



University of Arizona Division of EMS Division

Policy: Point-of-Care Blood Glucose Assessment

Introduction

This policy is to establish guidelines for EMS personnel on the appropriate use of point-of-care (fingerstick) blood glucose testing in the prehospital setting for early identification of hypoglycemia or hyperglycemia/DKA.

Background

Previously, EMS obtained a fingerstick blood glucose on every patient, regardless of indication. To reduce unnecessary procedures that do not impact patient outcomes, this policy establishes criteria to limit fingerstick blood glucose testing to patients with appropriate indications.

Policy

- A fingerstick blood glucose level to be obtained in any patient presenting with one or more of the following:
 - Altered mental status (confusion, disorientation, lethargy, unresponsive)
 - Seizure activity (active or postictal)
 - Patient found down, syncope or near-syncope
 - Stroke-like symptoms (focal neurologic deficit, weakness, speech disturbance, vision changes)
 - Suspected intoxication or overdose
 - Pediatric patients with lethargy, poor feeding, intractable vomiting, or seizure
 - Any diabetic patient with an acute complaint
 - Tachypnea unexplained by respiratory etiology (Kussmaul respirations)