

**iSTAT1: Appendix H – Operator Competency Checklist**

<b>Name:</b>		<b>Position:</b>
<b>Hospital:</b>		<b>Unit / Ward:</b>
<b>Trainer:</b>		<b>Date of Completion:</b>
<b>1</b>	<b>PROCEDURE</b>	
	Operator has read the i-STAT1 Manual (POCT ) Knowledge of i-STAT System Components	
<b>2</b>	<b>Operator &amp; Patient Identification</b>	
	Operator ID & ongoing competency requirements <i>(Level 1 or Level 3 Aqueous QC or [1] Patient Test Monthly; to include [1] each of a Level 1 and Level 3 Aqueous QC Quarterly.)</i> Patient ID – as per clinical program (MRN, Provincial Transport Number).	
<b>3</b>	<b>SUPPLIES - EQC, AQC &amp; CARTRIDGE</b>	
	Cartridge is at room temperature 5 minutes prior to use. Confirms: <ul style="list-style-type: none"> <li>• Cartridge room temperature Expiry date – by cartridge type.</li> <li>• Cartridge Fridge Expiry date.</li> <li>• Cartridge Lot # with QC chart.</li> <li>• Quality Control room temperature Expiry Date.</li> <li>• Quality Control Fridge Expiry date.</li> </ul> Cartridge handling - to avoid sensor contamination, cartridge damage.	
<b>4</b>	<b>QUALITY CONTROL – Electronic &amp; Aqueous</b>	
	Successfully performs Electronic Simulator QC. <i>(Daily, q 8 hrs when in use)</i>	
	Successfully performs Aqueous QC Level 1 & Level 3. <i>(Review QC chart – see reverse) Oncology Clinic – daily on day of a patient test. Infant Transport Team – one set quarterly.</i>	
<b>5</b>	<b>PATIENT TESTING</b>	
	Review proper collection procedure & cartridge fill of patient sample. <i>(Performs unknown patient sample in duplicate to demonstrate consistency in patient sample handling &amp; testing.)</i>	
<b>6</b>	<b>RESULT REPORTING</b>	
	Review results - analytical measuring ranges, critical values Repeating a patient test - analysis on the i-STAT1.	
	Reporting of results as per the clinical program. <i>(pH &amp; Ionized Ca – BCCH Oncology Clinic)</i>	
	Reporting of results for the Simultaneous Draw.	
	Transmit test results at the Central Data Station. <i>(Weekly at a minimum).</i>	
	Review a result stored in the analyzer.	
<b>7</b>	<b>TROUBLESHOOTING</b>	
	Review of “trouble guide” & Error Codes.	
	Protocol for instrument troubleshooting and instrument replacement.	
<b>8</b>	<b>MAINTENANCE</b>	
	External cleaning of the analyzer – CaviWipes (Metrex) <i>(DO NOT USE Accel TB Wipes).</i>	
	Battery replacement of the analyzer – <i>(&lt;8.0 Volts – iSTAT1 batteries from Abbott only).</i>	

Analyzer Status screen on the analyzer – software updates are semi-annually.

### iSTAT Aqueous Controls – Level 1/ Level 2 / Level 3

**Software Version: JAMS140C**  
**Clew Std: A31**  
**Effective: Dec 02.2015**  
**Expires: June 22.2016**

**Cartridge Type: EG7+ (37°C)**  
**Lot #/ Exp: N15281 / 28 May 2016**  
**Cartridge Validated: 02 Feb 2016**  
**Cartridge Effective: 02 Feb 2016**

**i-STAT Level 1 Control – ID# 1**

**Lot No: 301066**

**Exp. Date: 30 June 2016**

ANALYTE	UNITS	Range	Mean	Result Obtained
<i>pH</i>		6.994-7.094	7.044	
<i>PCO<sub>2</sub></i>	mmHg	53.4-68.4	60.9	
<i>PO<sub>2</sub></i>	mmHg	68-98	83	
<i>Na</i>	mmol/L	119-127	123	
<i>K</i>	mmol/L	2.6-3.2	2.9	
<i>iCa</i>	mmol/L	0.75-0.91	0.83	

**i-STAT Level 3 Control – ID# 3**

**Lot No: 321066**

**Exp. Date: 30 June 2016**

ANALYTE	UNITS	Range	Mean	Result Obtained
<i>pH</i>		7.633-7.733	7.683	
<i>PCO<sub>2</sub></i>	mmHg	15.9-28.5	22.2	
<i>PO<sub>2</sub></i>	mmHg	120-162	141	
<i>Na</i>	mmol/L	154-164	159	
<i>K</i>	mmol/L	5.5-6.6	6.1	
<i>iCa</i>	mmol/L	1.45-1.69	1.57	

### iSTAT1 Training / Competency Review – Infant Transport Team

**Name:**

**Operator ID:**

**Date:**

	QC	Time	Results Valid / Pass	Comments
	Electronic QC		<input type="radio"/> YES <input type="radio"/> NO	
	iSTAT Level 1		<input type="radio"/> YES <input type="radio"/> NO	
	iSTAT Level 3		<input type="radio"/> YES <input type="radio"/> NO	

**Trainer:**

Medical Approval: Dr Benjamin Jung

Version: 1.4

Folder Name: CW\Point of Care\Blood Gas Electrolytes - iSTAT

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Medical Approval Date: 22 Dec 2016

Implementation Date: 12/29/2016 11:43:23 AM

**REVISION & APPROVAL LOG**

<b>Version</b>	<b>Revision Type</b>	<b>Description of Change</b>	<b>Revision Date</b>	<b>Technical Approval</b>	<b>Medical Approval</b>
1.0		New document	07 Sept 2013	Elvira Kozak	Dr. Cathy Halstead
1.1	Minor		15 Jul 2015	Elvira Kozak	
1.2	Minor		01 Sept 2015	Elvira Kozak	
1.3	Minor		10 Feb 2016	Elvira Kozak	
1.4	Minor	Document title and number change. Upload to QMS document control	22 Dec 2016		Dr. Benjamin Jung

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