ISTAT BLOOD GLUCOSE DETERMINATION

Competency Exam

This exam is to be performed for Semi-Annual and Annual Competency assessments only (NOT for Initial Competency assessments).

for Ir	nitial	Competency assess	men	ts).				
PRINTED Name:				License #:				Home Unit:
L. F	RUN	A LIQUID QC (un	der	observation	n)			
Date: Tin			ime:	ime:		Numerical Result:		
Cartridge lot#						QC Lot #:		
2. F	RUN	AN ELECTRONIC	QC	(under obse	ervatio	n)		
Test result (circle one):				SS FAIL				
		EW PAST ISTAT R	ESU				T	
Patient MRN:				Date:	Time:		Glu	cose level:
4.	Prob	lem Solving – Ci	rcle	either T = st	tateme	nt is tru	e or F =	statement is false
Т	F	1. Sharing barcod	e IDs	IDs and/or making up MRNs is allowed in an emergency.				
Т	F	2. Cleaning and di	sinfe	infecting the meter is required between every patient.				
Т	F	3. Result documentation is the responsibility of the one who tests the patient.						
Т	F	4. An under filled and/or under mixed specimen can affect the quality of the result						
T	F	5. The scanning can/should be used for the Operator ID, the cartridge lot number, and the patient ID.						
Т	F	6. If I mistrust any patient result, I should repeat the patient test prior to treatment.						
Passing Score is 100% - If you do not pass, reread policy and repeat exam.					Passed		Failed	
					T			
I <u>performed</u> this test. Printed Name:					I <u>observed</u> this test being performed. Observation is restricted to RNs with a BSN Printed Name:			

Make a copy of completed form and put original in mailbox outside of H3041 (between H32 and H38)

Signature:

Signature: