

DIABETES SKILLS CHECKLIST – Hyperglycemia

Name of Staff Member (UAP): _____ 1

♦HYPERGLYCEMIA:	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 location of Hyperglycemia Emergency Care Plan					
B. Preparation					
1. Reviews symptoms of hyperglycemia					
• Mild					
• Moderate (spilling ketones)					
• Ketoacidosis					
C. Identifies supplies:					
1. Water					
2. Insulin if ordered					
3. Ketone strips					
D. Procedure:					
1. Verbally recites appropriate response to a case scenario of hyperglycemia					
• Test blood glucose					
• Test urine or blood for ketones					
• Give 1-2 glasses of water every hour					
• No exercise if ketones are present or high blood glucose if directed by health care plan					
• If feeling ill at any time immediately call parents & nurse consultant					
• If student vomits, becomes lethargic, or has labored breathing, call 911					

Staff Member (UAP) Signature _____

Initials _____

Nurse Consultant Signature _____

Initials _____