Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS Community Health Nursing	
TITLE:	**SECTION:**	**POLICY NUMBER:**
i-STAT Point of Care Testing in Community Health Centres	Diagnostics	08-021-00
EFFECTIVE DATE: / **REVIEW DUE:**	**REPLACES NUMBER:**	**NUMBER OF PAGES:**
May 28, 2021 / May 28, 2024	N/A	4
APPLIES TO:		
Community Health Centres		

1. **BACKGROUND:**
   1.1. The Department of Health (Health) is aware of the limited capacity for diagnostic and medical testing that is available in each of the communities of Nunavut. In order to increase the capacity for testing at each community-based health centre, Point of Care Testing (POCT) has been introduced.
   1.2. The i-STAT device is a POCT unit which enables clinical staff to perform certain crucial diagnostic tests in the absence of laboratory services. The use of POCT units such as i-STAT has been approved by the Medical Advisory Committee (MAC) and the Diagnostic Advisory Committee (DAC).

2. **POLICY:**
   2.1. i-STAT POCT is primarily used for patients with emergent, urgent, and/or resuscitative presentations.
   2.2. All clinical staff are required to complete specified training and demonstrate competency prior to using i-STAT POCT.
   2.3. i-STAT POCT may be initiated by Community Health Nurses (CHN) if the test is indicated within Department of Health clinical guidelines or First Nations Inuit Health Branch (FNIHB) Guidelines in patient presentations requiring resuscitative, emergent and/or urgent situations. Following **ALL** i-STAT POCT, the CHN is required to consult a physician or NP on the patient's clinical presentation and i-STAT POCT results.
   2.4. All Registered Nurses (RN) not working within the expanded scope or Licensed Practical Nurses (LPN) are not authorized to initiate i-STAT unless ordered by a physician or NP.
      2.4.1. In the event of a critical emergency with limited CHNs, an RN or LPN may complete the iSTAT at the direction of the CHN as this is seen as a team unit working together. An order must be obtained from a physician or NP as soon as possible.
   2.5. The i-STAT may be initiated for time sensitive situations such as INR monitoring for patients who require Warfarin titration, however, this requires a physician or NP to provide a standing order in the patient's plan of care.

3. **PRINCIPLES:**

3.1. Health and FNIHB Guidelines clearly state the circumstances in which a Physician or NP consultation is required; this includes but is not limited to, resuscitative, emergent, and most urgent patient presentations.

3.1.1. CHNs are permitted to initiate i-STAT POCT if the test is indicated in Health and FNIHB Guidelines.

3.1.2. Guidelines do not replace clinical judgement. Management decisions must be individualised.

3.1.3. Clinicians are expected to practice within their own level of competence and seek guidance from their supervisor, physician, or NP as needed.

4. **DEFINITIONS:**

4.1. **Clinicians**: Community Health Nurses, Registered Nurses, Licensed Practical Nurses, Nurse Practitioners, and Physicians

4.2. **Point of Care Test**: Diagnostic test performed outside a laboratory environment

4.3. **Resuscitative**: Threats to life or limb; imminently requiring intervention

4.4. **Urgent**: Potential threat to life, limb, or function; rapid intervention required

4.5. **Emergent**: Conditions with the potential to progress to a serious problem

5. **PROCEDURE:**

5.1 Prior to using i-STAT POCT clinical staff are required to complete training and gain competency in the proper use of the device, including quality control measures outlined in the POCT Operational Procedures Manual.

5.2 All tests performed with the i-STAT device must be acknowledged and have the results recorded in the patient's electronic medical record. A specific section for POCT resulting/recording is built into the Electronic Medical Record (Meditech).

5.3 Abnormal POCT results will be communicated to Physician or NP in a timely manner.

5.4 Ongoing evaluation on the effectiveness of the i-STAT device will be completed as outlined in Appendix A.

5.4.1 The i-STAT POCT Evaluation Log found in Appendix A is added to the existing Health Centre Quality Control Log.

5.4.2 An entry into the i-STAT POCT Evaluation Log is completed by the clinician initiating the POCT. No client identifiers are recorded to maintain patient confidentiality.

5.4.3 The i-STAT POCT Evaluation Log is emailed or faxed monthly to the Territorial POCT Coordinator or designate, along with the Quality Control Log

5.5 The POCT Operational Procedures Manual is available in each health centre in hard copy, with most up to date versions uploaded by the Territorial POCT Coordinator, onto a Government of Nunavut approved electronic platform.

5.6 Quality control testing is to be performed following the most up to date operational procedure.

6. **RELATED POLICIES, PROTOCOLS AND LEGISLATION:**

6.1. Community Health Nursing Manual: 08-001-00 Laboratory Procedures

6.2. Community Health Nursing Manual: 08-003-00 Interpretation of Laboratory Studies

6.3. Community Health Nursing Manual: 08-005-00 Acknowledgement of Diagnostic Test Results

6.4. Community Health Nursing Manual: 08-006-00 Follow-Up of Abnormal Diagnostic Test Results

7. **REFERENCES**:

CSMLS. (2016). Point of Care Testing. Retrieved from: https://csmls.org/csmls/media/documents/position_statements/Point-of-Care-Testing_EN062016.pdf

Canadian Association of Emergency Physicians (CAEP). (2012). The Canadian trigae and acuity scale: Combined adult/paediatric educational program. Retrieved from: http://ctas-phctas.ca/wp-content/uploads/2018/05/participant_manual_v2.5b_november_2013_0.pdf

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Appendix A: i-STAT POCT Evaluation Log

****To be completed for each client presentation when i-STAT POCT utilized****

****Maintain Confidentiality; Avoid Entering Client Identifiers****

Health Centre: _____

Month/Year: _____

Date/Time:_____ **Cartridge(s) used:** ☐ Chem 8 ☐ PT/INR ☐ EG7 ☐ cTnI

Client Age Range: ☐ Pediatric ☐ Adult (18-55) ☐Elder (55+)

Indication for i-STAT POCT:_____

Outcome of i-STAT POCT (check atleast one and comment):

- ☐ Contributed to the decision for Medivac that would not have otherwise been considered
- ☐ Contributed to the decision for Schedivac that would not have otherwise been considered
- ☐ Prevented a Medivac
- ☐ Treatments/therapies initiated/adjusted according to POCT result
- ☐ No change to care plan based on i-STAT use

Comments:

Date/Time:_____ **Cartridge(s) used:** ☐ Chem 8 ☐ PT/INR ☐ EG7 ☐ cTnI

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Comments: