## **POINT OF CARE TESTING:**

**TRACKING** 

**RESULTS?** 

**DON'T MIX & MATCH** 

You don't want to compare

apples with pears!

Use formal laboratory

or POCT and

stick with it.

e.g. LACTATE:

Do you know whether

the research you're

basing your Rx on was

from arterial vs. venous

vs. ear lobe samples,

and on whole blood

or plasma?

Things that every user needs to know

## **PLASMA** or SERUM?

Serum needs time to clot, so POCT uses Plasma/Whole Blood. But beware: you won't get a warning if POCT samples are haemolysed

> **METHOD** & REFERENCE **RANGES**

POCT assays often use a different method to the lab: you need to know what this means when looking at results!

> **FORMAL** LAB SAMPLES

aren't alway gold standard (e.g. K+ will be falsely elevated if delays of over 4 hours to the lab. or if the sample gets cold)

On iSTATs, sodium is measured by the **DIRECT Ion Sensitive** Electrode (ISE) method. Some ABG machines also do this: does yours?

Always adjust Na+ results in severe hyperglycaemia

Main labs usually use an INDIRECT ISE method. This is affected by severe hyperlipidaemia, or very high proteins (e.g. in myeloma)

iSTAT measures creatinine using an **ENZYMATIC** method. These have better performance at low levels. especially with older patients, and are less susceptible to

interference.

Labs

usually use the

JAFFE method to

measure creatinine.

Reference ranges differ

between manufacturers

(and very high bilirubin

can interfere with this

method)

ABG machines give a calculated Hb. This is influenced by Na+. Hct & the WCC. If possible, confirm results before acting on it!

iSTAT and most

**POCT** typically

**POCT CAVEATS** 

1) Don't look at the results before looking at the patient.

2) Be mindful that results in minutes rather than hours strips you of pondering-the-case time!

measures IONISED calcium - which is pH dependant and very different from the total/ corrected calcium. If you use it, learn about it!

Always correlate POCT with the patient before you. Beware dodgy cartridges, machine faults, and user error. You must know what symbols are used for "out of range" vs. "error"!

3) You are the safety net - a "normal creat" may still be AKI in an older patient and there'll be no lab alert.

4) Beware blanket sampling: there may be results you don't want to know!

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