NAVAL HOSPITAL YOKOSUKA
POINT OF CARE TESTING
PATIENT LOG FOR WHOLE BLOOD GLUCOSE (PCx)

MONTH/YEAR: _____ **SITE: _____**

DATE (dd/mmm/yr)	**NAME** (Last, First)	**DOB** (dd/mmm/yy)	**GLUCOSE RESULT** mg/dL	**QC DONE?**	**INT.**
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

Normal Range:	*Adult*	*70 mg/dL – 110 mg/dL*	Notify the provider of all panic values immediately.
	Newborn	*70 mg/dL – 110 mg/dL*	Send a specimen to the Laboratory for confirmation.
Panic Value:	***Adult***	***<50 mg/dL or >300 mg/dL***	
	Newborn	***<50 mg/dL or >150 mg/dL***	

*** PERFORM PATIENT TESTING ONLY IF QC IS ACCEPTABLE OR WITHIN RANGE.**

*** A CHARGE NURSE IS AVAILABLE EVERY SHIFT FOR TROUBLE SHOOTING.**

Reviewed by POCT On-Site Representative: _____ Date: _____

Reviewed by POCT Coordinator: _____ Date: _____

Reviewed by POCT Technical Supervisor: _____ Date: _____

USNHJA 5100/6 (Rev 01/12)