

DELEGATION AGREEMENT FOR DIABETES CARE TASKS

Student Name: _____ Staff Member Name: _____ Date: _____

<i>Training and competency of the following tasks has been demonstrated and documented in the Diabetes Skills Checklist</i>	RN Date/Initials	Staff Member Date/Initials
BLOOD GLUCOSE MONITORING Successful delegation of blood glucose monitoring is dependent on the use of an Individual Health Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken based on blood glucose/ketone results. Blood glucose meter brand: _____ Blood glucose meter instructions and toll free number attached: Yes No		
URINE KETONE MONITORING Successful delegation of urine ketone monitoring is dependent on the use of an Individual Health Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken based on urine ketone results. Urine ketone strip expiration date: _____		
INSULIN ADMINISTRATION BY PEN Successful delegation of insulin administration is dependent on the use of an Individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including proper time, dose, insulin type, and injection site. Type of Insulin: _____		
INSULIN ADMINISTRATION BY SYRINGE Successful delegation of insulin administration is dependent on the use of an Individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including proper time, dose, insulin type, and injection site. Type of Insulin: _____		
INSULIN PUMP THERAPY Successful delegation of insulin administration is dependent on the use of an Individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including proper time, dose, insulin type, and injection site. Additionally the staff member knows how to administer a bolus dose of insulin using the specific insulin pump and place the pump into a suspended mode or disconnect the cannula if needed. Name of insulin pump: _____ Type of infusion set: _____ Insulin pump instructions and toll free number attached: Yes No Pump supplies indicated in the IHP are located _____		
GLUCAGON Successful delegation of glucagon administration is dependent on the use of an individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including proper time, dose, route and injection site. Dose: _____ Route: Subcutaneous Intramuscularly		
CARBOHYDRATE COUNTING Successful delegation of CHO counting is dependent on the use of an individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including the proper time – snacks, mealtimes.		

Initials in the space(s) provided above indicate agreement for the following:

I understand I need to maintain my skills and will be observed on an ongoing basis by the Nurse Consultant. I have had the opportunity to ask questions and received satisfactory answers.

I am currently certified in Universal Precautions First Aid CPR

Staff Member Signature _____ Initials _____

I have assessed the nursing care needs, knowledge, skills and abilities, and available supplies and resources. I am available for adequate supervision of the tasks. I have determined it is reasonable and prudent to delegate the above indicated diabetes care tasks for a period not to exceed one year from the date of delegation.

Nurse Consultant Signature _____ Initials _____