

GLUCOSE CHALLENGE SPECIMEN COLLECTION

PRINCIPLE:

Early treatment of gestational diabetes mellitus (GDM) reduces neonatal risk. Early detection is desirable and since GDM is asymptomatic, screening for its detection is justifiable. Glucose intolerance is more prevalent in the second and third trimesters of pregnancy, so screening should be performed at 24 to 28 weeks gestation.

REAGENTS AND SUPPLIES

<u>ITEM</u>	<u>SOURCE</u>
Glucola	Pharmacy or external supplier
Multi sample needle	Medical Warehouse
2" X 2" Gauze	Medical Warehouse
Vacutainer, SST or Red	Medical Warehouse
Alcohol Preps	Medical Warehouse
Band-aids	Medical Warehouse
Tourniquet	Medical Warehouse

PREPARATION OF PATIENT

1. Fasting is **not** a prerequisite for this test.
2. The test can be administered any time of the day.

PROCEDURE

1. Accession a one (1) hour glucose in the LIS (test code GLU50)
2. Administer 50 gm glucose (glucola) to the patient.
3. One hour after administration of the glucola draw a SST vacutainer for blood glucose level.
4. In the LIS, "collect" and "receive" the specimen at the time of draw.
5. Properly label the sample and deliver it ASAP to the Core Laboratory for testing.

LIMITATIONS

There are various factors that may affect the glucose tolerance test. Of primary concern to the technician is the potential for the patient to become physically ill because of the glucose load, especially on an empty stomach. If the patient should become faint or physically ill, help them to lie down, and notify a physician as soon as possible.

REFERENCES

Skillman, T.: Diabetes Mellitus. In: Clinical Chemistry Theory, Analysis and Correlation (L. Kaplan and A. Pesce eds) Mosby, St Louis, pp. 544-545, 1984.

Caraway, W.T. and Watts, N.: Carbohydrates In: Fundamentals of Clinical Chemistry (3rd Ed) (N. Tietz ed) W.B.Saunders, Philadelphia, pp. 434-435, 1986.

Sobenes, JR, and Sherwin, JE: Carbohydrates in: Clinical Laboratory Medicine (1st Ed) (Manning, S ed) Mosby, St Louis, pp. 109-124, 1992.