

# DIABETES SKILLS CHECKLIST - Glucagon

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

♦SEVERE HYPOGLYCEMIA GLUCAGON	Training Date/ RN Initials	Training Date/ UAP Initials	Return Demonstrations		
			Date/ RN + UAP Initials	Training Date/ RN Initials	Training Date/ UAP Initials
<b>A. States name, purpose of task and location of Emergency Care Plan</b>					
<b>B. Preparation</b>					
1. Reviews Universal Precautions					
2. Identifies when procedure is done					
3. Identifies accompanying steps:					
1. Maintain open airway					
2. Give glucose gel in buccal pouch (if ordered)					
3. Give glucose source when student is able to swallow <ul style="list-style-type: none"> <li>• Send someone to call 911, notify school nurse &amp; parent</li> <li>• Maintain open airway</li> <li>• Give glucose gel in buccal pouch (if ordered)</li> <li>• Give glucose source when student is able to swallow</li> <li>• Remains with student until paramedics arrive</li> <li>• Notifies school nurse &amp; parent</li> </ul>					
<b>C. Identifies supplies:</b>					
1. Glucagon kit, insulin syringe if prescribed					
2. Alcohol wipe					
3. Sharps container					
4. Gloves					
<b>D. Procedure:</b>					
1. Assembles supplies					
2. Identifies and withdraws sterile water					
3. Injects sterile water into glucagon powder					
4. Swirls gently till dissolved					
5. Holds vial upside down					
6. Withdraws <u>prescribed dosage of glucagon</u> using insulin syringe or syringe provided in kit					
7. Positions on side					
8. Selects appropriate injection sites					
9. Inserts needle straight in and injects					
10. Disposes of sharps appropriately					
11. Washes hands					

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

Initials \_\_\_\_\_

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

Initials \_\_\_\_\_