

Printed Employee Name: _____ Location: _____

GEM PREMIER 4000 PROBLEM SOLVING TEST

1. I just finished sampling an arterial blood gas specimen and I realized that I selected the “venous” specimen type by mistake. Circle the best answer:
 - a. Enter a note in the COMMENT field about it and notify POCT as well as the provider.
 - b. I immediately re-test the specimen on another GEM 4000 if available and notify POCT and the provider about the error on the first instrument.
 - c. Both a and b are correct.

2. In preparing a syringe blood gas sample, you should: Mix the sample for 30 seconds a) _____ alternating between inverting and rolling between outstretched palms. Then I expel a few drops of the sample onto a gauze pad in order to check for b) _____ which can lead to c) _____. Circle one answer in each column:

(a)	(b)	(c)
1. Right after collection 2. Right after collection and then right before sampling 3. Right before sampling	1. Color 2. Hemolysis 3. Clots	1. Skewed results and damage the GEM cartridge 2. An increase in pO2 3. Longer analysis time by the instrument

3. I scanned the patient ID barcode and checked the demographics on the screen. I realized that I used the wrong patient ID barcode. I immediately notify a) _____ and b) _____. Afterwards, I notify c) _____ using the “Wrong Patient ID / Wrong Specimen Type” form which I submit via email or at the POCT office mailbox. Circle one answer in each column:

(a)	(b)	(c)
1. The provider of the correct patient. 2. The provider of the wrong patient ID I just used. 3. The patient’s next of kin.	1. File a UO. 2. Recollect a specimen from the correct patient and re-test. 3. Notify the nurse educator.	1. POCT Services 2. The nurse educator. 3. The Charge Nurse.

4. I scanned the CSN barcode into the ACCOUNT field and no demographics displayed on the GEM screen. Following the procedure, I verified that I used the correct patient ID. Next, I must enter the _____ in the PATIENT ID field. Circle the best answer:
 - a. Patient’s initials.
 - b. Patient’s last name.
 - c. Patient’s MRN number.
 - d. Last four digits of the CSN number.

YOU MUST SCORE 100% TO PASS.

If you did not pass, please review the Policy and Procedure and retake the exam.

SCORE

Employee Signature / Date	Trainer Signature / Date