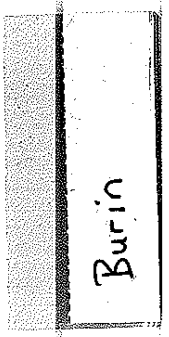
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PENINSULAS HEALTH CARE CORPORATION
LABORATORY DEPARTMENT
POLICY AND PROCEDURE MANUAL

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Section IV: Laboratory Safety

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BURIN PENINSULA HEALTH CARE CENTRE

DEPARTMENT OF LABORATORY

HEMATOLOGY TECHNICAL PROCEDURE MANUAL

APPROVAL _____
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The purpose of the following is to list known causes of discrepant glucose results by Blood Glucose meter results compared to laboratory results. In all cases where discrepant results occur, the laboratory result is assumed to be the correct one.

Glucose meters are indicated for patients in whom rapid detection of an abnormal glucose concentration will have an immediate effect on therapy.

The following must be taken into account when interpreting glucose meter results in a hospital setting:

1. Glucose meter results in general may differ from a simultaneous venous plasma/serum sample by ± 15%.

2. A capillary sample will be 5-30% higher than a venous sample depending on fed vs fasting state of the patient.

3. If perfusion is low (eg. shock, during CPR), capillary samples will be much lower than venous samples, giving false impression of glycemic status.

4. High hematocrits (>50%) may cause falsely low results while low hematocrits (<25%) may cause falsely high results.

5. Dehydration may result in falsely low results.

6. It is not necessary to confirm a low value in a patient suspected as being hypoglycemic before giving glucose, but for adults values <3.0 mmol/L or >25 mmol/L should be confirmed by the lab. The chances of a clinically significant error is greatest in these patients.

7. Patients in a hyperglycemic-hyperosmolar state (with or without ketosis) may have falsely low results.

Exercise caution in interpreting glucose meter readings in patients who:
1. Are hypotensive
2. Are dehydrated
3. Have very low hematocrit
4. Have very high hematocrit

Note: Correlate test results with patients' symptoms. Any questionable results should be confirmed by the laboratory.

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