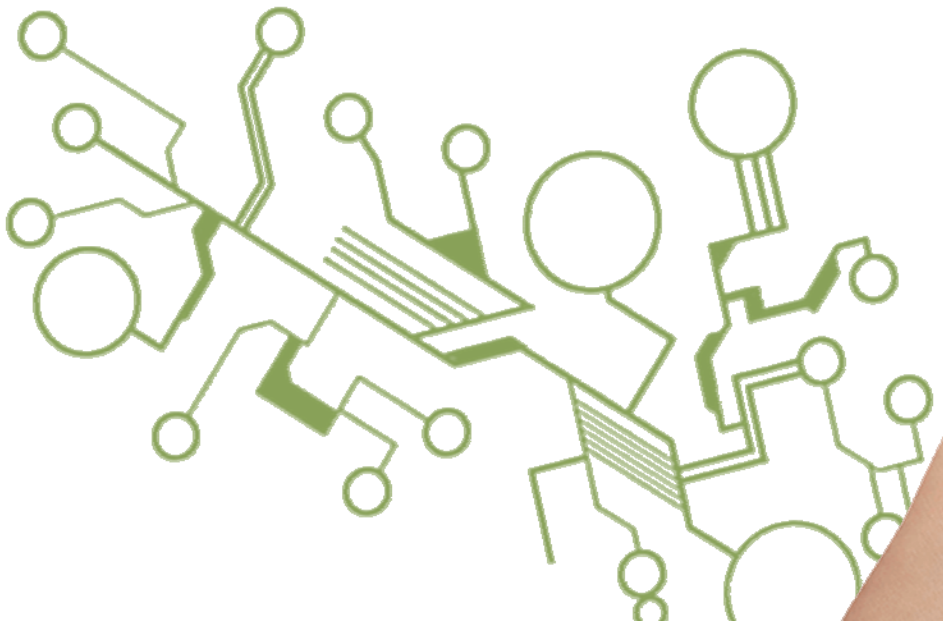
ESETT tech



Vernon Sayoc Kalugdan RN
Temple University

S.M.R.T

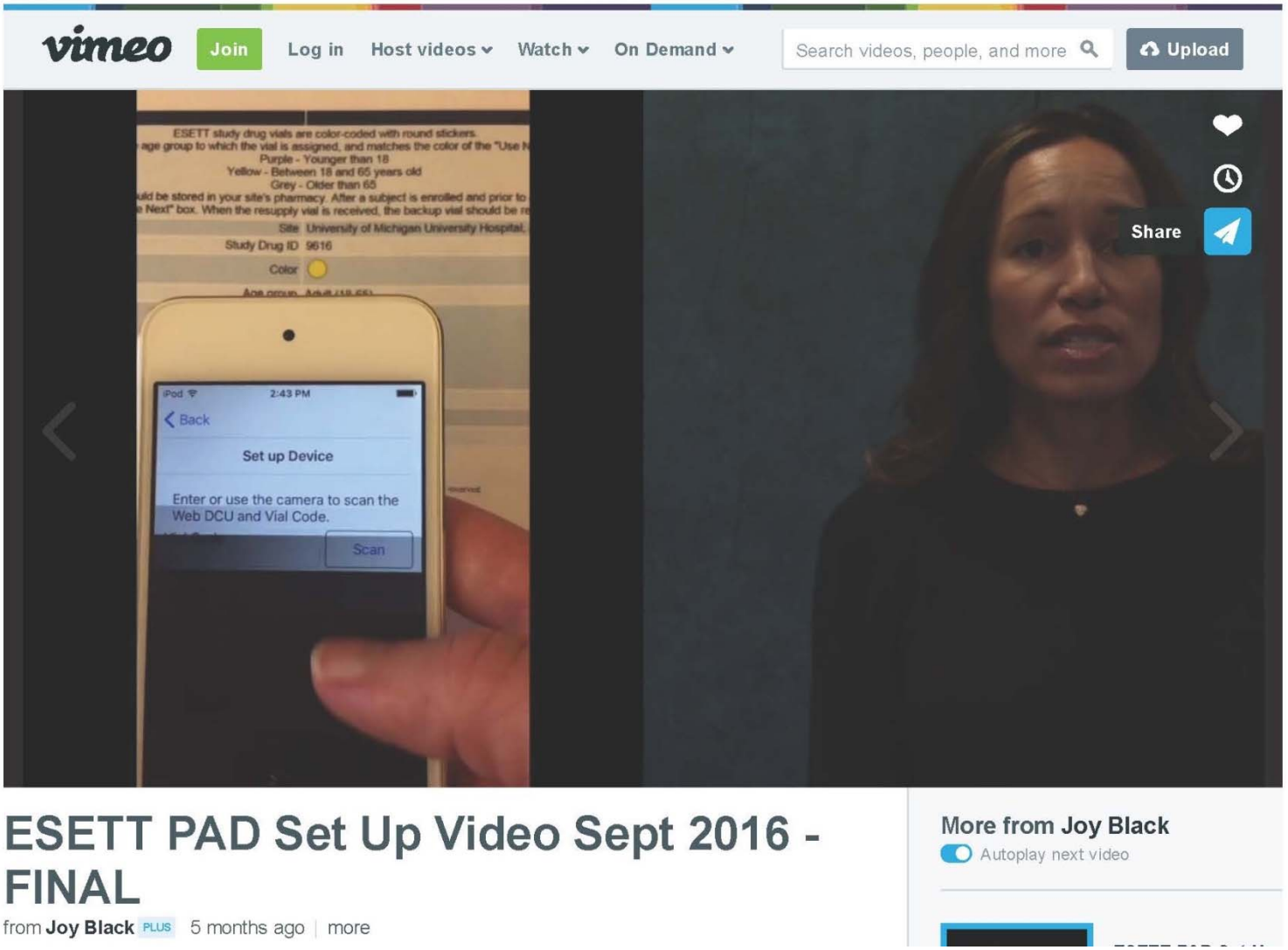
Interesting FACT!

- **77% have a SMART PHONE**
- **51% have a TABLET**

*Pew Research Center 06Nov2016

Are YOU as Tech Savvy??

PAD Setup


vimeo
Join
Log in
Host videos
Watch
On Demand
Search videos, people, and more
Upload
ESETT study drug vials are color-coded with round stickers.
Purple - Younger than 18
Yellow - Between 18 and 65 years old
Grey - Older than 65
Site University of Michigan University Hospital
Study Drug ID 9616
Color
iPod
2:43 PM
Back
Set up Device
Enter or use the camera to scan the Web DCU and Vial Code.
Scan
Share
ESETT PAD Set Up Video Sept 2016 - FINAL
from Joy Black PLUS 5 months ago | more
More from Joy Black
Autoplay next video

PAD Maintenance

- Restocking
- Charging
- Battery Life
- Rogue Boxes

Training


texts
Faculty/Staff
Meetings
EMAILS
GRAND ROUNDS
Challenges
Follow Ups
One on One
FOOD
PowerPOINTS

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0736-4679/$ - see front matter

ELSEVIER

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Clinical Laboratory in Emergency Medicine

