# Diabetes Skills Check

Current approved training materials have been used in accordance with Diabetes Tiered Training Instructor Guidelines.

<table>
<thead>
<tr>
<th>Diabetes Care Tasks</th>
<th>Knowledge Training¹</th>
<th>Skills Training²</th>
<th>Competence Verified³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of Diabetes</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicolegal knowledge of diabetes care</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Glucose Monitoring</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucagon administration</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketone Monitoring – Blood or Urine</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin Basics</td>
<td>RN Initials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin Administration – Pen</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin Administration – Syringe</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin Administration – Pump</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate counting</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous Glucose Monitoring - CGM</td>
<td>RN Initials &amp; Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹,²,³ Standard training criteria definitions listed on other side of this document.

Having provided education and technical training, I agree that the above individual has been adequately trained and has achieved competence in the performance of the above named procedures, as documented on the form.

RN Signature: ___________________________________________ Initials: _______
RN Signature: ___________________________________________ Initials: _______
RN Signature: ___________________________________________ Initials: _______
RN Signature: ___________________________________________ Initials: _______
RN Signature: ___________________________________________ Initials: _______
RN Signature: ___________________________________________ Initials: _______
## DIABETES SKILLS CHECK

Current approved training materials have been used in accordance with Diabetes Tiered Training Instructor Guidelines

**Knowledge Training**

- Copy of standard training checklist for each diabetes care task staff may perform.
- Legal requirements regarding nursing delegation of diabetes care tasks, authorization requirements for medication administration, individualized healthcare plans, 504 plans, and procedure for change in diabetes care.
- Definition and purpose of procedure, explanation of benefits, key points and precautions of procedure.
- Review of student specific or simulated individualized healthcare plan.
- Review of Universal Precautions and school/program specific guidelines for management of medical waste.
- Post-test or verbal feedback.

**Skills Training**

- Read standard training checklist. Demonstration of procedure by school nurse using simulation materials.
- Care of equipment and supplies.
- Explanation of healthcare procedure documentation record using sample log.
- Staff demonstration of procedure using training simulation materials while school nurse observes.
- Verbal feedback.
- Staff and school nurse agree that competence achieved.

**Competence Verified**

- Staff and school nurse agree that staff is competent to perform procedure with [indirect supervision](#).
- Verification that staff has access to school nurse (correct phone number)
- Staff verbalizes backup communication plan specific to student’s IHP.
- Staff performance of procedure with school nurse available by electronic means to provide necessary guidance, consultation and referral to appropriate care and services as needed.
- Staff and school nurse agree that staff is competent to perform procedure with [direct supervision](#).
- Training scenarios required for emergency interventions.

**Definition and Purpose**

**Supervision** means review, observation, and/or instruction of a designated school person's performance and of physical health care services, but does not necessarily require the immediate presence of the delegating nurse at all times.

1. **Direct supervision** means that the delegating nurse shall be physically present while a procedure is being administered or simulation of an emergency intervention.

2. **Indirect supervision** means that the delegating nurse shall be available to the qualified designated school person either in person or through electronic means to provide necessary instruction, consultation, and referral to appropriate care and services as needed. Supervision of designated school persons shall include review on-site by the delegating nurse. Supervision shall also include review of the competence of that individual in performing the specialized health care service, maintenance of appropriate records, physical environment, and equipment.

---

Revised May 2013