# Blood Gas RAPIDPoint 500e

## Operator Competency Assessment/Access Application

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| **Name** *(please print)*: | **Employee ID #:** |
| **Department** *(state your Department regardless of whether there is a blood gas machine there. This is for management purposes)*: | **Hospital Email:** |
| **Blood Gas Access barcode required?** *(i.e Are you a new user, or is your barcode damaged/lost?)* ☐ **Yes** ☐ **No** | |
| **Training Type** | ☐ **Initial/New** ☐ **Renewal of Certification** ☐ **Renewal of Competency** *(please tick relevant competency)* |
| **Blood Gas Machine Site Access Required:** | ☐ **RCH Emergency** ☐ **RCH PICU** ☐ **RCH NICU** ☐ **RCH Theatres** ☐ **RWH NICU** ☐ **RWH 5 South** |

| **For certification on this device, the Operator must demonstrate the following competencies:** | **Yes** | **N/A** |
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| **Pre-analytics** | | |
| Identifies components of the RapidPoint 500e System | | |
| States the patient identification requirements for this test type | | |
| Describes the sample types and requirements (e.g arterial/venous/capillary/mixed venous/panels {eg. GLU only, Hb only}, well mixed, blood heparin ratio, minimum sample volume.) | | |
| Can describe the effect of the following concerns on the sample:<br>- Clotted specimen (blotting sample on gauze pre-testing)<br>- Diluted specimen<br>- Settled red cells (mixing technique)<br>- Delayed analysis (stable at Room temperature for 10 minutes when kept mixed)<br>- Haemolysis<br>- Cleaning product contamination (sodium interference) | | |
| Describe the process for removal of air bubbles prior to mixing and before initiating testing | | |
| **Analytics** | | |
| States that Operator Identification must NOT be shared and able to log onto the RapidPoint 500e analyser | | |
| Recognise and interpret the analyser status (i.e calibrating, sensor offline) | | |
| Selects the correct sample type | | |
| Ensures Positive Patient Identification prior to beginning the test | | |
| Correctly introduces sample to the analyser | | |
| **Post-Analytics** | | |
| Removes and correctly disposes of sample (i.e yellow clinical waste) | | |
| Understands the printed results and escalates critical results to the appropriate treating team | | |
| Can access and reprint Patient Results | | |
| **Maintenance** | | |
| Can describe clot management<br>- Obstructions/Insufficient/Bubbles in sample<br>- Describe how to replace the sample port | | |
| Describes procedure for cleaning analyser with 0.5% bleach (supplied be the laboratory) and bench area/barcode reader | | |
| Can describe where to find device procedure | | |

**Operator Statement:**
By signing this form, I declare that I have completed the training required to a competent level to run blood gas samples and have been approved by the Nurse Unit Manager/Trainer to gain a personal login for the RapidPoint 500e.
I understand that on-going competency will be required at defined intervals.

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| **Operator Signature:** | **Date:** |
| **Trainer's Name** *(please print)*: | **Trainer's Signature:** |
| ☐ **Unit Staff** ☐ **Laboratory Staff** ☐ **Vendor** | **Date:** |

| **LAB USE ONLY** | **Profile** ☐ | **Barcode** ☐ | **Certified** **Yrs** | **Comments:** |
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