St. Joseph's/Candler Health System
Laboratory Point of Care Department
StatSensor Creatinine/GFR Meter Training Checklist

Trainee Name: _____ Date: _____

☐ **Initial Training** ☐**Retraining**

Describe Meter

- ❒ **Highlight meter components and key features**
  - ❒ Color touch screen-illuminates
  - ❒ 30-sec analysis time
  - ❒ Corrects for Hct; up to 65
  - ❒ 1.2 µL sample volume; critical to clean and dry patient finger
  - ❒ Rechargeable batteries
- ❒ **Describe Docking Station**
  - ❒ 3 functions: upload, download, charge battery
  - ❒ Tote is not for meter storage
  - ❒ Describe lights (rt: battery charge, ctr: communication, lt: connected)
  - ❒ Show how to dock properly
- ❒ **Describe touch-screen and buttons**
  - ❒ On/off/ sleep
  - ❒ Show when buttons/touch screen are interchangeable
- ❒ **Describe strips**
  - ❒ Front fill, between the layers
  - ❒ Do NOT under-dose or re-dose; overdosing is not possible
  - ❒ Date vials when opened; 90-day expiration after opening
  - ❒ Refrigerate for long term storage
  - ❒ Keep vial closed
- ❒ **Demonstrate how to manipulate the meter**
  - ❒ Keep horizontal / keep strip well dry
  - ❒ Apply sample or QC until countdown starts
  - ❒ Position of barcode reader

Using the Meter

- ❒ **Introduce Quick Reference Guides**
- ❒ **Log on/Log off**
  - Speaker icon
  - Scanning methods; soft key, screen etc. / press and let go
  - Always check blue dialogue bar to see what meter is expecting next
  - 2-step logout
  - Automatic logout when docking / timed logout / logout required
- ❒ **QC**
  - QC Lockout
  - Values displayed or pass/fail
  - Expel first drop
  - Date QC vials when opened; 90-day expiration after opening
  - Explain reasons for failures/ how to follow-up (use comments & repeat)
- ❒ **Run a sample**
  - Check or enter strip lot
  - Scan patient barcode
  - Touch GFR to select; enter patient information appropriate for equation
  - Enter comments; *before* accepting results
- ❒ **Review Results**
- ❒ **Change Battery**
  - Update date and time
- ❑ **Cleaning**

Trainee Signature: _____ Date: _____

Trainer Signature: _____ Date: _____