

**Zuckerberg SAN FRANCISCO GENERAL HOSPITAL**

**Initial ORIENTATION & TRAINING**

**PROCEDURE: Multistix – Urine Test Strip**

**Mark the Multistix product used:**     7     10SG     4

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. All other employees must demonstrate competency on an annual basis.

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

I \_\_\_\_\_ (initials) **HAVE READ AND UNDERSTAND THE Urine Chemistries by Siemens Multistix POLICY & PROCEDURE.**

<u>STEP 1</u>		
<b>HAVE EMPLOYEE READ Urine Chemistries by Siemens Multistix POLICY &amp; PROCEDURE</b>	<b>Date:</b>	<b>Trainer's Initials:</b>
<u>STEP 2</u>		
<b>ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT</b>	<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/>	• Location of Policy and Procedure, Supplies and Reagents, and where to dispose of used materials	
<input type="checkbox"/>	• IDA (Clinical Indications, Documentation and Clinical Actions) PLAN	
<input type="checkbox"/>	• Equipment (Siemens Multistix, KOVA Liqua-Trol Normal and Abnormal Controls, Timer)	
<u>STEP 3</u>		
<b>INTRODUCTION OF Multistix– URINE TEST STRIP</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 Annual Competency)	
<input type="checkbox"/>	• Color Discrimination Testing	
<u>STEP 4</u>		
<b>SPECIMEN AND REAGENTS</b>	<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/>	• Specimen Collection and Stability	
<input type="checkbox"/>	• Storage and Stability of Siemens Multistix	
<input type="checkbox"/>	• Storage and Stability of KOVA Liqua-Trol Normal and Abnormal Controls	

<input type="checkbox"/>	• Daily Temperature Log		
<b>STEP 5</b>			
<b>QUALITY CONTROL (QC)</b>		<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/>	• Document Weekly QC done on the Urine Dip Stick Quality Control Log		
<input type="checkbox"/>	• Quality Control Testing (Weekly)		
<input type="checkbox"/>	• Remove the controls from the refrigerator and warm for 15 minutes to room temperature		
<input type="checkbox"/>	• Verify Control lot number and expiration date on the record form		
<input type="checkbox"/>	• Verify Multistix lot number and expiration date on the record form		
<input type="checkbox"/>	• Read the results between one to two minutes per the bottle label		
<b>STEP 6</b>			
<b>PATIENT TESTING PROCEDURE</b>		<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/>	• Patient Testing		
<input type="checkbox"/>	• Read the results between one to two minutes per the bottle label.		
<input type="checkbox"/>	• Reporting Results		
<b>STEP 7</b>			
<b>LIMITATIONS OF METHOD (Mark the applicable tests)</b>		<b>Date:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/>	• Glucose Test	<input type="checkbox"/>	• Protein Test
<input type="checkbox"/>	• Nitrites	<input type="checkbox"/>	• Blood
<input type="checkbox"/>	• pH	<input type="checkbox"/>	• Specific Gravity
<input type="checkbox"/>	• Urobilinogen	<input type="checkbox"/>	• Leukocytes
		<input type="checkbox"/>	• Ketones
		<input type="checkbox"/>	• Bilirubin
<b>STEP 8</b>			
<b>LOCATE THE MATERIAL SAFETY DATA SHEETS (SDS)</b>		<b>Date:</b>	<b>Trainer's Initials:</b>

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

**UPON COMPLETION:**

Fax completed test 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.