

## CAPILLARY BLOOD GLUCOSE MONITORING at POINT OF CARE POLICY

To be read in conjunction with the Point of Care Testing Policy

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Relevant Staff Groups:	Registered Nurses, Community Health Directorate and Mental Health Directorate, District Nurses, Minor Injuries Unit staff, Student Nurses, Health Care Assistants.

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## DOCUMENT CONTROL

<b>Reference</b>	<b>Version</b> 3	<b>Status</b> Final	<b>Author</b> Nurse Consultant for Diabetes
<b>Amendments</b>	Policy reviewed in line with review schedule.		
<b>Document objectives:</b> This document will ensure that Somerset Partnership NHS Foundation Trust staff complies with the standards set out in this document.			
<b>Intended recipients:</b> All staff who undertake blood glucose monitoring on patients within Somerset Partnership NHS Foundation Trust			
<b>Committee/Group Consulted:</b> Medicines Management Group			
<b>Monitoring arrangements and indicators:</b> This policy will be overseen by the Safe Medicines Group and the Drugs and Therapeutics Group, Somerset Partnership NHS Foundation trust			
<b>Training/resource implications:</b> All staff who undertake blood glucose monitoring on patients within Somerset Partnership NHS Foundation Trust will require training, demonstration of competence and annual refresher.			
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<b>Contact for review</b>	Nurse Consultant for Diabetes		
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## 1. INTRODUCTION

- 1.1 Poor control of diabetes whilst an inpatient can lead to increased length of hospital stay, delayed healing and exacerbation of co-morbidities. Maintaining normal blood glucose levels 4-7 mmol/l helps prevent the onset of complications from diabetes which can lead to the above.
- 1.2 Point of care testing of capillary blood glucose is performed in an appropriate environment on the ward/in the patient's home, using a blood glucose monitor. The resulting blood glucose level may lead to adjustments to diet, oral medication or insulin doses and therefore accuracy and reliability are paramount.
- 1.3 It is important to ensure that the blood glucose monitor is used correctly in the clinical setting.
- 1.4 The Royal College of Nursing Forum Guidelines (1993) on the use of blood glucose monitors advise that nurses should not use blood glucose monitoring equipment unless they are competent to do so.

## 2. PURPOSE & SCOPE

- 2.1 The purpose of this policy is to ensure blood glucose monitoring performed outside the Laboratory is done in a safe manner by appropriately competent staff, to ensure accurate and valid results and is performed according to the manufacturer's specifications.
- 2.2 Making a Difference (DH 1999) encourages practitioners to reduce hazards at work through risk management and working within a framework of clinical governance. Therefore practitioners need to be able to use medical devices such as blood glucose monitors safely and effectively and report any incidents to the Clinical Risk Department on a Trust Incident Form.

## 3. DUTIES AND RESPONSIBILITIES

**The Trust Board**, via the **Chief Executive** is responsible for ensuring the Trust has a policy to promote safe and best practice in relation to monitoring capillary blood glucose and there are effective and adequately resourced arrangements for the fulfilment these policy requirements.

**The Director of Nursing and Patient Safety** is responsible for overseeing the local control of and the implementation of the Capillary Blood Glucose Monitoring policy

**The Clinical Practice Team** is responsible for ensuring there is defined process for training and competency assessment relating to Capillary Blood Glucose Monitoring within the Trust. The team is also responsible for distributing new blood glucose meters and liaising with the contracted supplier.

**The Senior Nurse for Clinical Practice** is responsible for liaising with the External Quality assurance provider, disseminating External Quality Assurance results and communicating any issues with this process to the Heads of Division.

**The Learning and Development Team** is responsible for provision of Trust training programmes and maintaining the electronic staff record of training.

**Ward Managers and Team Leaders** are responsible for ensuring that staff who undertake capillary blood glucose monitoring are competent and compliant with the policy. Managers must also ensure that staff who use blood glucose meters have a process in place for the daily internal quality checks, and the bi-monthly External Quality Assurance checks.

**Registered Nurses** are accountable for the appropriate delegation of capillary blood glucose monitoring to unregistered staff who are appropriately trained and competent to undertake this task.

