

## Guidelines for Protocol #804 DAISY OGTT

### Oral Glucose Tolerance Test

Height \_\_\_\_\_ cm    Weight \_\_\_\_\_ kg

NPO (fasting) except water last 10 hours? \_\_\_\_\_ yes, \_\_\_\_\_ no (reschedule ogtt)

Tubes: 3cc Red top

3cc Purple Top (EDTA tube from fridge-**keep on ice during study**) (Lab obtains these from CTRC prior to OGTT)

**Glucola Dosing:** Located in food refrigerator pediatric hallway: Lemon/Lime, Orange, or Fruit Punch.

100g/300 ml Bottle

1.75g X kg. X 3= ml glucola

Max dose 75gm or 225 ml

1.75g X \_\_\_\_\_ kg X 3 = \_\_\_\_\_ ml.

75g/300ml Bottle

1.75g X kg. X 4 = ml glucola

Max dose of 75gm or 300 ml

1.75g X \_\_\_\_\_ kg X 4 = \_\_\_\_\_ ml.

Procedure:

Start Peripheral Intravenous line, PIV, draw DAISY samples **AND** -10 time point

Flush with 3cc. normal saline between each draw.

Check fasting blood glucose on clinic glucometer, must be below 200mg/dl

Assure subject has given urine sample prior to drinking glucola.

Calculate glucola dose, see above.

Collect glucose, insulin and C-peptide samples at each time point. 3cc red top and 3cc purple top

At time 120, check glucose, must be below 200mg/dl. If >200mg/dl consult with Drs. Steck, Klingensmith or Frohnert or Dr. on call.

Discontinue PIV, offer snack and discharge if glucose with normal limits, <140.

Normal OGTT:

- a. Fasting glucose is lower than 110 mg/dl
- b. The two-hour blood glucose is lower than 140 mg/dl

Repeat OGTT in 6-12 months

Remind family to do home glucose testing 1-2 times per month and with all illnesses.

Impaired OGTT:

- a. Fasting blood glucose, Impaired range 110 mg/dl – 126 mg/dl
  - b. 2 hour blood glucose, Impaired range 140 mg/dl – 199 mg/dl
- Consult with Drs Steck, Klingensmith, or Frohnert

Repeat OGTT in 6 months

Remind family to do home glucose testing 1-2 times per week and with all illnesses

Diabetic OGTT:

- Fasting blood glucose is greater than 126 mg/dl
  - 2 hour blood glucose is greater than 200 mg/dl
- Consult with Drs. Steck, Klingensmith or Frohnert or Dr. on call and report:  
Any weight change since last DAISY visit, urine glucose and ketone test result,  
as well as fasting and 2 hour blood glucose levels and A1c.

Repeat OGTT in 1 month.

Instruct family to do home glucose testing 3-4 times a week; fasting and 2 hours after eating.

Check blood glucose levels and ketones in urine with any illness,  
Especially with vomiting.

PIV Start		<b>TIME:</b>
<b><u>Time point (TP) -10</u></b>		
Baseline Samples Fasting glucose _____	Red Top 2.0 ml _____ Purple Top 2.5 ml _____ (keep on ice) Grey top _____	____:____
<b><u>TP - 0</u></b>		
Give glucola after this sample is drawn.	Red Top 2.0 ml _____ Purple Top 2.5 ml _____ (keep on ice)	____:____
<b><u>TP - +30</u></b>		
	Red Top 2.0 ml _____ Purple Top 2.5 ml _____ (keep on ice)	____:____
<b><u>TP - +60</u></b>		
	Red Top 2.0 ml _____ Purple Top 2.5 ml _____ (keep on ice)	____:____
<b><u>TP - +90</u></b>		
	Red Top 2.0 ml _____ Purple Top 2.5 ml _____ (keep on ice)	____:____
<b><u>TP - +120</u></b>		
2 hour glucose _____	Red Top 2.0 ml _____ Purple Top 2.5 ml _____ (keep on ice) Grey top _____	____:____

