W}ãr^l•ãr Á¦⊶ÁÔædā[l}ãæBÁUæ) Árða) & 8a 8(Á ÁÖ^]æd(^)ơf(-AŠæà[læd[l^AT^åã&ã)^ Z'&\^là^!\*ÁUæ) Árða) & 8a 8(ÃÕ^}^la#AP[•]ãædAb) åÁ/læi{æÓ^} ơ<sup>l</sup> BAF€€FÁU[d^l[ÁOEç^}\*ABÛæ) Árða) & 8a 8[BÁÔOBÁU|FF€ Ôjããæde¥Sæà[læd[l^A ÁOæáaææAPæ]|^BAT ÖBAU@ÖBÓã^&4[l Vád^NŐŎTÁ €€€ÁTæã]ơ} æ3 & XBQ•\*^•Asaj åÁÜÔAS[\*BEÖ[& {^}oh>[BÁ\ÎÎÎËHUGÁÇ^\•ã]}ÁFÈEDÈ OD]] [[ç^áAba) åÁ&`ll^} GBÔ-^&&ãa, Árædā]\*Á BPŤBD€CFÉ

## POCT RECOMMENDED GEM4000 MAINTENANCE AND TROUBLESHOOTING STEPS S/N:

YEAR:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	ОСТ	NOV	DEC
Wipe inside the GEM4000 with a												
gauze moistened												
with tap water prior												
to inserting the new												
cartridge												
Verify that the CVP												
controls are within												
the acceptable range												
(21-23°C) using the												
thermometer												
Mix CVP vials												
vigorously for at												
least 10 secs prior to												
testing												
Run iQM process												
twice if needed												
(e.g., after CVP												
failure)												
If indicated, prime												
lines with patient												
blood sample (run as												
CVP and reject) twice												
prior to running CVPs												
Initials & Date												

See reverse side for documenting instrument and QC issues.

Reviewed by: D	Date:	
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W)ãr∧!•ãr Á¦-ÁÔæpä[l}ãæÉÂUæ)Áratæs & a & Á ÁÖ^]æd(^}ơf, -ÁŠæà[læd[¦^ÁT^å‡&a]^ Z'&\^¦à∧!à^!\*ÂUæ)Áratæ}&a & ÁŐ^}^\adAF[•]ãædAbbb àÁ/!æi{ æðÔ} c'¦ÉAF€€FÁU[d^![ÁCEç^}\*^ÉÂUæ)Áratæ)&a &[ÉÂOCEÁU|FF€ Ô]ãædASæà[læd[i^Á ÁOæàæææRæd|^ÉATÖEAU@ŰÉCÔã^&4[l Vãd∧HÕŎTÁ €€€ÁTæa]c}æ3 & AÉ®e•\*^•Áæbbb àÁÛÔÆS[\*ÉRÖ[& {^}of>[ÉALÌÎÌÈ+UGÁÇo^!•ã]}ÁFÈEDÈ C0E]][ç^åAbbb àÁ&`!!^}dÉÔ-^&&ãp^Ácæbd3\*ÁBTĬED€CFÉ

## Point of Care - INSTRUMENT AND QUALITY CONTROL ISSUES LOG

S/N:\_\_\_\_\_

INSTRUMENT: GEM4000

Page \_\_\_\_ of \_\_\_\_\_

Date	Problems and Conditions	Corrective Action(s)	Resolved? (Y/N)	Initials
(Attach an	y additional documentation or records (e.g., vendo	r service report, QC results))	1	1

POCT instruments: No user maintenance required, except for vendor PM, as needed.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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