



Section 14: Appendix 2: Medical Procedures

SECTION 14: BLOOD GLUCOSE ANALYSIS

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P

INDICATIONS	SIGNS AND SYMPTOMS	CONTRAINDICATIONS
<ul style="list-style-type: none"> Patients with suspected hypoglycemia (diabetic emergencies, change in mental status, bizarre behavior, etc.) Medical alert tags Drug / toxic ingestion 	<ul style="list-style-type: none"> Decreased mental status Change in baseline mental status Bizarre behavior Hypoglycemia (cool, diaphoretic skin) Hyperglycemia (warm, dry skin; fruity breath; Kussmaul resps; signs of dehydration) 	<ul style="list-style-type: none"> Insufficient training

PROCEDURE

1. Gather and prepare equipment.
2. Blood samples for performing glucose analysis should be capillary not venous
3. Place correct volume of blood in / on the glucometer per the manufacturer's instructions.
4. Time the analysis as instructed by the manufacturer.
5. Document the glucometer reading and treat the patient as indicated by the analysis and protocol.
6. Repeat glucose analysis as indicated for reassessment after treatment and as per protocol.

KEY POINTS

- Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- Be aware of AMS as presenting sign of an environmental toxin or Haz-Mat exposure and protect personal safety.
- It is safer to assume hypoglycemia than hyperglycemia if doubt exists.
- Do not let alcohol confuse the clinical picture. Alcoholics frequently develop hypoglycemia.
- Low glucose (< 60), normal glucose (60 - 120), high glucose (> 250)
- Consider restraints if necessary for patient's and / or personnel's protection per the restraint procedure.
- Glucometers must be calibrated and coded for the appropriate glucose strips following manufacturer and department recommendations or policies.