

Point of Care Certification Record Accu-Chek Inform II Glucose Meter

Name (First/Last)		Date	
Employee or Student #		Position (RN/ LPN/ Student)	Hospital / School

COMPETENCY	Trainer Initials	Trainee Initials
Identifies base unit components <ul style="list-style-type: none"> Understands the color status 		
Identifies meter components		
Checks battery status, communication status and date & time		
Understands annual recertification requirements: <ul style="list-style-type: none"> 4 QC (2 HI , 2 LO) and 5 Patient tests Operator is locked out if certification expires 		
Demonstrates QC testing <ul style="list-style-type: none"> Scans test strips & QC lot # correctly Aware to write opening date on QC vials; Discard 3 months after opening Inverts vial to mix, wipes tip & discards first drop Inserts strip into meter correctly Waits for flashing "drop" & applies sample drop to strip correctly Performs correct quality control steps with QC solution Explains corrective action when QC FAILS & selects pre-defined comment 		
Demonstrates patient testing <ul style="list-style-type: none"> Understands skin puncture process and supplies knows acceptable sample types Simulates patient testing/strip in meter before applying blood Understands to discard first drop of blood and use second drop for testing Explains critical values /actions /collection of lab samples for confirmation Knows to document results immediately on patient chart to prevent errors 		
Understands cleaning frequency & drying technique; <ul style="list-style-type: none"> Documents cleaning in meter 		
Passed Accu-Chek Inform II quiz		
Knows location of on-line CBGM DSTs and training material (employees only)		

I understand the education presented today and will follow procedures and policies as outlined in the Point of Care Policy.

Exam mark: _____ (if < 85%, fill in action plan/ corrective action)

Trainee (Signature): _____ Date: _____

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Trainer to complete this side of document

Certification Requirement:

- ***Trainee must be certified by a qualified TRAINER or EDUCATOR***
- ***Trainee must complete written or on-line exam with a passing grade of >85% (18/20)***
- ***This document must be signed by the trainee and a qualified educator***

Qualified Educator: Name (print) _____

Signature: _____ Date: _____
Clinical Instructor/ Trainer/CPL

ACTION PLAN/ CORRECTIVE ACTION:

(Trainer to complete this section if 3 or more incorrect exam questions or any other competencies not met)

CERTIFICATION of TRAINERS / EDUCATORS

Extra training has been provided to this TRAINEE who is now qualified as a TRAINER or EDUCATOR to train others.

YES Job Title of new Educator: _____ DEPT: _____

Email a completed copy of this Certification Record and a copy of the exam to the laboratory.

Retained by POC Coordinator or Chief/Charge Technologist for documentation of certification.