Glucagon Test Procedure

Patient Information

•	Patient Name:		
•	Date of Birth:		
•	Medical Record Number:		
•	Date of Test:		
•	Ordering Physician:		
Pre	e-Test Instructions		
	Advise the patient to fast for [specific duration, e.g., 8 hours] before the test.		
	Inform the patient about the test procedure and its purpose.		
	Explain potential side effects or risks associated with the test.		
	Confirm any allergies or contraindications to glucagon.		
Tes	st Procedure		
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☐ Conti	nue monitoring the patient until blood glucose levels return to a safe range.
Docu	ment the time at which blood glucose stabilizes.
☐ Ensu	re the patient's safety and comfort throughout the monitoring period.
☐ Provi	de any necessary post-test care or interventions as required.
Test Re	sults
☐ Analy	ze the data obtained during the test, focusing on the patient's response to glucagon.
☐ Interp	oret the results based on established clinical criteria.
Fallow	
Follow-	
	uss the test results with the patient, explaining any findings or recommendations.
☐ Deter	rmine the appropriate next steps, including additional tests or treatment modifications.
Provider	's Signature:Date:
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Post-Test Monitoring