















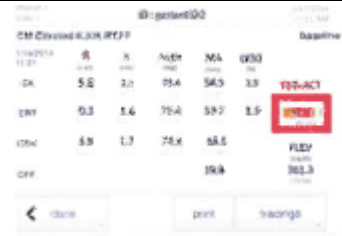
# TEG Patient Testing

<b><u>Biohazard Protection</u></b>	
<ul style="list-style-type: none"> <li>Wear gloves during analysis. Perform hand hygiene after removing gloves.</li> </ul>	
<b><u>Specimen Requirements</u></b>	
<ul style="list-style-type: none"> <li>Collect a full light blue tube then mix 5 times by inversion.</li> <li>Visually check that the sample is free of clots.</li> </ul>	
<ul style="list-style-type: none"> <li>Sample must be labelled.</li> </ul>	
<b><u>Running a Patient Sample</u></b>	
<ol style="list-style-type: none"> <li>IDEALLY wait 10 minutes for the sample to stabilise before performing test.  IF URGENT, sample may be tested immediately.  Samples must not be tested after 4 hours of collection.</li> </ol>	
<ol style="list-style-type: none"> <li>Remove cartridge from the Theatre fridge.</li> </ol>	
<ol style="list-style-type: none"> <li>Touch screen to wake it up OR turn it on with the switch on the back of the instrument.  Log on to the TEG.  Enter or Scan the Username &amp; Password. <b>haemo tegteg6s</b></li> </ol>	
<ol style="list-style-type: none"> <li>Select NEW TEST</li> </ol>	
<ol style="list-style-type: none"> <li>Select + to add a new patient OR Go to Step 7 if patient ID already available.</li> </ol>	

<p>6. Scan the Patients bradma label barcode</p> <p>Select OK</p>	
<p>7. Highlight correct patient Episode of Care number.</p>	
<p>8. Open the cartridge packet, and insert the cartridge into the TEG as shown with the <b>Barcode facing the LEFT</b>, when prompted.</p>	
<p>9. Wait until the screen shows Verify cartridge screen.</p> <p>Press Next</p>	
<p>10. Enter/Scan your Staff ID number into the Test information screen.</p> <p>Press Next</p>	
<p>11. Mix the sample tube by inverting gently at least 5 times.</p> <p>Remove the cap and using a transfer pipette, fill the cartridge to just over the marked line.</p> <p>Press Next</p> <p>Avoid getting air bubbles by maintaining pressure on the bulb of the pipette.</p>	
<p>12. The analyser starts the test.</p> <p>The screen will look like this when testing is taking place.</p>	

13. This screen shows a completed result.

Abnormal results are highlighted and have an exclamation mark.



14. When the analyser displays the Remove cartridge prompt, remove the used cartridge from the slot and dispose of it into a biohazard container.

15. Press Print for a print out. Attach printout to the patient anaesthetic chart.

16. Select Done then logout.

### **Notes:**

- The full test takes at least 30 minutes
- The test may be stopped early if the Clinician has the results required before it is completed.
- Tracings can be viewed by selecting next tracing.
- To reprint a result: Login and press: stored tests > select the patient ID required > press details > press print.

### **Interpretation of Results:**

- The overall goal of TEG results is to reduce the use of unnecessary blood products and reduce thrombotic complications leading to improved patient outcomes.
- Allows for targeted use of blood products.
- Results should always be considered within the clinical context of the individual patient.

### **Cartridge Storage:**

- Cartridges are stored in the theatre fridge at 2–8 degrees in the sealed foil pouches until use.
- Cartridges may be used straight from the fridge.

### **Analyser Troubleshooting:**

- Consult with a “Lead User” within the department.
- Contact the POCT Quality Manager in the Laboratory - #2453

### **Principal of the TEG 6S:**

The TEG 6S measures clot viscoelasticity by resonance. To measure the clot strength with the resonance method, the sample is exposed to a fixed vibration frequency. With LED illumination, a detector measures up/down motion of the blood meniscus. The frequency leading to the resonance identified which is then converted to a readout. Stronger clots have higher resonant frequencies and higher TEG readouts.