

Hemocue Monitor Competency

NAME:	EMPLOYEE ID:	POSITION:	DEPT:
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Competency: Performs under supervision: **1**. Performs without supervision: **2**

Haemoglobin analysis on the Hemocue Monitor	Date	Date	Date	Date	Date
The staff member can demonstrate the following procedures:	/ /	/ /	/ /	/ /	/ /
a) Knows how to turn on the analyser.	_____	_____	_____	_____	_____
b) Has read the relevant documentation.	_____	_____	_____	_____	_____
c) Knows how to use the Control Cuvette.	_____	_____	_____	_____	_____
d) Knows why and what to do if the Control Cuvette limits are exceeded.	_____	_____	_____	_____	_____
e) Ensures monitor, lancet device and case are free of body fluid contamination.	_____	_____	_____	_____	_____
f) Ensures own hands and the patient's hands are clean and dry.	_____	_____	_____	_____	_____
g) Knows that gloves should be worn by the operator during the procedure.	_____	_____	_____	_____	_____
h) Is familiar with the recommended procedure to obtain capillary specimen and use Glucocard meter as outlined in CDHB Nurses Procedure Manual Volume E).	_____	_____	_____	_____	_____
i) Checks the expiry date on the cuvette tub.	_____	_____	_____	_____	_____
j) Knows to date the tub when initially opened and to dispose of any unused cuvettes 3 months from the date of opening.	_____	_____	_____	_____	_____
k) Knows to always replace the lid tightly on the tub and why.	_____	_____	_____	_____	_____
l) Wipes away the first 2 drops of blood and why this is necessary.	_____	_____	_____	_____	_____
m) Allows blood to aspirate fully and quickly into cuvette chamber.	_____	_____	_____	_____	_____
n) Knows why partial or slow filling will give wrong results.	_____	_____	_____	_____	_____
o) Knows to always carefully wipe the outside of the cuvette, ensuring no sample is lost from inside whilst wiping.	_____	_____	_____	_____	_____
p) Successfully operates monitor to get Hb.	_____	_____	_____	_____	_____
q) Knows what to do if the result is suspect.	_____	_____	_____	_____	_____
r) Knows basic troubleshooting and how to find error codes.	_____	_____	_____	_____	_____
s) Knows that all results must be documented in the patient record.	_____	_____	_____	_____	_____
t) Knows to sign and date all results in patient record.	_____	_____	_____	_____	_____
u) Knows to dispose of all contaminated consumables safely.	_____	_____	_____	_____	_____
For assistance, contact the CHLabs POCT Coordinator, 81850 or 0274 973 645.					
POCT OPERATOR SIGNATURE					
COMPETENCY TRAINER NAME & SIGNATURE					