N:\Lab\Phlebotomy\Check Lists, Forms, Letters and Worksheets Current\Glucose Tolerance Testing form revised.doc

GLUCOSE TOLERANCE TESTING

Patient Name:			Date:		
Times & Glucola calculate	d by:	Time	es & Glucola checked by:		
Patient is: D Nonpregnant Test: DGTT2HN DGTT3HN DGTT4HN DGTT5HN DGTT6HN			Patient is: □ Pregnant Test: □GTT3HP		
NONPREGNANT			PREGNANT		
			(3-hr GTT only. Any other time use nonpregnant)		
Glucola - one 75g bottle			Glucola - one 100g bottle		
LEVEL	SCHEDULED TIME	ACTUAL TIME	LEVEL	SCHEDULED TIME	ACTUAL TIME
Fasting blood			Fasting blood		
$rak{V}$ STOP—do not proceed until told to by tech $rak{V}$			$rak{V}$ STOP—do not proceed until told to by tech $rak{V}$		
Drink Glucola within 5 mins end time**			Drink Glucola within 5 mins end time**		
1 hour (end time+1hr)			1 hour (end time+1hr)		
2 hour (end time+2hr)			2 hour (end time+2hr)		
3 hour (end time+3hr)			3 hour (end time+3hr)		
4 hour (end time+4hr)					
5 hour (end time+5hr)					
6 hour (end time+6 hr)					

*******CUT HERE. GIVE BOTTOM TO PATIENT. KEEP TOP IN LAB*****

GLUCOSE TOLERANCE TESTING INSTRUCTIONS

Patient Name: ____

Date:

During the next few hours, please:

- Do not leave the hospital.
- Do not eat, or chew gum, or candy.
- O not smoke.
- Do not drink coffee, tea, or soda (you may drink plain water).
- Wait in the waiting area until we receive your results to determine when you can leave. Thank you. At the times listed below, come into the laboratory to have your blood drawn.
 - 1 hr: _____
 - 2 hr: _____
 - 3 hr: _____
 - 4 hr: _____
 - 5 hr:
 - 6 hr:_____

Rev: mcastro 12/3/08