

# DIABETES SKILLS CHECKLIST-Urine Ketone Monitoring

Name of Staff Member (UAP): \_\_\_\_\_ 1

♦URINE KETONE MONITORING	Training Date/ RN Initials	Training Date/ UAP Initials	Return Demonstrations		
			Date/ RN + UAP Initials	Date/ RN + UAP Initials	Date/ RN + UAP Initials
<b>A. States name, purpose of task and location of Emergency Care Plan</b>					
<b>B. Identifies Supplies</b>					
1. Gloves					
2. Testing strips and comparison chart					
3. Cup for urine					
4. Protected testing area (waterproof disposable pad)					
5. Timing device (watch)					
<b>C. Procedure</b>					
1. Washes hands puts on gloves					
2. Assembles supplies					
3. Places cup of urine on protected area (waterproof disposable pad)					
4. Dips ketone testing strip in urine, taps off excess					
5. Times appropriately					
6. Compares strip to comparison chart, accurately reads results					
7. Disposes of all supplies appropriately					
8. Removes gloves and disposes					
9. Washes hands					
10. Records results					
11. Follows IHP or ECP for action plan					

Staff Member (UAP) Signature \_\_\_\_\_

Initials \_\_\_\_\_

Nurse Consultant Signature \_\_\_\_\_

Initials \_\_\_\_\_