**All staff** undertaking capillary blood glucose monitoring are required to adhere to this policy.

**The point of Care testing Group** will monitor compliance with the External Quality Assurance process.

#### **4. EXPLANATIONS OF TERMS USED**

- 4.1 The blood glucose monitoring meter is a small portable device which records capillary blood glucose levels in the near patient setting. Test results are delivered within approximately 10 seconds on an easy to read LCD display screen.
- 4.2 Hypoglycaemia in a person with diabetes is defined as a capillary or venous glucose of less than 4mmol/l. Hypoglycaemia results from an imbalance between glucose supply, glucose utilisation and insulin levels, resulting in more insulin than is needed at that time.
- 4.3 Hyperglycaemia is when blood glucose levels are too high (generally greater than 10mmol/l). This might happen because: an insulin dose has been missed; too little insulin has been taken; more sugary or starchy foods than usual have been eaten; a hypoglycaemia has been over-treated; stress; being unwell with an infection.
- 4.4 Consistent high blood glucose levels can lead to a condition called diabetic ketoacidosis (DKA). This happens because of a lack of glucose entering the cells where it can be used as energy. The body begins to use stores of fat as an alternative source of energy, and this in turn produces an acidic by-product known as ketones.

4.5 Diabetic hyperglycemic hyperosmolar syndrome (HHS) is a complication of type 2 diabetes that involves extremely high blood sugar (glucose) levels without the presence of ketones. The condition may be brought on by:

- Infection
- Other illness
- Medications that lower glucose tolerance or increase fluid loss (in people who are losing or not getting enough fluid)

## **5. PROCEDURE AND SAFETY**

5.1 The full point of care blood glucose monitoring procedure is provided by the meter company and is kept with each meter (Appendix D).

5.2 Preparation for the procedure may be found in Appendix E.

5.3 The sharps disposal is as per the Needlestick and Contamination Injury Policy

5.4 The equipment is logged on the Medical Devices register as per the Trust Medical Devices Policy.

5.5 Patients must give informed consent to the capillary blood glucose monitoring procedure and must be given information about this to make that decision. Where a patient lacks capacity please refer to the Consent Policy. Where there are language barriers, an interpreter may be needed.

## **6. QUALITY CONTROL OF MONITOR**

Every blood glucose monitor must be tested daily for quality control purposes (DUK 2006). (See appendix F).

6.2 It is the responsibility of each individual or team that uses a blood glucose meter to ensure that they complete an external quality check (from the laboratory) every two months and follow up any unacceptable results.

## **7. INDICATIONS FOR CAPILLARY BLOOD GLUCOSE MONITORING**

### **7.1 Capillary Blood glucose monitoring in Community hospitals and all Mental Health inpatient wards**

- on admission, ALL patients should have a capillary blood glucose test.
- if not known to have diabetes, and capillary blood glucose level is above 8 mmol/l, a fasting venous blood glucose sample should be sent to the laboratory in order to investigate a possible diagnosis of diabetes
- blood glucose monitoring results should be documented in the patient's record

In addition to the above:

- all patients with diabetes admitted to a community hospital/inpatient ward should have capillary blood glucose monitoring four times daily for at least the first two days to assess the stability of their diabetes.
- all patients with insulin treated diabetes (type 1 and type 2) should have capillary blood glucose monitoring four times daily, pre meals and pre bedtime.
- all patients with diabetes treated with sulphonylureas should have capillary blood glucose monitoring four times daily, pre meals and pre bedtime.
- patients on oral medications and diet controlled diabetes do not require regular monitoring unless there is evidence or suspicion of infection.
- all patients having a change of insulin regime need capillary blood glucose monitoring at least four times daily but may require more if capillary blood glucose results are not stable.
- all patients with diabetes who are started on steroids must have capillary blood glucose monitoring at least on waking and one other time during the day (although may need more than this) to ensure that blood glucose levels are not going too high. If above 14 mmol/l please refer to community diabetes specialist nurse team.
- all patients that are newly diagnosed with diabetes must be regularly monitored on waking and at one other time through the day (although more may be needed if not stable) until it is certain that they are stable or a suitable medication regime is implemented.
- all episodes of hypoglycaemia must be monitored and treated as per the Hypoglycaemia Policy.
- if any patient has poor control of their diabetes, either hypoglycaemia or regularly above 14 mmol/l, please refer to the community diabetes specialist nurse team for review of treatment regimen.

