

DIABETES SKILLS CHECKLIST- Glucose Monitoring

Name of Staff Member (UAP): _____ 1

♦GLUCOSE MONITORING	Training Date/ RN Initials	Training Date/ UAP Initials	Return Demonstrations		
			Date/ RN + UAP Initials	Date/ RN + UAP Initials	Date/ RN + UAP Initials
A. States name and purpose of task					
B. Identifies supplies					
1. Meter (child's personal meter provided by family)					
2. Meter strips or cartridges, etc.					
3. Lancing device					
4. Gloves					
5. Tissue or cotton ball					
6. Sharps container or disposal plan					
C. Procedure:					
1. Washes hands and puts gloves on					
2. Gathers supplies (meter, test strip, lancing device, tissue)					
3. Turns meter on and inserts meter strip, checks codes (if applicable)					
4. Cleans selected area, allows to dry.					
5. Pokes finger/alternative site with lancing device					
6. Places blood onto meter strip					
7. Places cotton ball or tissue over lanced area					
8. Reads result					
9. Turns meter off, removes strip. Documents meter result					
10. Disposes of strip and other supplies appropriately.					
11. Inspects area for blood spills and follows district/program protocols for cleaning..					
12. Removes gloves, washes hands					
13. Records results					
14. Follows IHP or ECP for action plan					

Staff Member (UAP) Signature _____

Initials _____

Nurse Consultant Signature _____

Initials _____