SUBSTITUTING WHOLE BLOOD FOR URINE IN A BEDSIDE PREGNANCY TEST

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☐ **Abstract—Background: Point-of-care testing for rapid detection of pregnancy in women of reproductive age is common practice in the emergency department. Commercially available rapid human chorionic gonadotropin (hCG) immunoassays are validated for use with urine and serum, but not whole blood. Study Objectives: We assessed the validity of using whole blood to detect pregnancy using a point-of-care hCG assay by comparing it to a laboratory quantitative serum hCG assay as the criterion standard. Methods: A convenience sample of female patients of reproductive age (18–51 years) submitted 5 mL of whole blood, from which two drops were immediately applied to a point-of-care hCG kit, with results recorded at 10 min. The remainder of each whole blood specimen was sent to the hospital laboratory for the criterion-standard quantitative serum hCG assay. The criterion standard for a positive pregnancy test was defined as quantitative serum hCG ≥ 5 mIU/mL. Investigators performing the whole blood test and laboratory technicians performing the quantitative serum assay were blinded to one another's results. Results: There were 633 patients enrolled, with a mean age of 30 years (± 7.7 years); 34% of the patients were pregnant. Overall, the whole blood pregnancy test was 95.8% sensitive (negative predictive value 97.9%), whereas the urine test was 95.3% sensitive (negative predictive value 97.6%); the specificity and positive predictive value of both tests was 100%. Conclusion: Using a standard point-of-care qualitative hCG immunoassay kit, whole blood may be used for rapid detection of pregnancy with similar, or greater, accuracy than urine.** © 2012 Elsevier Inc.

☐ **Keywords—whole blood; point-of-care test; pregnancy; emergency department; chorionic gonadotropin**

INTRODUCTION

Point-of-care testing for rapid detection of pregnancy in women of reproductive age is common practice in the emergency department (ED). Studies have demonstrated that patient history does not reliably exclude the possibility of pregnancy in ED patients, and a large proportion of these patients may be exposed to potential teratogens during their ED visits (1,2). In one study, 33% of patients received a radiographic evaluation and 75% were prescribed a medication (2). Moreover, a rapidly obtained pregnancy test is required as the first step in the evaluation of a suspected potentially life-threatening ectopic pregnancy (3).

Commercially available rapid immunochemical assays detect human chorionic gonadotropin (hCG) concentrations ≥25 mIU/mL. To date, these assays have been validated only in urine and serum, but not in whole blood, and they typically yield results at approximately 3 min using urine and 5 min using serum (4–7). However, in

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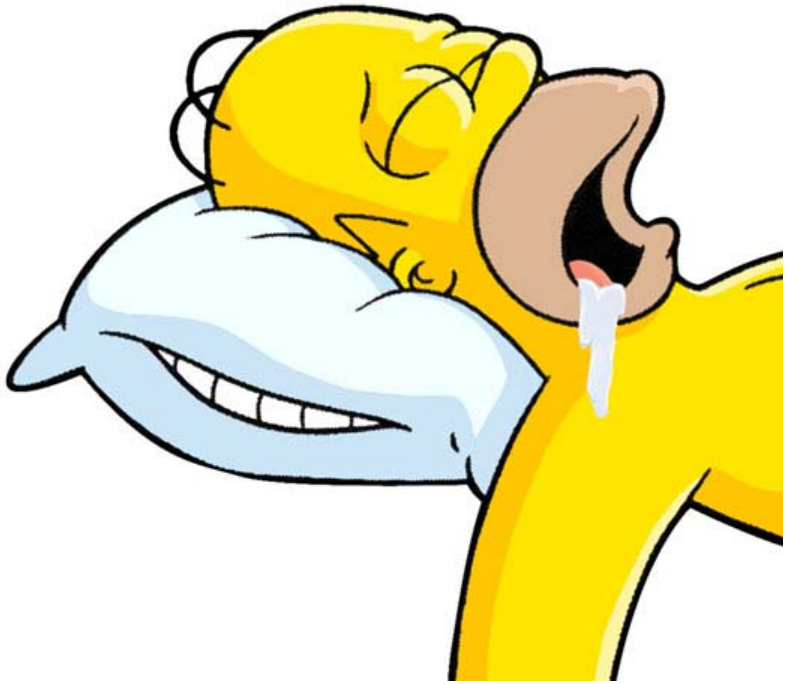
In-Service Materials




This study is amazing I MUST know more!!
Established Status Epilepticus Treatment Trial

YOUR CHALLENGE!!!