



## Medication Administration Skills Checklist

Person Trained \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

School/Work Site \_\_\_\_\_

### Diabetes and Glucagon

Procedure Guidelines:	Validation <b>Staff Trainee</b> Initials/Date <b>Semester 1</b>	Validation <b>Staff Trainee</b> Initials/Date <b>Semester 2</b>	Validation <b>School Nurse</b> Initials/Date <b>Semester 1</b>	Validation <b>School Nurse</b> Initials/Date <b>Semester 2</b>
Identifies location of Diabetes Individual Healthcare Plan and understands the information it contains				
Understands the basics of Diabetes				
States the signs / symptoms of hypoglycemia				
States the signs / symptoms of hyperglycemia				
Is familiar with diabetic testing supplies				
Is familiar with diabetic technology (insulin pumps / continuous glucose monitors)				
Is familiar with disposal guidelines of sharps				
Demonstrates mixing of Glucagon in a vial and drawing up in a syringe				
Demonstrates proper injection technique and correct injection sites for Glucagon administration				
Verbalizes understanding of aftercare of student receiving emergency medication and/or Glucagon (turn to side, call 911, never leave unattended)				
Acknowledges when to contact EMS				
Documents all action taken during a Diabetic event				



I have delegated to the school nurse training of the staff member named above to provide diabetes education management and administration of emergency medication at school according to State Guidelines and CMCSS policies and procedures. She/He has demonstrated knowledge and understanding through demonstration and testing.

---

District R.N. Signature

---

First Semester Date

---

District R.N. Signature

---

Second Semester Date

I have provided training of the staff member named above to assist students with diabetes at school according to State Guidelines and CMCSS policy and procedures. I have observed the staff member named above demonstrate the skill of glucagon injection and emergency medications. The trainee can identify diabetic students and is aware of where to find their Individual Healthcare Plan. She/He has demonstrated knowledge and understanding through demonstration and testing.

---

School Nurse Signature

---

First Semester Date

---

School Nurse Signature

---

Second Semester Date

I have been instructed in the CMCSS medication policy and administration procedures, specifically for diabetes management. I understand that I am to assist students with diabetes according to these procedures as delegated to me. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in student health status, and discovery of a medication error. I understand that I may not delegate this task to any other person.

---

Staff Signature

---

First Semester Date

---

Staff Signature

---

Second Semester Date