**SELF ASSESSMENT- COMPETENCY STATEMENT FOR THE NOVA KETONE METER**

Ask atrained colleague to observe you carry out a patient test using the Nova Ketone Meter and carefully read, consider and tick off the following statements:

✓✓

* I have undertaken educational training or completed recertification within the last 2 years
* I know that it is a disciplinary offence to share my Operator ID or allow others to use equipment in my name
* I know of infection control measures associated with using the ketone meter
* I know where to get supplies of ketone strips and controls and how to store them
* I know how and when to carry out quality control procedures on the ketone meter
* I know how to consent, prepare, and obtain patient samples for ketone analysis
* I feel competent to carry out a patient test on the ketone meter
* I know and understand the importance of correctly inputting patient details
* I know where and how to record the patient ketone results
* I know the importance of, and how, to act on abnormal ketone results
* I know the limitations and contraindications of using the ketone meter
* I know how to report a broken ketone meter and where to find the spare battery
* My observing colleague is happy to sign to say that I have performed the test in accordance with the protocol

ONLY if you are happy with the above statements, you and your colleague should BOTH sign below and return this statement to Point of Care Testing (either by internal post or scanned to our mailbox [POCT.Team@york.nhs.uk](mailto:POCT.Team@york.nhs.uk))

|  |  |
| --- | --- |
| **Your name and Operator ID** (if known)**:** |  |
| **Your signature:** |  |
| **Ward/Department:** |  |
| **Name and signature of Observer/Trainer:** |  |
| **Date:** |  |

**Thank you.**