Capillary Blood Glucose Screening

Experiment 7 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To demonstrate a glucose-meter workflow and interpret a fictional screening record.

Principle

A meter estimates glucose from the product-specified specimen. Quality checks, clean technique, timing relative to meals and symptoms affect interpretation.

Key Points

- Use a trainer and simulated result unless supervised practice is authorised.
- Record fasting, post-meal or random context and units.
- Meters and strips must match; check expiry and control results.
- Screening is not a stand-alone diagnosis.

Practice Scenario

Fictional record: an adult feels well and has a random meter value of 165 mg/dL after a meal. Record the context and follow the screening protocol rather than diagnosing diabetes.

Activity Procedure

1. Prepare

Check consent, meter/strip compatibility, quality control and hand hygiene.

2. Demonstrate

Use the manufacturer-approved trainer sequence and show single-use lancet disposal.

3. Read

Record the supplied result, units, meal timing and symptoms.

4. Assess

Use the institution's screening/referral protocol; urgent symptoms require prompt care.

5. Document

Give a clear record and avoid declaring a diagnosis from one reading.

Record and Observations

Device / strip / control	_____
Meal timing / symptoms	_____
Reading / units	_____
Action / referral	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Dispose of sharps correctly and never share lancets.
- No invasive testing on classmates without authorised supervision.

Viva Questions and Answers

1. Why note meal timing?

Glucose interpretation depends on when the measurement was taken.

2. Why use control testing?

It checks whether the meter-strip system is working as intended.

3. Can meters diagnose diabetes alone?

Diagnosis requires the appropriate clinical and laboratory assessment.

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