> <li>• Optical QC filters (Yellow and Orange)</li> </ul>		
<ul style="list-style-type: none"> <li>• Optical QC Procedure and Optical QC Ranges</li> </ul>		
<ul style="list-style-type: none"> <li>• Liquid Control Material — RNA Medical CO-Oximeter Controls</li> </ul>		
<ul style="list-style-type: none"> <li>• Liquid QC Procedure</li> </ul>		
<ul style="list-style-type: none"> <li>• Corrective Action when Optical QC or LQC are Outside Acceptable Limits</li> </ul>		
<u>STEP 5</u>		
PROCEDURE/SAMPLE ANALYSIS	Date:	Trainer's Initials:
REPORTING RESULTS/DOCUMENTATION	Date:	Trainer's Initials:
<u>STEP 6</u>		
PATIENT COMPARISONS	Date:	Trainer's Initials:
LIMITATIONS OF METHOD	Date:	Trainer's Initials:
CAP SURVEY / PROFICIENCY TESTING	Date:	Trainer's Initials:
<u>STEP 7</u>		
MAINTENANCE	Date:	Trainer's Initials:
<ul style="list-style-type: none"> <li>• Battery Charge</li> </ul>		
<ul style="list-style-type: none"> <li>• Battery Status</li> </ul>		
<ul style="list-style-type: none"> <li>• Analyzer Cleaning</li> </ul>		
<ul style="list-style-type: none"> <li>• Optical Filter Cleaning</li> </ul>		
TROUBLESHOOTING and ANALYZER REPAIR **DO NOT CONTACT BIOMED; CONTACT POCT**	Date:	Trainer's Initials:
EMPLOYEE SIGNATURE:	DATE TRAINING COMPLETED:	
TRAINER(S) SIGNATURE:	DATE TRAINING COMPLETED:	

Upon Completion: FAX COPY (415.206.3045) to Point of Care Testing Services or send copy to POCT Stat Lab B25 Rm H3041. Unit Manager is encouraged to retain a copy in employee or unit file.