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POINT OF CARE TESTING RESULT SHEET

PATIENT IDENTIFICATION

DATE: _____ TIME: _____ (Military Time)

					URINE DIPSTICK						
	RESULT	TIME	INITIALS	NORMAL		RESULT	TIME	INITIALS	NORMAL		
Pulse Oximeter	1. _____%			97% - 100%	Leukocytes	<input type="checkbox"/> Negative			Negative		
	2. _____%					<input type="checkbox"/> Trace					
	3. _____%					<input type="checkbox"/> +					
	4. _____%					<input type="checkbox"/> ++					
Accucheck	1. _____mg/dl			60 - 180	Nitrate	<input type="checkbox"/> Negative			Negative		
	2. _____mg/dl					<input type="checkbox"/> Positive					
	3. _____mg/dl					pH	<input type="checkbox"/> 5 <input type="checkbox"/> 8				5 - 7
	4. _____mg/dl						<input type="checkbox"/> 6 <input type="checkbox"/> 9				
					<input type="checkbox"/> 7						
Urine Pregnancy	<input type="checkbox"/> Negative			Negative	Protein	<input type="checkbox"/> Negative			Negative		
	<input type="checkbox"/> Positive					<input type="checkbox"/> Trace					
					<input type="checkbox"/> +30 mg / dl						
					<input type="checkbox"/> ++100 ^{mg} / _{dl}						
					<input type="checkbox"/> +++500 ^{mg} / _{dl}						
Strep Screen	<input type="checkbox"/> Negative			Negative	Glucose	<input type="checkbox"/> Negative			Negative		
	<input type="checkbox"/> Positive					<input type="checkbox"/> 50mg/dl					
						<input type="checkbox"/> 100mg/dl					
						<input type="checkbox"/> 250mg/dl					
					<input type="checkbox"/> 500mg/dl						
					<input type="checkbox"/> 1000mg/dl						
Breath ETOH	1. _____%			Negative	Ketones	<input type="checkbox"/> Negative			Negative		
	2. _____%					<input type="checkbox"/> Small					
	3. _____%					<input type="checkbox"/> Mod. +					
	4. _____%					<input type="checkbox"/> Large + ₇₀					
Occult Blood	<input type="checkbox"/> Negative			Negative	Urobilinogen	<input type="checkbox"/> Negative			Negative		
	<input type="checkbox"/> Positive					<input type="checkbox"/> 1 mg/dl					
						<input type="checkbox"/> 4 mg/dl					
						<input type="checkbox"/> 8 mg/dl					
					<input type="checkbox"/> 12 mg/dl						
Hemoccult	Source: <u>Stool</u>				Billrubin	<input type="checkbox"/> Negative			Negative		
						<input type="checkbox"/> +					
					<input type="checkbox"/> ++						
					<input type="checkbox"/> +++						
Gastroccult	<input type="checkbox"/> Negative			Negative	Blood	<input type="checkbox"/> Negative			Negative		
	<input type="checkbox"/> Positive					<input type="checkbox"/> Trace					
						<input type="checkbox"/> About 50					
						<input type="checkbox"/> About 250					
					<input type="checkbox"/> Negative						
					<input type="checkbox"/> Trace						
					<input type="checkbox"/> 50ery/ul						
					<input type="checkbox"/> 250ery/ul						
Source: <u>Gastric Contents</u>					Hemoglobin				Negative		