

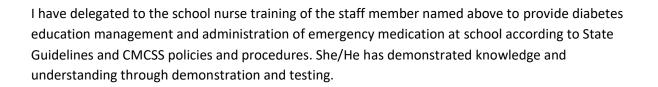
## **Medication Administration Skills Checklist**

| Person Trained | Position | Date |  |
|----------------|----------|------|--|
|                |          |      |  |

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

## Diabetes and Glucagon

| Procedure Guidelines:                | Validation<br>Staff Trainee<br>Initials/Date | Validation<br>Staff Trainee<br>Initials/Date | Validation<br>School Nurse<br>Initials/Date | Validation<br>School Nurse<br>Initials/Date |
|--------------------------------------|--|--|---|---|
|                                      | Semester 1                                   | Semester 2                                   | Semester 1                                  | Semester 2                                  |
| 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                     |  |  |   |   |



District R.N. Signature

District R.N. Signature

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

\_\_\_\_\_\_ Second Semester Date

School Nurse Signature

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

Staff Signature

Second Semester Date

Page 2 of 2

HEA-F094a

First Semester Date

First Semester Date

First Semester Date

Second Semester Date

C m c s s The Defining Difference