Employee Competency Checklist for Point of Care Testing

| The employee is responsible for understanding, demonstrating and | MET | NOT MET |
|--|-----|---------|
| complying with the following testing criteria PRE-PROCEDURE | | |
| Confirms test order has been placed by the provider. | | |
| Performs hand hygiene and follows Standard Precautions. | | |
| 3. Introduces self to patient and correctly identifies patient by using two | | |
| unique patient identifiers. | | |
| 4. Explains the procedure to patient in a language that the patient/family | , | |
| can understand and answers any questions. | | |
| QUALITY CONTROL | | |
| States when controls are routinely run. (with every shipment) | | |
| 2. States what to do when control fails to develop as expected | | |
| (repeat the test and document actions taken). | | |
| 3. Understands proper storage, shelf life and handling of Buffer | | |
| solutions. | | |
| 4. Documents QC results on correct QC log. | | |
| SPECIMEN COLLECTION | | |
| Confirms patient identity using two (2) unique identifiers. | | |
| PATIENT TEST PROCEDURE | | |
| Verifies that test order has been placed by the provider. | | |
| Follows Standard Precautions. | | |
| 2. Obtains the correct syringe and the correct RightBio pH | | |
| indicator device. | | |
| 3. Checks the expiration date on the device package. | | |
| 4. Follows the Enteral Feeding: Care of Pediatric Patient Receiving | | |
| Enteral Feedings Protocol for Tube Placement | | |
| 6. If patient is receiving feeding, turn off feeding supplement and clear | | |
| the NG tube with air (amount of air determined by Clinician).Cap NG | | |
| tube and wait 60 minutes. | | |
| 7. Pull UP on a 3 or 10 mL syringe (size depends on pH device used) to 0.5mL for the RightSpot,(small) pH Indicator or 5mL for the | | |
| RightSpot,(large) pH Detector. | | |
| 8. Remove the end caps from the RightBio pH device and attached to | | |
| the syringe and the proximal end of the tube. | | |
| 9. Insert 0.5mL of air (RightSpot,(small) pH Indicator) or 5mL of air | | |
| (RightSpot,(large) pH Detector) to remove the tip of the NG tube | | |
| from the stomach wall. | | |
| 10. While OBSERVING the pH indicator strip begin aspirating contents | | |
| slowly to achieve saturation of the pH Indicator strip. Stop aspirating | | |
| once he Indicator has changed color. | | |
| 11. View color change and compare it to the reference label on the | | |
| device. | | |
| 12. The test is valid if aspirate is obtained and a visual saturation of the | | |
| pH paper is observed. | | |
| 13. DO NOT disconnect the pH device from the syringe. | _ | |
| 14. Separate the pH device from the gastric tube and discard both the pH | | |

| device and the syringe in the appropriate Biohazard container. | |
|---|--|
| 15. Document the pH result in the patient's chart. | |
| INTERPRETATION OF RESULTS | |
| 1. Correct NG tube placement: A pH of less than or equal to 5 | |
| confirms gastric acidity for tubes ending in the stomach. | |
| 2. Invalid Test : An aspirate is not obtained and a visual saturation of | |
| the pH paper is not observed. | |
| DOCUMENTATION OF TEST RESULTS | |
| 2. Documents result of test in patient medical record (doc flow sheet or EPIC B/O entry) or patient notes to include personnel's initials/name, | |
| date and time of collection, lot #/expiration date of pH device and | |
| reference range. | |
| OTHER CRITICAL ELEMENTS | |
| Knows how to access the POCT web site. | |
| Knows how to access the procedure on the POCT web site. | |

The employee has successfully demonstrated knowledge/performance of and compliance with the above testing criteria.

Signature of Preceptor/Validator

I understand the key points outlined above and will perform testing within the guidelines set forth by the manufacturer of this test and as delineated in the testing procedure. I understand the importance of compliance with these guidelines i.e. to ensure accurate results for safe quality patient care. I also understand and accept full accountability for my role in performing this testing within specifications and how my performance directly impacts corporate compliance of the [HOSPITAL NAME REMOVED] institution as a whole.

Signature of Employee

NOTE: Passing the online test alone does not automatically deem an employee competent/proficient and/or in compliance with Joint Commission to perform Point of Care testing. Demonstration of technique and accuracy must be documented.