

**Urine Dipstick: Appendix D - Operator Training Quiz Check all that are appropriate.**

<b>1</b>	Have you read the Routine Urine Dipstick ward manual? Yes ___ No ___	
<b>2</b>	When you use a vial of test strips, what must you check for? ___ Valid expiry date. ___ Lid is tightly left on. ___ or both?	
<b>3</b>	If the expiry date is exceeded or the lid is left off what must you do? ___ Proceed with testing. There is no significance. ___ Discard the test strip vial. Obtain a fresh vial of test strips within expiry dates. Report to a supervisor.	
<b>4</b>	How often is the Urine Quality Control (UQC) check done? How many levels? ___ Levels of UQC are performed ___ Daily. ___ Weekly.	
<b>5</b>	What information is entered onto the Urine Quality Control Record Form? ___ UQC Level followed by Operator ID. ___ None required.	
<b>6</b>	Are the Urine Quality Control results dependant upon the lot number of the Urine Quality Control solution? Where can you find the UQC values? ___ Yes. ___ No. Results are found: _____	
<b>7</b>	How is the Urine Quality Control solution stored & where is it kept? ___ 2-4oC for long term storage. (within one week of preparation). ___ Room Temperature until expiry date. ___ Room Temperature up to 24 hrs. ___ Refridgerated aliquots are In the Chemistry Lab fridge, Rm. 2J19.	
<b>8</b>	What information is entered onto the Patient Record Form? ___ Patient Identifiers – minimum two ___ Date and Time ___ None required.	
<b>9</b>	Sample is collected according to hospital policy. Urine collection is a bagged, midstream or catheter urine. The urine sample is transferred to sterile container/s prior to the Routine Urine Manual test. ___ True ___ False	
<b>10</b>	Is it important to note which sample is dipped with the urine test strip? ___ yes ___ no ___ doesn't matter.	
<b>11</b>	Is it important that the patient sample is fresh & less than two hours old? Is it important to mix the sample well before testing? ___ Yes ___ No. Why/why not: _____	
<b>12</b>	Must the test strip be fully immersed in the urine sample? ___ Yes. ___ No.	
<b>13</b>	Is it a factor as to how long the urine test strip is immersed in the urine sample? ___ Yes. ___ No. Why/ Why not? _____	
<b>14</b>	Should you wipe the edge of the test strip along the rim of the vessel to remove excess urine? ___ Yes. ___ No. Why/ Why not? _____	
<b>15</b>	Should you blot the edge of the test strip on an absorbent pad before placing onto the pad for test strip color development? ___ It doesn't matter. ___ No. ___ Yes	
<b>16</b>	If the results are unexpected, what would you do?	

Medical Approval: Dr Benjamin Jung

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	<input type="checkbox"/> Repeat urine test on the same sample. Consult with clinician. <input type="checkbox"/> Report results on patient chart.	
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<b>17</b>	If the results are still inconsistent or unexpected, would you? Check any applicable answer. <input type="checkbox"/> Question integrity of the test strip or vial of test strips. <input type="checkbox"/> Repeat the daily quality control. <input type="checkbox"/> Notify the doctor. <input type="checkbox"/> Report the results without any followup. <input type="checkbox"/> Send a fresh sample to the lab for followup. <input type="checkbox"/> Send the same sample to the lab for followup. <input type="checkbox"/> Get a new vial of test strips & repeat the quality control. <input type="checkbox"/> Notify a supervisor & seek assistance.	
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<b>18</b>	A positive nitrite is dependant upon the following: Diet: <input type="checkbox"/> Yes. <input type="checkbox"/> No. Time from last void: <input type="checkbox"/> Yes. <input type="checkbox"/> No. Presence of nitrite producing bacteria: <input type="checkbox"/> Yes. <input type="checkbox"/> No. Presence of gram positive bacteria: <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
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<b>19</b>	Does a negative nitrite test rule out a UTI? <input type="checkbox"/> Yes. <input type="checkbox"/> No. Why/Why not? _____	
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<b>20</b>	When reporting the results onto the patient chart check what is important to note? Check all applicable. <input type="checkbox"/> Name and ID of patient on chart. <input type="checkbox"/> Patient MRN number <input type="checkbox"/> Manually transcribe all results to the patient chart. <input type="checkbox"/> Note method of testing on the patient chart – ER or LAB.	
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<b>RN:</b>	<b>Date:</b>
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<b>Checklist Review:</b>
<b>Contact for further information?</b> <b>Quality &amp; Safety Manager, Local 5341; ED Educators Local: 7260</b> <b>Laboratory Point of Care Technologist Local: 7521 Pager 41-02190</b>

## REVISION & APPROVAL LOG

Version	Revision Type	Description of Change	Revision Date	Technical Approval	Medical Approval
1.0		New document		Elvira Kozak	Dr. Cathy Halstead
1.1	Minor	Document title and number change. Upload to QMS document control	28 Dec 2016		Dr. Benjamin Jung

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