MR # DOB

NAME

DATE

* 8 5 0 2 *

BASSETT HEALTHCARE NETWORK
Cooperstown, NY 13326-1394

POINT OF CARE GLUCOSE (POC 10)

H-8502 9/08;11/12;1/13;10/14 (d:\forms\hosp\.ofm)

BASSETT HEALTHCARE NETWORK

Location/Health Center _____

Address: _____

_____

Test Date: _____ Test Time: _____ Tech Initials: _____

Whole Blood Glucose Result: _____ mg/dL

Fasting Glucose Reference Ranges
(2012 ADA Clinical Practice Recommendations)

Age	Interpretation	Value	High Critical Value	Low Critical Value
< 1 week	Normal Fasting	4-60 mg/dL	> 450	< 45
> 1 week	Normal Fasting	70-100 mg/dL	> 450	< 40
	Impaired Fasting Glucose	101-125 mg/dL	> 450	< 40
	Provisional Diagnosis of Diabetes Note: Diagnosis must be confirmed (see below)	≥ 126 mg/dL	> 450	< 40

Casual Glucose Reference Ranges
(2012 ADA Clinical Practice Recommendations)

Interpretation	Value	High Critical Value	Low Critical Value
Normal	70-139 mg/dL	> 450	< 40
High likelihood of impaired glucose tolerance or diabetes	140-200 mg/dL	> 450	< 40
Meets threshold for diagnosis of diabetes	> 200 mg/dL	> 450	< 40

☐ **Venous confirmation** for results < 10 mg/dl or > 600 mg/dl
Confirmatory Sample must be drawn for Glucose <10 mg/dL or >600 mg/dL. (Please include a copy of this form with the sample. Please document actual glucose values on the copy.)

Critical Value Documentation:

Critical Values: < 40 mg/dL > 450 mg/dL

Reported to: _____
(Ordering provider)

Date: _____ Time: _____

Reported by: _____
(Tech Name and Title)

Provider Order
Signature: _____ Provider #: _____ Date: _____ Time: _____

Provider Review
Signature: _____ Provider #: _____ Date: _____ Time: _____

POINT OF CARE Glucose