## 7.2 **Patients admitted to community nursing caseload/specialist service caseload**

On admission, as part of the assessment process which may be an initial assessment or review and /or part of a specialist assessment e.g. leg ulcer assessment.

- ALL patients should have a capillary blood glucose test.
- if not known to have diabetes, and capillary blood glucose level is above 8 mmol/l, a fasting venous blood glucose sample should be sent to the laboratory in order to investigate a possible diagnosis of diabetes
- blood glucose monitoring results should be documented in the patient's record
- In addition, for individuals diagnosed with diabetes on community caseloads, it is expected that capillary blood glucose monitoring should take place in the following circumstances:
  - prior to insulin injection
  - if hypoglycaemia is suspected
  - if hyperglycaemia is suspected
  - patient found unwell or confused
  - suppression of appetite.

- vomiting/diarrhoea.
- changes to diabetes medication e.g. introduction of new medication, titration of medication, co prescribing of steroids.
- all episodes of hypoglycaemia must be monitored and treated as per the Hypoglycaemia Policy.
- if the patient has poor control of their diabetes and capillary blood glucose levels are above or below accepted range (as set by GP and recorded on individualised care plan), please refer to the community diabetes specialist nurse team for review of treatment regimen.

## **8. CAUTIONS AND CONTRAINDICATIONS FOR USE OF POINT OF CARE BLOOD GLUCOSE MONITORING**

8.1 Point of care capillary blood glucose monitoring must not be used to:

- diagnose diabetes mellitus
- treat any blood reading **not** related to the clinical picture

8.2 In certain circumstances capillary blood glucose recordings may be unreliable and therefore laboratory blood glucose levels must be taken to support the point of care results. The most common situations in which this is likely are the following:

- peripheral circulatory failure
- severe dehydration
- severe hypotension
- shock
- Diabetic Ketoacidosis
- Hyperosmolar Hyperglycaemic State (HSS)
- sustained uncontrolled diabetes
- extremes of haematocrit – including COPD, anaemias, leukaemias, polycythaemia, severe GI/post op bleeds
- high bilirubin levels

8.3 Patients receiving renal replacement therapy should use Optimum H test strips only.

8.4 If blood glucose levels are regularly below 4 mmol/l or above 14 mmol/l, please refer the patient to the community diabetes specialist nurse team for review of treatment regimen.

8.5 In extreme cases where patient safety cannot be assured due to the limitations of point of care blood glucose monitoring transfer of the patient to a secondary care setting must be considered.

## **9. TRAINING REQUIREMENTS**

9.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Mandatory Training Matrix (training needs analysis). All

training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

- 9.2 The training programme for capillary blood glucose monitoring is co-ordinated by the Diabetes Intermediate Care Service and the Clinical Practice Team.
- 9.3 Only registered nurses, student nurses and unregistered health care workers who have undertaken a training programme and achieved criteria for competence may undertake blood glucose monitoring. Refresher training and demonstration of competence must be updated annually.
- 9.4 Across Somerset Partnership NHS Foundation Trust, a Link Nurse from each community hospital/inpatient unit and community team will be nominated. The nominated Link Nurse will have protected time to attend annual Diabetes Update sessions and to cascade blood glucose monitoring training and updates for their own community teams (Appendix A).
- 9.5 The Training Department will provide to managers when requested an annual report on the number of staff who have been registered on ESR as having undertaken blood glucose monitoring training/updates.

## **10. EQUALITY IMPACT ASSESSMENT**

- 10.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **11. MONITORING COMPLIANCE AND EFFECTIVENESS**

- 11.1 Processes of audit and monitoring of the document will be overseen by the Medicines Management Group.

Compliance with the External Quality Control process will be monitored by the Senior Nurse for Clinical Practice and Heads of Division. This will be discussed and any potential actions agreed by the Point of care Testing group.

