Appendix 8: *i-STAT Patient Log*

Site/Location: _____ **i-STAT Serial #:** _____

***Note: non-reportable Chem 8+ tests – TCO2; Ionized Calcium (unless applicable); do not use for eGFR calculation; do not use for oral glucose tolerance test*

Date / Time	Patient Name *(first and last)*	Patient ID (PHIN)	Chem 8+** *Calculated Tests								CG4+ *Calculated Tests								cTnI	PT/INR	Staff Initials
			Sodium	Potassium	Chloride	Glucose	Urea	Creatinine	Anion Gap*	Ionized Calcium	pH	PCO2	pO2	TCO2*	HCO3*	sO2*	Base excess*	Lactate	Troponin I	PT/INR	

Reviewed by: _____ **Date:** _____