



North Country EMS Program Agency

"Serving Jefferson, Lewis & St. Lawrence Counties"

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BLS Blood Glucose Screen

This regional screen will be used from _____ to _____. The purpose of this screen is to gather accurate data regarding pre-hospital BLS Glucometry usage. **The BLS providers who perform the actual finger-stick should complete the screen.**

It is recommended that this screen be completed at the same time as the PCR. This **screen must be sent** to the Program Agency office with the PCR yellow copies by the 15th of the following month the PCR's are dated for.

AGENCY NAME _____

DATE ____ / ____ / ____

DISPATCH INFORMATION _____

Did BLS believe this was a Diabetic event? Yes No

CALL REC'D

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ENROUTE

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Did patient have an altered mental status? Yes No

AT SCENE

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FROM SCENE

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Did BLS provide intervention? Yes No

AT DESTINATION

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(CHECK ALL THAT APPLY) Oxygen Oral Glucose Food/Drink

Was Oxygen administered before finger stick was obtained? Yes No

Did BLS call for ALS before or after obtaining the patients blood glucose?

Before After Did not request ALS ALS Automatically dispatched

Did BLS cancel ALS after performing finger stick and acquiring a blood glucose reading?

Yes No Did not request ALS

Did ALS perform any additional treatment during transport (if requested)? Yes No

(CHECK ALL THAT APPLY) IV ECG monitoring D-50 (sugar) via IV

Did obtaining a blood glucose change the treatment plan for your patient? Yes No

Please Explain: _____