The contracted supplier of the blood glucose meters will undertake an annual audit of the blood glucose meters, which will be disseminated and discussed at the Point of Care Testing Group.

## **12. COUNTER FRAUD**

- 12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to

occur and what action should be taken in such circumstances during the development of this procedural document.

### **13. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

13.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

13.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents

13.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

#### **Relevant National Requirements**

- Department of Health (DH) – 1999  
Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Health Care (DH London)
- NICE (2009) Type 2 diabetes The management of type 2 diabetes  
Accessed at  
<http://www.nice.org.uk/nicemedia/live/12165/44320/44320.pdf>

### **14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

#### **References**

Diabetes UK, (2006). Position statement: Home Monitoring of Blood Glucose levels.

DOH (1987). Health Notice (Hazard) (13) Blood Glucose Measurements: Reliability of Results Produced in Extra Laboratory Areas. DOH, London.

Medical Devices Agency (MDA), 1996. Safety Notice MDA SN 9616: Extra-laboratory use of blood glucose meters and test strips: contra-indication, training and advice to the users. DOH, London

NMC, (2008)

Royal College of Nursing (RCN), (1993).Diabetes Forum: Guidelines for Blood Glucose Monitoring Equipment by nurses in clinical areas.

### **Cross reference to other procedural documents**

Consent and Capacity to Consent to Treatment Policy

Needlestick and Contamination Injury Policy

Mandatory Training Matrix (Training Needs Analysis)

Mandatory Training Policy

Medical Devices policy

Risk Management Policy and Procedure

Untoward Event Reporting Policy and procedure

Insulin Policy

Management of Hypoglycaemia Protocol

Point of Care Testing Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

### **Relevant Objective within Trust Strategy**

Five year Integrated Business Plan

## **15. APPENDICES**

15.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A Training For Point of Care Blood Glucose Monitoring

Appendix B Competencies For Capillary Blood Glucose Monitoring

Appendix C Certificate of Training

Appendix D Blood Glucose Training

Appendix E Blood Sampling Procedure on a Patient

Appendix F Internal Quality Checks on a Meter

**TRAINING FOR POINT OF CARE BLOOD GLUCOSE MONITORING**

**1. COMPANY TRAINING**

- 1.1 Training will be made available by the manufacturer for the term of their contract to supply meters to Somerset Partnership.
- 1.2 Training for Blood Glucose Monitoring and certification will be provided on all Somerset Partnership training programmes provided by the Community Diabetes Nursing Service.
- 1.3 Training must be attained by every member of staff who will be performing point of care blood glucose monitoring.
- 1.4 Training may be accessed at any community hospital but it is the responsibility of the individual to attain an annual update.
- 1.5 A signed certificate of training will be awarded at the training and a competency assessment undertaken at the same time.
- 1.6 The training programme will last 45 minutes and will include:
  - basic principles of blood glucose testing
  - demonstration of proper meter use, including test limitations
  - demonstration of the consequences of improper use
  - instruction in sample collection
  - instruction in record keeping and its importance
  - instruction on performing internal quality meter checks and participating in an external quality assurance programme
  - Procedures to follow if blood glucose testing is outside the recommended range
  - competency assessment

**2. CASCADE TRAINING**

- 2.1 For those staff unable to attend training they may be trained by a nominated cascade trainer usually a link nurse to an appointed ward area or team. This will be followed up by completion of a competency assessment locally.
- 2.2 Every effort should be made to attend training, provided on a training programme, the year following cascade training.

## **COMPETENCIES FOR CAPILLARY BLOOD GLUCOSE MONITORING**

The competencies are to be used in conjunction with:-

- Nursing and Midwifery Council (NMC) (2008) The Code: Standards for Conduct; Performance and Ethics for Nurses and Midwives.
- NMC (2007) Standards to support learning and assessment in practice. NMC standards for mentors, practice teachers and teachers.
- Royal Marsden Hospital (2008), Royal Marsden of Clinical Nursing Procedures (seventh edition).
- Somerset Partnership NHS Foundation Trust policies as follows:
  - Needlestick and Contamination Injury Policy.
  - Infection Prevention and Control Policy.
  - Record Keeping and Records Management Policy.
  - Assessing Competence in Clinical Practice Policy

The purpose of these competencies is to clarify the knowledge and skills expected of practitioners, to ensure safe practice in capillary blood glucose monitoring.

