

NWC EMSS Skill Performance Record
CAPILLARY GLUCOSE TESTING (Fora GD20® Meter)

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

The NWC EMSS requires that a Fora GD20 Glucometer only be used by EMS personnel who have received appropriate training and have been competencied in how to use the device.

Performance Standard	Attempt 1 rating	Attempt 2 rating
0 Step omitted (or leave blank) 1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique 2 Successful; competent with correct timing, sequence & technique, no prompting necessary		
*Verbalize indications for glucose testing: <input type="checkbox"/> All patients with AMS, neuro deficits, weakness; diaphoresis/tachycardia <input type="checkbox"/> Seizures		
*Prepare and assemble equipment: <input type="checkbox"/> Fora GD20 Glucometer <input type="checkbox"/> Lancet (no lancing device) <input type="checkbox"/> Fora GD20 Test Strips <input type="checkbox"/> CHG/IPA Prep		
*Verbalizes correct procedure for storage and handling of test strips: <input type="checkbox"/> Store test strips in original vial in cool, dry place 35°– 90° F. Keep away from sunlight and heat, do not refrigerate or freeze. <input type="checkbox"/> Record the discard date on each vial (90 days from date opened) <input type="checkbox"/> When removing strip from vial, close cap immediately. Use strip immediately. <input type="checkbox"/> Discard unused test strips 90 days from date opened; don't use strips beyond expiration date printed on vial		
*Verbalizes correct procedure for storage and handling of high and low test solutions: <input type="checkbox"/> Record the discard date on each vial (90 days from date opened) <input type="checkbox"/> Discard unused control solution 90 days from date opened; don't use solution beyond expiration date printed on vial <input type="checkbox"/> Store between 50°– 86° F; keep vials of test solution tightly closed when not in use		
*Verbalizes need for quality control procedures using control solution testing: <input type="checkbox"/> Frequency: Weekly if strips are opened <input type="checkbox"/> Whenever meter is not operating properly <input type="checkbox"/> Any time a new vial of test strips is opened <input type="checkbox"/> Question if test results are accurate <input type="checkbox"/> If patients S&S differ from test results <input type="checkbox"/> Vial has been left open for > 2 hours <input type="checkbox"/> If meter is dropped or damaged <input type="checkbox"/> Verbalize that weekly tests are documented on Quality Control Daily Check Form		
<input type="checkbox"/> BSI: Apply gloves <input type="checkbox"/> Obtain complete set of vitals; including SpO2		
*Perform procedure <input type="checkbox"/> Open bottle and retrieve test strip. Inspect and discard if bent, scratched, wet, or damaged. Close lid tightly to maintain integrity of strips. <input type="checkbox"/> Insert contact bars of test strip firmly into monitor test port so white fill chamber faces upward <input type="checkbox"/> Advance test strip until it stops. Observe monitor turn on; all lights will perform a self-diagnostic test <input type="checkbox"/> Troubleshoot monitor if error codes appear before applying blood. Eject test strip by pressing eject button and follow instructions for E code identified. <input type="checkbox"/> Select site: Avoid sites that are swollen, bruised, cyanotic, cold, scarred, or calloused (indicative of poor blood flow). Cleanse side of patients finger with CHG/IPA prep. Allow to dry completely. <input type="checkbox"/> Verbalize alternative sites: <input type="checkbox"/> Palm <input type="checkbox"/> Forearm <input type="checkbox"/> Upper Arm <input type="checkbox"/> Heel <input type="checkbox"/> Verbalize that Fora GD20 can be used for quantitative measurement of fresh capillary blood or venous whole blood. <input type="checkbox"/> Obtain a blood drop using a lancet and correct technique. Do not squeeze, milk finger past most distal knuckle or apply strong repetitive pressure to site (may cause hemolysis or increase tissue fluid in blood sample causing incorrect results). <input type="checkbox"/> Dispose of lancet in sharps container <input type="checkbox"/> If skin did not dry thoroughly, wipe away first drop of blood and use second drop to run test <input type="checkbox"/> Hold strip next to drop of blood; allow blood to wick into test strip. Do not smear blood onto strip or place blood on top of strip. Wait for meter to beep when test zone is full.		

Performance Standard		Attempt 1 rating	Attempt 2 rating
0	Step omitted (or leave blank)		
1	Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique		
2	Successful; competent with correct timing, sequence & technique, no prompting necessary		
Test starts automatically when blood sample is detected. Verbalize that monitor will display dashes followed by a countdown			
Observe display; correctly interpret significance of reading Reportable ranges: Meter is accurate from 20-600. If <20 = LO; if > 600 = HI If LO or hypoglycemic: obtain vascular access (IO if needed); infuse D10% IVPB per SOP			
Turn off monitor: Hold meter vertically above safe disposal container with strip pointing down; press eject button			
Clean and disinfect after each use by thoroughly wiping surface of unit with an approved 1:10 quaternary/alcohol wipe or commercially available germicidal wipe.			
Verbalize steps to take if meter malfunctions and/or gives persistent suspected incorrect readings despite approved troubleshooting: Following Medical Device Malfunction policy, Remove meter and strips from service; contact EMS MD and EMS Admin Director.			
Critical Criteria – Check if occurred during an attempt <input type="checkbox"/> Failure to take or verbalize appropriate body substance isolation precautions prior to performing skin puncture <input type="checkbox"/> Contaminates equipment or site without appropriately correcting the situation <input type="checkbox"/> Performs any improper technique resulting in potential for incorrect test result/patient harm <input type="checkbox"/> Failure to dispose of blood-contaminated sharp immediately in proper container <input type="checkbox"/> Exhibits unacceptable affect with patient or other personnel			

Factually document below your rationale for checking any of the above critical criteria.

Scoring: All steps must be independently performed in correct sequence with appropriate timing and all starred (*) items must be explained/ performed correctly in order for the person to demonstrate competency. Any errors or omissions of these items will require additional practice and a repeat assessment of skill proficiency.

Rating: (Select 1)

- ☐ **Proficient:** The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction.
- ☐ **Competent:** Satisfactory performance without critical error; minimal coaching needed.
- ☐ **Practice evolving/not yet competent:** Did not perform in correct sequence, timing, and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice

Preceptor (Printed Name & Signature)