CHI Health Laboratory
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Glucose Tolerance Testing

CHI Health Laboratory offers several Glucose Tolerance Tests:

TEST	Fasting Glucose Drawn	Glucose Load	Number of Draws
Gestational Glucose Challenge (1 hour)	No	50 gram	1 hour
Glucose 2 hour PP (2 hour)	No	75 gram	2 hour
Non-gestational Glucose Tolerance (2 hour)	Yes	75 gram	Fasting, 2 hour
Gestational 2 Hr Glucose tolerance (2 hour)	Yes	75 gram	Fasting 1 hour, 2 hour
Gestational Glucose Tolerance (3 hour)	Yes	100 gram	Fasting 1 hour, 2 hour, 3 hour

Procedure:

- 1. Patient must be fasting for a minimum of 8-10 hours. Beginning after dinner the night before the test, the patient should not eat or drink anything except water until coming to the laboratory.
- 2. Patients who smoke should abstain from smoking from the time they go to bed the night before until completion of the test.
- 3. Once the patient arrives, it will take between $2-3\,\%$ hours to complete the procedure depending on the tolerance that is ordered. Please make sure the patient is aware of the time they need to allow for testing.
- 4. A fasting glucose level will be performed on patients before any glucose load is given to detect a markedly abnormal blood glucose level in which the administration of glucose may be contraindicated. Physician will be notified if the fasting glucose level is 140 mg/dl or higher and physician approval must be obtained for tolerance testing to continue.
- 5. Refer to the following chart which indicates the criteria used to determine if testing will proceed after the fasting glucose result is drawn and tested.



TOLERANCE – FASTING GLUCOSE CRITERIA			
1. Fasting blood sugar is drawn and a glucometer blood glucose test is performed			
2. Follow the table below to determine the next step:			
GLUCOMETER RESULT			
Glucose =	Proceed with testing		
130 mg/dl or lower			
Glucose =	Wait for chemistry glucose result and follow 1 of the 3 steps		
131 mg/dl or higher	below.		
Chemistry Glucose =	Proceed with testing		
139 mg/dl or less			
Chemistry glucose =	Contact ordering provider with the result of the fasting		
140-200 mg/dl	glucose. Inform the provider that the test will not be		
	performed unless authorized by the provider. Wait for		
	instructions. Document the provider directions as an		
	order note on the fasting glucose order.		
Chemistry glucose =	Contact ordering physician with the result of the fasting		
201 mg/dl or higher	glucose. Inform the provider that testing will not be		
	performed at this time. Cancel the test and document		
	provider notification in the order note.		

- 6. When submitting specimens to CHI Health Laboratory, please indicate on the specimen label:
 - Patient full Name
 - Date of birth
 - Collection date & time
 - Indicate which tolerance specimen it is. (i.e. Fasting, 1 hour, 2 hour, 3 hour...)