


**SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**  
 **Initial ORIENTATION & TRAINING** or  **Follow Up**  
**PROCEDURE: GEM PREMIER 5000**

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.

<b>EMPLOYEE NAME (Printed):</b>	
<b>TRAINER(s) NAME (Printed):</b>	
<b>LICENSE NUMBER:</b>	<b>LOCATION:</b>

I \_\_\_\_\_ (Employee Initials) **HAVE READ AND UNDERSTAND THE ARTERIAL BLOOD GASES/GEM5000 POLICY & PROCEDURE AND THE CHANGES THEREIN.**

**NURSING:** CLIA '88 and California BPC requires you have a 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.

<b>STEP 1</b>		
<b>ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT</b>	<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/> • Location of Supplies and Reagents, and where to dispose of used materials		
<input type="checkbox"/> • IDA Page (Clinical Indications, Documentation and Clinical Actions)		
<input type="checkbox"/> • <a href="http://www.SFGH-POCT.org">www.SFGH-POCT.org</a>  on the CHN intranet		
<input type="checkbox"/> • GEM5000 Resource binder and POCT contacts		
<b>STEP 2</b>		
<b>INTRODUCTION OF ARTERIAL BLOOD GASES</b>	<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/> • Purpose and Principle		
<input type="checkbox"/> • Qualified Testing Personnel (Requirements: Initial Training and Competency, 6 mos after initial training, First Annual and Annual Competency)		
<input type="checkbox"/> • Equipment		
<b>STEP 3</b>		
<b>SPECIMEN AND REAGENTS</b>	<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/> • Specimen Collection and Stability		
<input type="checkbox"/> • Reagents Storage and Stability <b>**EXPIRY DATES**</b>		
<input type="checkbox"/> • Daily Environmental checks and corrective actions		
<b>STEP 4</b>		
<b>QUALITY CONTROL</b>	<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/> • Intelligent Quality Control Management (iQM2)		
<input type="checkbox"/> • Calibration Validation Product (CVP) is ran internally during cartridge warm-up (60 min total). GEM System Evaluator (GSE) ran externally: Expiration dates, accepting results, sampling		
<input type="checkbox"/> • Proficiency Testing		

<u><b>STEP 5</b></u>		
<b>START NEW SAMPLE TAB – Review of Components</b> **DO NOT SELECT OR DESELECT INDIVIDUAL ANALYTES**	Date:	Trainer's Initials:
<u><b>STEP 6</b></u>		
<b>PROCEDURE</b>	Date:	Trainer's Initials:
<input type="checkbox"/> • Cartridge Insertion and Warm-up		
<input type="checkbox"/> • Operator ID **DO NOT SHARE BARCODES**		
<input type="checkbox"/> • Patient Sampling and View Results **PPID, SPECIMEN MIXING, CLOT CHECKING, BARCODE SCANNER**		
<input type="checkbox"/> • Removing the Cartridge		
<input type="checkbox"/> • Shutting down the Analyzer **DO NOT USE THE POWER BUTTON OR RESTART OPTION**		
<input type="checkbox"/> • Reporting / Documentation Results **AUTOVERIFICATION, PRINTING RESULTS, DELAYS IN POSTING OF RESULTS**		
<u><b>STEP 7</b></u>		
<b>LIMITATIONS AND INTERFERENCE TESTING</b> **SPECIMEN COLLECTION TUBES ARE NOT A SUITABLE SUBSTITUTION FOR ARTERIAL BLOOD GAS ANALYSIS OR TO MEASURE PO2 AND COOXIMETRY (oxygen content or COHb)**	Date:	Trainer's Initials:
<u><b>STEP 8</b></u>		
<b>MAINTENANCE</b>	Date:	Trainer's Initials:
<input type="checkbox"/> • Cleaning the Analyzer with appropriate disinfectant		
<input type="checkbox"/> • Installing the Printer Paper		
<input type="checkbox"/> • Disposing the Ampoule Breaker		
<input type="checkbox"/> • Analyzer Repair **DO NOT CONTACT BIOMED; CONTACT POCT**		
<u><b>STEP 9</b></u>		
<b>TROUBLESHOOTING</b>	Date:	Trainer's Initials:
<input type="checkbox"/> • Corrective actions for wrong MRN or specimen type, form and calling Hematology		
<input type="checkbox"/> • Errors messages, repeat testing, barcodes, delays in posting of results		
<input type="checkbox"/> • Contact List and GEM5000 Resource binder		
<input type="checkbox"/> • Downtime, downtime form and back up plans		

<b>EMPLOYEE SIGNATURE:</b>	<b>DATE TRAINING COMPLETED:</b>
<b>TRAINER(S) SIGNATURE:</b>	<b>DATE TRAINING COMPLETED:</b>

**Upon Completion:** Email scanned copy of this training sheet, departmental quiz, and competency form with analyzer print-outs to POCT Coordinator (stella.howard2@ucsf.edu), or drop off copy to office mailbox B25-H3041 Unit Manager is encouraged to retain a copy in employee or unit file.