



**Blood Glucometry**  
**RUSH FIRE DISTRICT**  
9.7-9: SOG

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## **BLS Blood Glucose Monitoring**

### **1. Scope**

This Chief's Directive establishes the requirements for blood glucose monitoring (glucometry) by New York State certified Emergency Medical Technicians (EMTs) operating under the authority of the Rush Fire District. This SOG applies to all EMTs of the Rush Fire District. Blood glucose monitoring shall be performed in accordance with the current Monroe-Livingston Regional Emergency Medical Services (MLREMS) BLS protocols.

### **2. Reference**

- MLREMS Prehospital Care Protocols (current version)

### **3. Indications**

Blood glucose monitoring shall be performed in accordance with current MLREMS BLS protocols. There are no absolute contraindications to blood glucose monitoring. Glucometry should be performed only when the result may inform patient care decisions and only after time-critical interventions have been addressed. A known history of diabetes does not by itself justify glucometry when the presenting complaint is unrelated, and the absence of a diabetes history does not preclude glucometry when the presentation indicates it.

### **4. Training**

All EMTs of the Rush Fire District must complete the Rush Fire District blood glucose monitoring training program before performing glucometry on any patient. No provider may perform glucometry without having completed this training within Rush Fire District, regardless of prior training received at another agency.

Training shall consist of both a didactic portion and a psychomotor skills portion. All training records shall be stored in Rush Fire District's Learning Management System (LMS).

### **5. Procedure**

Glucometry shall be performed in accordance with manufacturer instructions. The general procedure is:

1. Don appropriate BSI/PPE.
2. Confirm the glucometer is in good working order.
3. Clean the puncture site with an alcohol prep pad and allow to dry.
4. Use a single-use safety lancet to obtain a blood sample. Wipe away the first drop of blood with a sterile gauze pad and apply the second drop to the test strip.
5. Cover the puncture site with a bandage.

6. Read and interpret the result in the context of the patient's presentation.
7. Immediately dispose of the lancet in an approved sharps container.
8. Treat per current MLREMS BLS protocols.

## **6. Continuous Glucose Monitoring (CGM) Devices**

Many insulin-dependent diabetic patients use wearable continuous glucose monitoring (CGM) devices, such as the Dexcom G7, FreeStyle Libre, Stelo, or Eversense. These sensor-based devices report glucose levels in real-time, typically to a smartphone, and can alert the patient to high or low readings.

CGM readings are generally accurate. **If the patient is able to share a current CGM reading and the reading is consistent with their clinical presentation, a fingerstick is not required.** Treatment may proceed based on the CGM reading alone. For example, a symptomatically hypoglycemic patient whose CGM is alarming for low glucose may be treated with oral glucose (if able to speak and swallow) without obtaining a fingerstick.

**A fingerstick blood glucose shall be obtained whenever the CGM reading is inconsistent with the patient's clinical condition.** Examples include:

- The patient feels fine but the CGM is alerting to a low reading.
- The patient is symptomatic in a way consistent with prior hypo- or hyperglycemic episodes, but the CGM indicates a normal level.

When this conflict exists, treat according to the fingerstick result, not the CGM.

When CGM data is used to guide treatment, the reading shall be documented in the PCR narrative (e.g., "Patient wearable BG sensor reading 44, patient has not had any food or sugar. Patient able to speak and swallow, administered 30g oral glucose..."), and any glucose administration shall be entered as an intervention.

## **7. Documentation**

The provider shall log any attempt to obtain a blood glucose reading in the emsCharts activity log. Documentation shall include, at minimum:

- Location where the sample was obtained (puncture site)
- Reading displayed on the meter
- Any failed attempts

CGM-derived readings used to guide treatment shall be documented in the PCR narrative as described in Section 6.

## **8. Equipment Storage and Maintenance**

Glucometers and all associated equipment shall remain in their designated carry pouch/kit when not in use.

Glucometers shall have a control test performed once per month in accordance with the manufacturer's directions. In addition, a control test shall be performed per the manufacturer's directions whenever test strips are replaced, the meter malfunctions, or the battery is replaced. A log of all control tests shall be kept. Any glucometer that fails a control test shall immediately be placed out of service, and the EMS Director of Operations (or designee) shall be notified for repair or replacement.