Once the practitioner has reached a satisfactory level of competence following a period of supervised practice, ensure they are formally competency assessed-within three months of completing the initial theoretical/practical training.

The self-rating scale is to be used by the individual practitioner for self assessment of present performance during supervised practice, and to help identify learning needs. Their line manager, or other experienced practitioner, must then assess these skills and sign to confirm competency.

Only qualified practitioners with an NMC recognised teaching and assessing in practice qualification and who have completed recognised training and assessment in capillary blood glucose monitoring can be identified as assessors.

The practitioner will be expected to demonstrate the following competencies when performing capillary blood glucose monitoring.

### Key for Self-Assessment

- 1 = No knowledge / experience
- 2 = Some knowledge / experience
- 3 = Competent
- 4 = Competent with some experience
- 5 = Competent, experienced and able to teach others

Author: Maggie Crockett  
Date: 30 April 2012  
Updated: July 2015  
Review: July 2017

## Assessment of competence for Capillary Blood Glucose Monitoring

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I confirm that I have self-assessed as competent to practice capillary blood glucose monitoring as below:

Practitioner Name: .....

Practitioner Qualification: .....

Practitioner Signature: ..... Date: .....

**I confirm that I have assessed the named practitioner above as competent to perform the above skill.**

**Name & Title:** .....

**Signature:** ..... **Date:** .....

**Upon successful completion of your assessment of competency please send to your line manager and retain a copy for yourself.**

Knowledge and Skills for Capillary Blood Glucose Monitoring		Self Assessment			Formal Assessment	
		Score	Tick	Date & Comments	Signature	Date & Comments
<b>1</b>	Describe the rationale for capillary blood glucose monitoring during inpatient situations/patient's own home	1				
		2				
		3				
		4				
		5				
<b>2</b>	List cautions and contraindications for capillary blood glucose monitoring in near patient testing situation.	1				
		2				
		3				
		4				
		5				
<b>3</b>	Gain informed consent from the patient	1				
		2				
		3				
		4				
		5				
<b>4</b>	Select and prepare the appropriate equipment.	1				
		2				
		3				
		4				
		5				

Knowledge and Skills for Capillary Blood Glucose Monitoring		Self Assessment			Formal Assessment	
		Score	Tick	Date & Comments	Signature	Date & Comments
<b>5</b>	Demonstrate correct infection control procedures, handwashing and use of PPE.	1				
		2				
		3				
		4				
		5				
<b>6</b>	Demonstrate appropriate site identification and correct skin cleansing.	1				
		2				
		3				
		4				
		5				
<b>7</b>	Demonstrate safe lancet preparation including correct application of blood sample to strip.	1				
		2				
		3				
		4				
		5				
<b>8</b>	Demonstrate safe disposal of equipment and sharps.	1				
		2				
		3				
		4				
		5				

Knowledge and Skills for Capillary Blood Glucose Monitoring		Self Assessment			Formal Assessment	
		Score	Tick	Date & Comments	Signature	Date & Comments
<b>9</b>	Demonstrate accurate recording in patient notes	1				
		2				
		3				
		4				
		5				
<b>10</b>	Discuss the importance of reporting results consistently outside of target range.	1				
		2				
		3				
		4				
		5				
<b>11</b>	Demonstrate ability (within individual scope of competency) to deal with emergency results from the blood glucose meter e.g hypo.	1				
		2				
		3				
		4				
		5				
<b>12</b>	Discuss the importance of carrying out quality control measures and demonstrate correctly carrying out an internal quality control check.	1				
		2				
		3				
		4				
		5				



## Blood Glucose Testing

Important steps to follow for the management of diabetes using Accu-Chek Performa™ with Accu-Chek Inform II test strips

### Performing a Blood Glucose Test



#### 1. Prepare the Accu-Chek Performa™

- Wash and dry your hands and put on disposable gloves before you perform a blood glucose test
- Check the use by date on the test strip container.
- Insert the test strip into the meter in the direction of the arrows until the meter beeps.
- The activation number appears briefly, the meter beeps, and a flashing blood drop symbol appears.

