Covenant Health
Accu-Chek Inform II Competency Sheet

NAME:				UNIT: CSON DATE:
				STUDENT ID:
INITIAL TRAINING ☐	6 MONTH ☐		ANNUAL ☐	
Assessment	**PASS**	**FAIL**	**METHOD**	
HealthStream Interactive learning tool completed			certificate attached	
Assemble testing supplies:				
Meter, strips, tote, QC solutions- high/low,			observed	
alcohol wipes, 2X2s, gloves			observed	
Applies appropriate PPE - gloves			observed	
Patient test/Simulated patient test				
Identifies patient using 2 patient identifiers			observed	
Explains procedure to patient			observed	
Turns meter on, Scans operator ID			observed	
Verbalizes/carries out process if ID fails			observed	
Selects appropriate function (patient test)			obs/tchbk	
Scans patient armband			observed	
Verifies test strip code matches vial			observed	
Inserts strip, recaps vial immediately			observed	
Correct site care and specimen aquired			observed	
Applies sample to front of strip correctly			observed	
Verbalizes/demonstrates response to abnormals/criticals (comments/ repeats)			obs/tchbk	
Confirms result/comment(s)			observed	
Cleans, performs, documents maintenance			observed	
*must stay "wet" for 1 minute			observed	
*not in strip port or on metal contacts			observed	
Can verbalize approved cleaning agents			tchbk	
Quality Control				
Verbalizes when QC must be performed			obs/tchbk	
Verbalizes LOCKOUT			obs/tchbk	
Verbalizes/Demonstrates high/low QC			obs/tchbk	
Verbalizes/demonstrates special docking station/use (and location if available)			obs/tchbk	
Results Review				
All results			observed	
Patient-specific results			observed	

Quiz Score: _____ Pass / Fail

This CSON student has satisfactorily completed the competency for the Accu-Chek Inform II bedside blood glucose monitor.

Student Signature:_____

Validator Signature: _____

Validator's Printed Name: _Vicky Allison, MSN, RN, CNE_____

This CSON student has NOT satisfactorily demonstrated competency. This form is being forwarded to _____ for further education/training. Date: _____

Student Signature:_____

Validator Signature: _____

Validator's Printed Name: _____

1. Personal protection equipment must be worn when performing blood glucose or glucose control testing and when cleaning and disinfecting the Accu-Chek Inform II meter.

True ☐ **False** ☐

2. The proper site for the finger puncture is on the side of the finger.

True ☐ **False** ☐

3. The Accu-Chek Inform II meter should be docked in the base unit when not in use.

True ☐ **False** ☐

4. Glucose control solutions do not have to be dated when first opened.

True ☐ **False** ☐

5. Testing will start when the appropriate amount of sample is applied to the Accu-Chek Inform II test strip, about 0.6 ul.

True ☐ **False** ☐

6. Control solutions are stable for _____ months after opening?

☐ **2 months** ☐ **4 months**

☐ **no expiration date** ☐ **3 months**

7. What type of blood cannot be used with the Accu-Chek Inform II meter and the Accu-Chek Inform II test strips?

☐ **Capillary** ☐ **Venous/Arterial**

☐ **Neonatal** ☐ **Cord blood**

8. You _____ scan the patient's armband instead of the patient"s chart label to avoid errors.

☐ **should** ☐ **should not**

This document is for illustrative or informational purposes only. This information is for the express use of the intended audience only and is not to be shared, copied, or otherwise forwarded to person or entities beyond the person(s) or facility receiving this.