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: Cherish Walker, MSN, RN

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**