#### 2. Obtain a blood drop

- Ensure your patient's hands are washed and dried
- Hold the lancing device firmly against the edge of your patients' fingertip and press the yellow release button to prick the finger.

#### 3. Apply blood drop to the test strip

- Touch the end of the test strip to the blood drop. Do not put blood on top of the test strip.
- The meter beeps and an hourglass symbol flashes when there is enough blood in the test strip.

#### 4. Countdown

- The test result appears on the display after 5 seconds.

### Coding the meter

**REMEMBER TO CHANGE THE CODE CHIP with every new box of test strips**

1. Make sure the meter is off
2. Turn over the meter
3. Remove the old code chip (if there is one in the meter) and discard it.
4. Turn over the code chip so the code number faces away from you. Push the code chip into the slot until it stops.
5. Leave the code chip in the meter until a new box of test strips is opened.

### Error Messages

**E-1** – The test strip may be damaged or not properly inserted. Remove and reinsert the test strip or replace it if damaged

**E-2** – The activation chip is incorrect. Turn the meter off and insert a new activation chip.

**E-3** – Blood glucose may be extremely high or a meter or a test strip error has occurred.

**E-9** – The battery is almost out of power. Change the battery now. If the message reappears after the battery has been replaced, reset the meter.

To reset the meter, remove the battery, press any meter button, then reinsert the battery.

**Please refer to user booklet for further display message guidance.**

**BLOOD SAMPLING PROCEDURE ON A PATIENT**

**1. PREPARING FOR TEST**

- 1.1 The workstation, sharps bin and yellow clinical waste bag are required for the procedure.
- 1.2 Disposable vinyl gloves must be available and staff must always wear them.
- 1.3 The infection control policies and procedures for handling blood products must be followed at all times.
- 1.4 A new lancet must be used for each test.
- 1.5 Explain the procedure to the patient to obtain verbal or implied consent. Where an adult patient lacks the mental capacity (either temporarily or permanently) to give or withhold consent for themselves, treatment may be given if it is in their best interests as per Trust Consent Policy.
- 1.6 Wash the hands of the patient. Do not use alcohol wipes as these may affect the result.

**2. CODING OF THE METER**

- 2.1 Remember to change the code chip with every new box of test strips
- 2.2 Follow the coding procedure as per instruction manual.

**3 REPLACEMENT METER/STRIPS**

- 3.1 If a meter develops a fault, please contact the company, Roche Diagnostics Limited direct on: 0800 701 000. The advisor will provide technical support and if necessary replace the meter free of charge.
- 3.2 Replacement test strips need to be ordered from pharmacy in the normal way.

**INTERNAL QUALITY CHECKS ON THE METER**

**1. METER CHECK**

- 1.1 Every day the meter is in use it has to have an internal quality check.
- 1.2 The quality check has to read both the high and low quality control solutions. The results must be documented in the manufacturer's handbook located with the meter.
- 1.3 The quality control solutions last for three months from date of opening, and should be stored as per manufacturer's instructions.
- 1.3 If the meter fails to give the appropriate reading for either solution:
- check expiry of the solution
  - check expiry of the strips
  - check meter matches code chip for the strips in use
  - if all the above are checked as ok, contact the diabetes team

**2. EXTERNAL QUALITY ASSURANCE**

- 2.1 The Point of Care Testing, Combined Laboratory, Derriford Hospital will distribute a sample of 'known' value to each site every two months.
- 2.2 All staff should perform a test using the sample provided and return the results to the laboratory within two weeks.
- 2.3 The Point of Care Testing, Combined Laboratory, Derriford Hospital will contact key staff for non returns and will escalate if required.
- 2.4 Any results not within the 'known' range will be contacted to repeat the test.
- 2.5 Failure to correctly complete the external quality check will be followed up by the appropriate operational manager.