

The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

Malaria RDT knowledge test

Download all the MalariaCare tools from: www.malariacare.org/resources/toolkit.



MalariaCare
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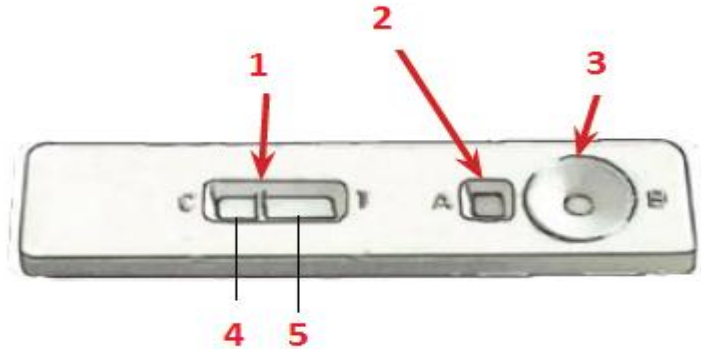


U.S. President's Malaria Initiative

Malaria Rapid Diagnostic Test Knowledge Test

Part 1. Using RDTs

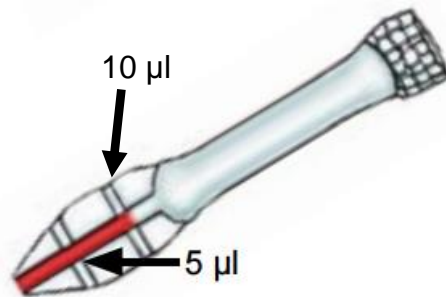
Picture 1



- 1) In Picture 1, in which well should the patient's blood be placed? _____
- 2) In Picture 1, in which well should the buffer be placed? _____

For questions 3–10, please indicate whether the statement is True or False.

Picture 2*



- 3) In Picture 2, this is the correct amount of blood to collect from the patient. (Confirm with brand used.) True False
- 4) Six (6) drops of buffer should be applied to the correct well. (Confirm with brand used.) True False
- 5) After pricking the patient's finger, it is acceptable to dry the finger by blowing on it or wiping it. True False
- 6) When performing a rapid diagnostic test (RDT), you should wait 10 minutes after the start of the test to read the test result. (Confirm with brand used.) True False
- 7) The start time of the test should be written down before collecting the patient's blood. True False
- 8) Test results can be recorded in the register as + or -. True False
- 9) Used lancets can be disposed in the sharps container after the buffer is added. True False
- 10) If buffer solution is not available, plain water can be used. True False

* Not all kits are the same. You may need to adapt this quiz for the kit you use.

Part 2. Reading RDTs.

Mark positive, negative, or invalid for each test.



Picture

- | | | | |
|----|-----------------------------------|-----------------------------------|----------------------------------|
| 1 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 2 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 3 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 4 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 5 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 6 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 7 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 8 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 9 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |
| 10 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Invalid |

If invalid, please indicate why.



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