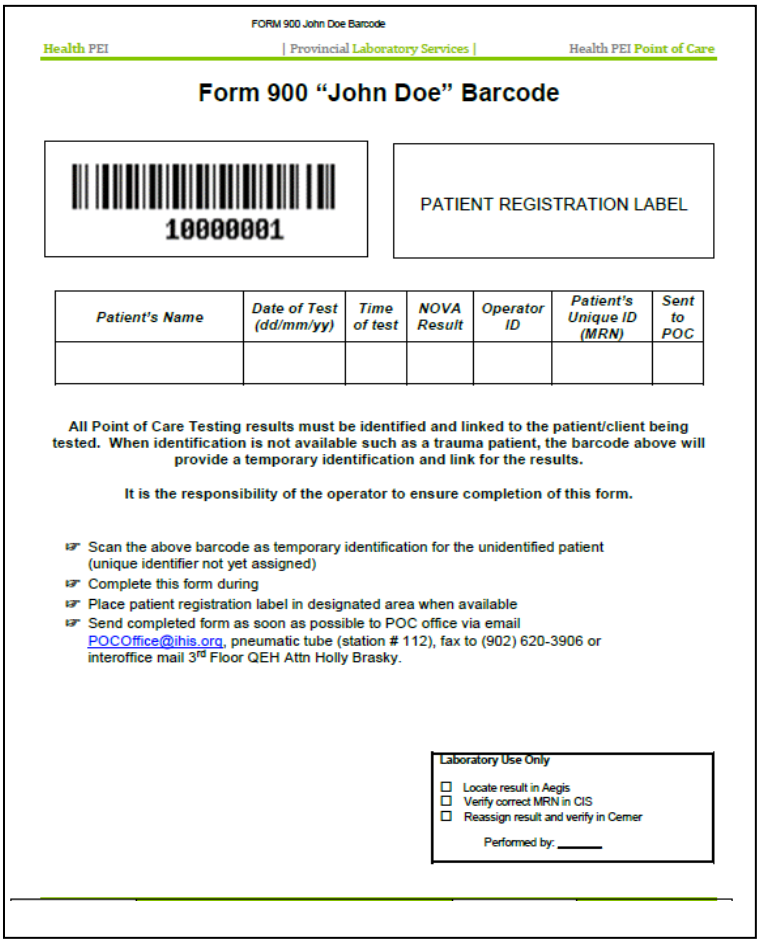
POINT OF CARE GLUCOSE TESTING ON JOHN DOE PATIENTS IN HEALTH PEI ACUTE CARE FACILITIES

A "**John Doe**" patient refers to any patient presenting to a Health PEI (HPEI) Emergency Department without identification or who is physically unable to provide it. It also includes newborns who have not yet been assigned an MRN.

If a "John Doe" patient requires a point of care (POC) glucose test, the John Doe MRN (10000001) **must** be used as the patient ID until the patient's MRN is obtained. Once the patient's MRN is available, the operator who performed the test must complete and submit a Form 900 to the POC office as soon as possible. This is a **mandatory** requirement.

Steps on how to use and complete the form correctly:

- ✓ Log in to the glucometer using your **operator ID #**
- ✓ On the device where it asks for the Med Rec #, enter or scan the John Doe patient barcode (**10000001**), and then select **New Patient Override**
- ✓ Complete patient testing and then **complete the entire form** entering in all required information
  Once the patient is registered, place a **registration patient label** in the space "Patient Registration Label" on the form.
- ✓ Send the completed form to the **POC Office** using the pneumatic tube (QEH), through interdepartmental mail, fax or scan/email.



FORM 900 John Doe Barcode

Health PEI | Provincial Laboratory Services | Health PEI Point of Care

Form 900 "John Doe" Barcode

10000001

PATIENT REGISTRATION LABEL

Patient's Name	Date of Test (dd/mm/yy)	Time of test	NOVA Result	Operator ID	Patient's Unique ID (MRN)	Sent to POC

All Point of Care Testing results must be identified and linked to the patient/client being tested. When identification is not available such as a trauma patient, the barcode above will provide a temporary identification and link for the results.

It is the responsibility of the operator to ensure completion of this form.

- ☞ Scan the above barcode as temporary identification for the unidentified patient (unique identifier not yet assigned)
- ☞ Complete this form during
- ☞ Place patient registration label in designated area when available
- ☞ Send completed form as soon as possible to POC office via email POCOffice@ihis.org, pneumatic tube (station # 112), fax to (902) 620-3906 or interoffice mail 3rd Floor QEH Attn Holly Brasky.

Laboratory Use Only

- ☐ Locate result in Aegis
- ☐ Verify correct MRN in CIS
- ☐ Reassign result and verify in Cerner

Performed by: _____