POINT OF CARE GLUCOSE TESTING ON NON-PATIENTS

A "**non-patient**" refers to any visitor or staff member in a Health PEI (HPEI) facility who does not have an active encounter/registration. If a "non-patient" shows signs **of a health emergency and/or symptoms of hypo/hyperglycemia**, a point of care (POC) glucose test may be performed.

Under these circumstances, Form 950 **MUST** be completed by the operator who performed the test and sent to the POC office as soon as possible.

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

Form 950 "Non-Client" Barcode

999999

PATIENT REGISTRATION LABEL (if available) OR PRINT PATIENT'S FULL NAME AND DOB

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 medical emergency of a staff member or visitor, 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: _____

Form 950 is **NOT** to be used for staff to perform self-tests

Steps on how to use and complete the form correctly:

Log in to the glucometer using your **operator ID #**

When asked for the Med Rec #, enter or scan the non-patient barcode on the form (**999999**), select **New Patient Override**

Complete patient testing and then **complete the entire form** entering in all **required** information

- ✓ If patient is registered after testing, place a registration **patient label** in the designated space on the form.
- ✓ If the patient is not registered after testing, hand-write the **Patient's Unique ID (MRN), DOB, and Name** on the form in the place indicated.
- ✓ Operator ID, date/time of testing and result must also be entered on the form.

Send the completed form to the **POC Office** using the pneumatic tube (QEH), through interdepartmental mail, fax or scan/email.