

B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100

Document Code:	DPOTMH-I-29-P01-S07	
Effective Date:	10-30-2021	
Document Type:	Standard Operating Procedure	
Page Number:	1 of 3	
Department/Section:	Neonatal Intensive Care Unit	
Document Title:	HEMOGLUCO TEST (HGT)	

### **PURPOSE:**

To provide and demonstrate correct procedure in performing Hemo Gluco Test.

## SCOPE:

Applies to all Neonatal Intensive Care Unit Staffs

## **PERSON RESPONSIBLE:**

Pediatric Consultants, Resident Physicians, Registered Nurses, Registered Midwife



B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100

Document Code:	DPOTMH-I-29-P01-S07	
Effective Date:	10-30-2021	
Document Type:	Standard Operating Procedure	
Page Number:	2 of 3	
Department/Section:	Neonatal Intensive Care Unit	
Document Title:	HEMOGLUCO TEST (HGT)	

#### PROCEDURE:

- 1. The doctor requests HGT to newborn.
- 2. The Nurse/Midwife on duty verifies doctor's order.
- 3. The Nurse/Midwife on duty performs hand hygiene.
- 4. The Nurse/Midwife on duty prepares the materials needed.
- 5. The Nurse/Midwife on duty identifies patient using two patient identifiers.
- 6. The Nurse/Midwife on duty disinfect newborn's big toe/heel using alcohol swab and puncture the site using blood lancet and draw small amount of blood.
- 7. The Nurse/Midwife on duty drops small amount of blood to the glucometer strip.
- 8. The Nurse/Midwife on duty dresses the punctured site and cover it with a sterile dry cotton ball.
- 9. The Nurse/Midwife on duty takes the reading, record to the NICU HGT flow sheet and refer the result to the attending physician.
- 10. The Nurse/Midwife on duty performs after care of the procedure.
- 11. The Nurse/Midwife on duty performs hand hygiene.

#### REFERENCE:

Mn, A. J. D. R. N. (2012, September 21). *Blood Glucose Monitoring*. Nursing Crib. https://nursingcrib.com/demo-checklist/blood-glucose-monitoring/



B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100

Document Code:	DPOTMH-I-29-P01-S07
Effective Date:	10-30-2021
Document Type:	Standard Operating Procedure
Page Number:	3 of 3
Department/Section:	Neonatal Intensive Care Unit
Document Title:	HEMOGLUCO TEST (HGT)

# APPROVAL:

	Name/Title	Signature	Date
Prepared by:	CANDY LYN G. QUIPTE, RN NICU Staff Nurse	-amik	11   12   2021
	JENIFFER D. SISON, RN NICU Head Nurse	J.	"  12  2021
Verified:	HANNAH KHAY S. TREYES, RN, MN Chief Nurse	John	12/07/201
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor	Q	12/07/2021
Recommending Approval:	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer	Jupenen	09-15-202
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	Smeen	3/22/200
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer	Margen	2.x. z
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		4/7/22