AACC Northern California Section Chapter Meeting

*Please Post*

**Can Glucose Meters Be Used for Critically Ill Patients? A Pro/Con Debate**

**PRO: Jim Faix, MD**  
Director, Clinical Chemistry & Immunology and POCT  
Stanford University Medical Center  
Palo Alto, CA

**CON: Tim Hamill, MD**  
Director, Clinical Laboratories  
University of California San Francisco Medical Center  
San Francisco, CA

**Tuesday, June 10th, 2014**

Restaurant Name Basque Cultural Center  
599 Railroad Avenue, San Francisco, CA 94080 Tel: 650-583-1867  
6:00-6:30 pm SOCIAL  
6:30-7:30 pm DINNER  
7:30-8:30 pm PRO/CON DEBATE

$30.00 Dinner & Presentation / $10.00 Presentation only / Free for CLS Students  
Dinner payment (cash/check only) may be made at the meeting  
Non-members are always welcome.

**PLEASE RSVP BY Friday, June 6th @ 5 pm to:**  
Bridgit Crews Email: bridgit.o.crews@kp.org  
Tel: 510-231-5415 (leave message)  
Please indicate food preference  
(chicken, beef, or vegetarian)

One hour of Category 1 ACCENT credit given
Summary: Over the past decade, most hospitals have implemented a program for maintenance of glycemic control in hospitalized patients. Studies in the 1990s showed that reducing glucose levels in diabetic patients undergoing surgery eased their post-operative course. But interest in controlling so-called “stress” hyperglycemia in critically ill patients exploded after the publication of a single trial in 2001 which showed a significant reduction in mortality by keeping glucose levels in such patients between 80-110 mg/dl. Although the practice of “tight glycemic control” using insulin in critically ill patients has been widely accepted, it has also been widely debated, especially since attempts to reproduce the original findings have either failed or shown that patients treated with insulin actually did worse. Many factors may contribute to variable results between studies but one key issue continues to cast a cloud over glycemic control programs. Most rely on point-of-care testing using glucose “meters” which were originally designed for self-monitoring of blood glucose by relatively healthy diabetic patients. The 2001 study relied on glucose measurements from the core laboratory. Recently, the Food and Drug Administration has stressed that glucose meters approved for home use should not be used for critically ill patients (and that such use should be considered “off-label” and, therefore, “high complexity”). Our two presenters will debate whether these concerns are well-founded or not, and we will ask the audience to decide.

RSVP details: Reservations for dinner and/or presentation are due by 5:00 pm Friday, June 6, 2014. Since we must guarantee a certain number of dinners for this event, those making dinner reservations will be required to pay even if they do not attend. Call Bridgit Crews at 510-231-5415 or e-mail her at bridgit.o.crews@kp.org (an email confirmation will be returned). Please state your name, the names of those attending with you, if you are attending the dinner or just the presentation and a number where you can be contacted. Payment can be made by cash or check at the meeting. Non-members are welcome. You need not attend the dinner to attend the lecture. NOTE: CLS students are welcome to attend both the dinner and the lecture free of charge. Students must make a reservation. Please mention your student status when you call or e-mail your reservation.

This program is approved by the American Association for Clinical Chemistry for one hour of Category 1 ACCENT credit toward the Clinical Chemists Recognition Award and recertification requirements for the NRCC. Credits earned at ACCENT approved programs are accepted by the American Society for Clinical Laboratory Science (ASCLS), the American Association of Bioanalysts (AAB), the American Society for Microbiology (ASM), and California State Laboratory Field Services.