1. The glucose control solutions are dated when opened with 3 month (90 days) expiration.
   a. True
   b. False

2. The procedure for the Accuchek Bedside Glucose test can be found:
   b. Located in a notebook in the break room.
   c. Each operator is responsible for writing their own procedure.
   d. None of the above

3. A glucose value that is less than 40 or greater than 450 is an alert value and should be handled as follows:
   a. Repeat, then if needed called to the appropriate caregiver and documented in the chart.
   b. Disregard Result
   c. Continue to the next patient.
   d. Ask another associate to perform the test.

4. After repeat testing and the glucose result is still less than 35 or greater than 500, a venous sample should be sent to the lab for confirmation.
   a. True
   b. False

5. A finger stick glucose test may not be appropriate when the patient has the following condition:
   a. Poor peripheral blood flow to the finger tips.
   b. Edematous fingers.
   c. Severe dehydration.
   d. All of the above.

6. The Accu-chek meters require a rechargeable battery that maintains its charge when:
   a. Kept in the purple carrying case.
   b. At the patient’s bedside.
   c. On a table outside of the room.
   d. Placed in the docking station.
7. The proper site for the finger puncture is on the side of the fingertip.
   a. True
   b. False

8. The correct 2 patient identifiers that are used for bedside glucose testing are:
   a. FIN number
   b. Patients Name
   c. Operators Birthday
   d. Both A and B

9. The glucose analyzer should be cleaned after testing each use:
   a. True
   b. False

10. For those patient’s that are held in Isolation Precautions it is acceptable to perform the glucose test outside of the room.
    a. True
    b. False

11. After the finger has been prepped and punctured, you must wipe off the first drop of blood before performing the glucose test.
    a. True
    b. False

12. If the wrong patient is scanned, incorrect results will download to the medical record which could result in insulin or medication being administered to the wrong patient leading to a negative outcome.
    a. True
    b. False

13. It is acceptable to use another associate’s badge number to perform bedside testing if your badge is no longer accepted by the meter.
    a. True
    b. False
Instructor Accu-check Inform II Competency

Name: ____________________   Operator ID: _____________ Dept: ____________

14. If the meter is damaged or does not work properly you should:
   a. Call Nursing Administration and report the malfunction.
   b. Put a do not use notice on the broken meter.
   c. Call Roche Accu-Chek hotline number 1-800-440-3638 and/or notify your POCC of the issue and exchange the damaged meter for a backup meter.
   d. Clock out and go home.

15. The Accu-Chek instrument can read (scan) both the operator’s badge number and the patient’s armband.
   a. True
   b. False

16. When Quality Control testing is being performed, it is acceptable to only run one (1) level of the QC material.
   a. True
   b. False

17. If a visiting family member has forgotten to take their insulin, it is acceptable for the nursing staff to perform a glucose test for this family member.
   a. True
   b. False

18. I agree not to divulge or share my operator identification number when testing with the Accu-Chek inform glucometer. I am knowledgeable of the contents of the Accu-Chek Inform Glucose procedure as it pertains to the scope of testing activities. I have been properly trained to use the Accu-Chek Inform whole Blood Glucose Monitor. I feel prepared to use the method with confidence on patient and control samples. I know that a patient receiving Galactose (Octogam) may cause falsely elevated glucose levels on the Accu-Chek Inform for up to 24 hours. After stopping the medication, a bedside glucose test should not be performed. A sample should be sent to the lab for testing. I realize that anything with chlorhexidine gluconate (example: Chlorascrub Swab) may cause falsely elevated glucose levels.
   a. Yes
   b. No

Signature: ____________________________   Date: ________________