**PPNO List Serv Query Summary**

Last Name Wiley First Name Ellen Institution Info Woodstock Hospital email ewiley@wgh.on.ca

Contact for further information:

Date of Summary:

Our Mat/child group is seeking information to improve the accuracy of capillary sampling in our neonate population using POC glucometers

Is the heel always your site of choice?

Do you have a specific device for neonates vs. adults-we do not

Do you use a particular technique to improve accuracy?

Abbreviated Question (as it will appear on search results page)

Policy/Procedure  Practice  Program Info  Committee Structure info  Role  Students

Model/Structure  Care Delivery  Collaboration  Regulation/Legislation  Pt. Safety

Quality/Outcome/Indicator  PP Culture/Leadership  Other:

Keyword(s)

Check 1 or 2

Required

for website

archiving

Responses: Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| **Responder Info** | **Responses to query** | **Attachment(s)\*** |
| --- | --- | --- |
| *Karen Fleming, RN, MN, BScN, BSc* Clinical Nurse Educator, Child and Teen Program  Corporate Simulation Project Lead  North York General Hospital, 3N, Room 327A Adjunct Lecturer, Lawrence S. Bloomberg Faculty of Nursing University of Toronto [karen.fleming@nygh.on.ca](mailto:karen.fleming@nygh.on.ca)  416-756-6000 ext 4998  Ursula Cote, RN, BScN  Temporary Clinical Nurse Specialist  Women & Children's Program  Thunder Bay Regional Health Sciences Centre  phone: 807-684-6242  pager: 807-626-8791 | Hi Ellen, here is our self learning package that shows which lancets we use and our landmarking we teach. We are also big fans of heel warmers, which I know not all centres are.    I am also providing you with a link to a  youtube vid from Sunnybrook showing how to collect blood for NBS. At least you can see the set up and technique a bit.    <https://www.youtube.com/watch?v=wSCXAKbM1mQ&feature=youtu.be>  Our Mat/child group is seeking information to improve the accuracy of capillary sampling in our neonate population using POC glucometers  Is the heel always your site of choice? Yes, this is best practice for neonates. Must be the outer edges of the heel, and heel should be warm to ensure best sample.  Do you have a specific device for neonates vs. adults-we do not We do use the same device used for adult finger pricks to obtain our POC glucometre samples only. All other capillary samples are obtained with a neonatal lancet as it offers more blood for collection of lab samples, i.e. cap gas, CBC, bili, etc.  Do you use a particular technique to improve accuracy? To improve accuracy we allow the site to dry after cleansing with alcohol swab and wipe away first drop of blood with sterile gauze prior to obtaining sample. |  |
| **Jocelyn Patton-Audette**, RN, IBCLC, BN  Nurse Clinician, Women and Child Care Unit  **Grey Bruce Health Services** │ Owen Sound  T 519.376.2121 x2952 | F 519.372.3957  [www.gbhs.on.ca](http://www.gbhs.on.ca) | Is the heel always your site of choice? yes  Do you have a specific device for neonates vs. adults-we do not no, using the same machine for both  Do you use a particular technique to improve accuracy? No – but we only make clinical decisions based on symptoms of hypoglycemia and/or the lab value. Just this week we had a point of care glucose of 1.8, with the lab sample coming back at 2.9. Critical vs normal! We send a lab sample for less than 2.9mml/L as our machine is not accurate below this range. |  |
| **Tasha Vandervliet, RN, BScN**  Nurse Educator    Huron Perth Healthcare Alliance  46 General Hospital Drive  Stratford, Ontario  N5A 2Y6    519-272-8210 ext. 2327  [tasha.vandervliet@hpha.ca](mailto:tasha.vandervliet@hpha.ca) | Our Mat/child group is seeking information to improve the accuracy of capillary sampling in our neonate population using POC glucometers  Is the heel always your site of choice? Yes the lateral aspects of the infant’s heel  Do you have a specific device for neonates vs. adults-we do not? We are currently using the Medline Heel Incision Device – Newborn (1mm depth; 2.5 mm length)  Do you use a particular technique to improve accuracy? Because the POC devices have an accuracy variability of +/-0.8, we have developed a medical directive that allows the nurse to obtain the POCT and if the result is 2.9 mmol/L or less, they use the same “heel poke” to obtain a serum level to verify (no need to poke the heel again).  We follow the Canadian Paediatric Society’s 2019 recommendations for intervening. So when the glucose level is less than 2.6 mmol/L, we would intervene accordingly and if the verified level is 2.6 mmol/L or above, we monitor as per an algorithm we use that is based on the 2019 CPS Position Statement. |  |
| **Sandra Parsons**  **DOCUMENT MANAGEMENT SPECIALIST**  **PROFESSIONAL PRACTICE**  596 Davis Drive, Newmarket, ON, L3Y 2P9 **T:** (905) 895-4521 ext. 2435  **Email:** [sparsons@southlakeregional.org](mailto:sparsons@southlakeregional.org) | Hi Ellen – our POC procedure specifies to use the heel, following the heel puncture procedure (attached). It’s the same device for adults and neonates….regards, Sandra |  |

\*Imbedding Attachments: When in a document, with the cursor in the place where you wish to insert another document as an icon, Go to Insert, choose "Object" (not 'file') choose "Create from File" browse for the file name from your directory, once found, check off "Display as Icon" select "OK” The document Icon now appears in this document where your cursor was positioned. Save the document you are working in and the imbedded icon with the document they relate to attached will also be saved to this document.