The Leeds Teaching Hospitals NHS
NHS Trust

Abbott i-STAT Alinity Point of Care Analyser

This Ward Handbook has been designed to ensure that the i-STAT Alinity System is being used within the governance guidelines of the LTHT Point of Care Policy.

Contact Details

The Point of Care Testing (POCT) Team can be contacted between the hours of Mon-Sun 08:30-17:00 on:

Ext: 22338
Mobile: 07775996028
Email: leedsth-tr.pointofcare@nhs.net

Consumables

i-STAT Creatinine Cartridges REF 03P84-25
i-STAT Controls Level 1 REF 06F12-01
i-STAT Controls Level 3 REF 06F14-01

Consumables should be ordered from Abbott through your supplies department using the reference numbers above.

Training

All users must attend a training session every 2 years.
Training sessions can be arranged directly with the clinical area Key trainer who can be identified by contacting POCT or can be arranged directly with POCT. Key trainers must be trained by POCT.

For further information, see the i-STAT Alinity User Guide [BSF2POC149] and Operator Manual [BSF2POC148].

Documentation

Please complete the sheets within this Ward Handbook, compliance will be audited every 12 months.

Electronic Simulator Record - Performed every 24 hours and recorded
Quality Control Record - 2 levels performed weekly and recorded
Sample Record - Every sample or EQA result recorded
Reagent Register - Product information for new cartridge deliveries

Clew Updates - Every 6 months the iSTAT will require a CLEW software update. The analyser will give a warning TWO WEEKS before CLEW expiry. The POCT team will arrange for the CLEW update to be performed.

Electronic Simulator Record

The electronic simulator needs to be performed every 24 hours with the results recorded below. This should also be performed when a new lot of cartridges are received.

Analyser serial number _____

Date	Simulator number	Pass/Fail (If fail – action)	Operator

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Quality Control Record

Both level 1 and 3 liquid QC samples must be performed every week and when a new lot number of cartridges are received. All results must be recorded below.

QC results MUST be checked against the stated range in this document. Operator must then select on the meter if the QC has passed or failed

Please send QC results to Point of Care weekly

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QC Level	Lot No.	Min	Max	Units
1	101152	374	406	µmol/L
3	121152	39	42	µmol/L

Analyser serial number _____ *This field **must** be filled in*

Date	Cartridge lot number	QC Lot Number	QC Level	Result (µmol/L)	Pass/Fail	Operator
02/07/20	A20099	101123	1	400	F (repeat)	Emma B
02/07/20	A20099	101123	1	390	P	Emma B

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Sample Record

When using the meter to run a patient or EQA sample all the information must be recorded below.

Date	Cartridge		Patient ID (Name and DOB plus NHS/PAS/CRIS)	Results		i-STAT Operator	Transcription checked by
	Lot NO.	Expiry Date		Creatinine µmol/L	eGFR		

Reagent Register

Please record all the details below on the receipt of any new cartridges or QC solutions.

Date of Receipt	Cartridge/QC	Lot Number	Expiry date	Temperature Correct?	Operator