

POCT: Trained. QC'd. Verified.

Point-of-care testing — operator authorization, daily QC, and critical values (LAB-QM-POC-001 Figure 1).

INFOGRAPHIC IG-17
Source: LAB-QM-POC-001
Version V0 — DRAFT

1 · WHO MAY TEST

- A prospective POCT operator is **trained before performing independent testing**.
- Competency certification is recorded in the **POCT Master List** (electronic workbook registered under F-QM-002-B-V0).
- Before testing, **verify patient identity using two identifiers**.
- Operators undergo **periodic competency reassessment**, and the laboratory reviews POCT QC records.

2 · QC BEFORE PATIENTS

- Perform quality control using **glucose control solutions**.
- Decision: **do control results fall within the target acceptable range?**

NO — DO NOT TEST: do **NOT** test patient samples. **TAG THE GLUCOMETER AND QUARANTINE IT.** Troubleshoot, re-QC, and verify return-to-service; **NOTIFY THE CHIEF MEDICAL TECHNOLOGIST.** A venous specimen is dispatched to the Clinical Laboratory for definitive confirmation.

YES — IN RANGE: proceed to patient testing by skin puncture, applying capillary blood to the test strip, and **DOCUMENT THE MEASURED GLUCOSE VALUE IN THE PATIENT MEDICAL CHART.**

3 · CRITICAL OR DISCORDANT RESULT?

- An **unexpected critical value** or a result that is **clinically discordant** is never simply charted.
- Collect a **venous blood sample** for urgent **stat plasma glucose verification**.
- **Inform the attending physician** with mandatory **read-back verification**.
- Immediate bedside clinical intervention follows, per the **physician's standing orders**.

POCT records: the POCT Master List, device logs, and operator competency records are maintained electronically and registered under F-QM-002-B-V0 (LAB-QM-POC-001, Decision D5); no separate paper POCT form is maintained.

Train + certify operator



QC before patients



Out of range → tag & quarantine



Test + chart result



Critical? → venous verify + read-back