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| **Glucose Tolerance Test (GTT) Worksheet** | | |
| **Patient Name and MRN or label:**  Place Label Here | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Sunquest Test Codes:** | Sunquest Test Code | **Test** |
| GLFT | Panel; GLUCO and GLF |
| GLUCO | Fasting Glucose Dose |
| GLF | Fasting Glucose |
| GLH | ½ hour Glucose |
| GT1 | 1 hour Glucose |
| GT2 | 2 hour Glucose |
| GT3 | 3 hour Glucose |
| GT4 | 4 hour Glucose |

**Baseline Information**

Patient’s weight = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in pounds (lbs) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in kilograms (kg)

Cystic Fibrosis Patients: Fasting (POC) glucose result = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

All other patients: Fasting (Lab) Glucose result = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Glucose Administration (DO NOT ADMINISTER until fasting glucose is reported at <126 mg/dL)**

Time drink is started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must drink within 5 minutes)

Dose\* of glucose drink = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ounces (MAXIMUM DOSE = 7.5 oz)

*Downtime: Calculate dose in LBS:*

*Calculate dose in kg:*

\**Dose administered* ***must*** *be recorded in sunquest under GLFT*

**Cystic Fibrosis (CF) clinic patients:**

Require a fasting glucose level (GLFT) and a 2 hour glucose level (GT2)

 2 hour glucose - time to be collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Care patients with an elevated BMI:**

Require a fasting glucose level (GLFT) and a 2 hour glucose level (GT2)

 2 hour glucose - time to be collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other types of patients with orders in Cerner or on paper:**

Require a fasting glucose level (GLFT) and the following:

*\*\*\*Contact the ordering provider if you have questions regarding the testing intervals.*

 30 minutes glucose (GLH) – time to be collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1 hour glucose (GT1) – time to be collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2 hour glucose (GT2) – time to be collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If ordered, 3 hour glucose (GT3) – time to be collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If ordered, 4 hour glucose (GT4) – time to be collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_