

Patient Label

EMERGENCY DEPARTMENT Point of Care Testing

Test	Result	Reference Range	Date	Time	Initials	
URINE DIP	Color	<input type="checkbox"/> Colorless <input type="checkbox"/> Amber <input type="checkbox"/> Pink <input type="checkbox"/> Lt Yellow <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Brown				
	Appearance	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Turbid				
	Specific Gravity	<input type="checkbox"/> 1.000 <input type="checkbox"/> 1.015 <input type="checkbox"/> 1.030 <input type="checkbox"/> 1.005 <input type="checkbox"/> 1.020 <input type="checkbox"/> 1.010 <input type="checkbox"/> 1.025	1.002-1.030			
	PH	<input type="checkbox"/> 5.0 <input type="checkbox"/> 7.0 <input type="checkbox"/> 9.0 <input type="checkbox"/> 6.0 <input type="checkbox"/> 8.0	5.0 - 8.0			
	Leukocytes	<input type="checkbox"/> Negative <input type="checkbox"/> 1+ <input type="checkbox"/> Trace <input type="checkbox"/> 2+	Negative			
	Nitrite	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	Negative			
	Protein	<input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive	Negative			
	Glucose	<input type="checkbox"/> Normal <input type="checkbox"/> 100 <input type="checkbox"/> 500 <input type="checkbox"/> 50 <input type="checkbox"/> 250 <input type="checkbox"/> 1000 mg/dL <input type="checkbox"/> Patient under 2 years; all results inconclusive	Negative			
	Ketones	<input type="checkbox"/> Negative <input type="checkbox"/> 2+ <input type="checkbox"/> 1+ <input type="checkbox"/> 3+	Negative			
	Urobilirubin	<input type="checkbox"/> Normal <input type="checkbox"/> 4 <input type="checkbox"/> 12 mg/dL <input type="checkbox"/> 1 <input type="checkbox"/> 8	Normal			
Bilirubin	<input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive	Negative				
Blood	<input type="checkbox"/> Negative <input type="checkbox"/> About 50 <input type="checkbox"/> About 5-10 <input type="checkbox"/> About 250 Ery/uL	Negative				
URINE HCG Control Present	<input type="checkbox"/> Positive <input type="checkbox"/> Negative Internal quality control checked and is the background clear, (negative control); and is the positive control a red line above the 'C' <input type="checkbox"/> Y <input type="checkbox"/> N					
HEMOCCULT Control Present	<input type="checkbox"/> Positive <input type="checkbox"/> Negative Occult blood control reaction OK (Pos = Blue, Neg = White) <input type="checkbox"/> Y <input type="checkbox"/> N	Negative				
RAPID STREP Control Present	<input type="checkbox"/> Positive <input type="checkbox"/> Negative Positive: Pink vertical line in control window Negative: Read window background white to light pink <input type="checkbox"/> Y <input type="checkbox"/> N End of assay window = blue	Negative				
ACCUCHECK	_____ mg/dl Instrument used: <input type="checkbox"/> A <input type="checkbox"/> B	60-110 mg/dl				
ACCUCHECK	_____ mg/dl Instrument used: <input type="checkbox"/> A <input type="checkbox"/> B	60-110 mg/dl				