# POC189 POC Glucose

Bassett Healthcare Network POC Testing

# **Performing Location(s)**

Bassett Healthcare Network POC Testing. Only available at POC Approved Testing Locations.

# **Specimen Type**

Capillary

## **Preferred Container**

Capillary (non-neonate fingerstick or neonate heel stick)

## **Volume Required**

1.2 uL

### **Additional Information**

Fresh venous and arterial samples containing lithium heparin are acceptable samples if well mixed and tested immediately.

DO NOT use EDTA or sodium heparin.

Repeating Samples: Repeat test if results are not clinically expected.

#### **Reference Values**

Age	Normal	High Critical	Low Critical
<1 Week	45-100 mg/dL	>450 mg/dL	<45 mg/dL
≥1 Week	70-139 mg/dL	>450 mg/dL	<40 mg/dL

# **Confirmatory Testing**

Venous Confirmation: A Laboratory confirmation is required for results < 10 (LO) or > 600 (HI).

### **Available STAT**

Only available at POC Approved Testing Locations.

### Methodology

Nova Stat Strip

## **CPT Code**

82948