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| Blood Glucose Testing | | | | NO. | |
| PURPOSE:  To provide specific guidelines relating to blood glucose testing of our diabetic and non-diabetic residents.  STATEMENT OF POLICY:  It is the policy of this facility to provide safe management of our diabetic and non-diabetic residents, which includes providing blood glucose testing as ordered by the physician. We will also assess and evaluate our diabetic and non-diabetic residents for signs and symptoms of hypo/hyperglycemia, notify the physician, and provide appropriate treatment as necessary.  PRODEDURE:   1. Procedure to provide staff education. 2. Licensed Nursing Staff will receive education relating to blood glucose testing to include: 3. Purpose of blood glucose testing and facility method of performing blood glucose testing. 4. Types of blood glucose testing. (In-house capillary testing vs. venous testing by the lab). 5. When to perform bedside glucose testing: 6. As ordered by the attending physician. 7. When resident exhibits the signs and symptoms of hypoglycemia. 8. Pallor, Diaphoresis, Tachycardia. Palpitations, Hunger, Paresthesia, Shakiness, Inability to concentrate, confusion, Slurred speech, Irrational or uncontrolled behavior, Slowed reaction time, Blurred vision, Somnolence, Extreme fatigue, Loss of consciousness Inability to arouse from sleep, or Seizures. 9. When the resident exhibits the signs and symptoms of hyperglycemia. 10. Thirst, Frequent urination, Hunger, Fatigue, Blurred vision, Ketonuria, Fruity odor on breath, Kussmaul’s respirations, Somnolence, unresponsiveness. 11. Education will be provided to the Licensed Nursing Staff during orientation and repeated as necessary. 12. Procedure for Notification of Physician of abnormal blood glucose test results: 13. Licensed Nursing staff will notify physician of blood glucose test results. 14. Per facility standing orders. 15. Per specific parameters ordered for each resident requiring blood glucose monitoring. 16. In the event that specific guidelines for notification are not included in the order, the physician will be notified when: 17. Blood glucose is <60 mg/dl with or without clinical manifestations. 18. Blood glucose is >400 mg/dl with or without clinical manifestations. 19. Procedure for treatment of abnormal blood glucose: 20. Licensed Nurse will provide treatment of a resident with an abnormal blood glucose level as ordered by the attending physician, facility standing orders and/or pharmacy protocols. 21. Mild to Moderate reaction and FSBS <60: 22. Give appropriate diabetic snack (see list under Section B). 23. Recheck FSBS in 15-20 minutes. 24. Repeat “a” if BS <60. | | | | | |
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| Blood Glucose Testing | | | | NO. | |
| 1. Severe Reaction and FSBS <60 (Resident is unconscious) 2. Page attending Physician immediately. 3. Appropriate diabetic snacks include, but are not limited to, the following: 4. Fruit juice, 4 ounces 5. Milk, 8 ounces 6. 1 Tablespoon sugar or honey 7. Saltine crackers, 4-5 squares 8. Half of a meat sandwich 9. Slice of toast and 4 ounces of milk 10. Other items as directed by the physician 11. Disinfecting glucose meters 12. To prevent the spread of microorganisms, including Bloodborne pathogens, the glucose meters will be disinfected between each resident’s use. 13. Apply non-sterile gloves 14. Inspect the meter for blood or debris. 15. Wipe the meter with a germicidal disposable wipe (bleach 1:10 solution) 16. Be careful not to get fluid in the battery compartment, chip port or test strip port 17. Wrap the meter in the disposable wipe following the manufacturers guidelines for appropriate timeframe (e.g. PDI Sani-cloth Bleach wipes require the meter remain wet for four minutes) 18. Let the meter air dry. 19. Inspect meter for damage. If damaged, discontinue use immediately and report to DON for replacement. 20. Remove and dispose of gloves. | | | | | |
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