

DIABETES DELEGATION AUTHORIZATION RECORD

Name _____ Birth _____ School/ _____ Delegatee: _____
 Student/Child _____ Date: _____ Center _____ Unlicensed Assistive Personnel (UAP)

PROCEDURES DELEGATED*	Initial & Date	
	RN	UAP
Diabetes Management: Describes diabetes management in school/childcare using 504 plans, diabetes care plans, supervision of independent care, training and delegation. <input type="checkbox"/> Reviewed student's IHP <input type="checkbox"/> Reviewed student's 504 plan <input type="checkbox"/> Reviewed student's self care agreement		
Glucose Monitoring: Demonstrates correct performance of blood glucose monitoring Blood glucose meter brand _____ Blood glucose meter instructions and toll free number attached <input type="checkbox"/> Yes <input type="checkbox"/> No Blood ketone testing capability <input type="checkbox"/> Yes <input type="checkbox"/> No Meter strip expiration date _____		
Hypoglycemia: Describes signs and symptoms of mild, moderate and severe hypoglycemia and methods of treatment. Describes prevention measures for managing blood glucose during physical activity.		
Severe Hypoglycemia: Describes emergency response to severe hypoglycemia and demonstrates correct performance of simulated glucagon administration.		
Hyperglycemia: Describes signs and symptoms of hyperglycemia and methods of treatment. Describes prevention measures for managing blood glucose during physical activity.		
Urine Ketone Monitoring: Demonstrates correct performance of urine ketone monitoring		
Blood Ketone Monitoring: Demonstrates correct performance of blood ketone monitoring using the Precision Extra meter		
Insulin Pen Delivery System: Demonstrates correct performance of insulin injection using an insulin pen device.		
Insulin Delivery using Syringe: Demonstrates correct injection of insulin using an insulin syringe as directed in health care action plan and emergency response plan		
Insulin Delivery using Pump: Describes basic insulin pump functions. Defines terms: 'carb counting', 'basal rate', 'correction dose', and 'bolus'. Describes intervention for severe hypoglycemia. Demonstrates pump management skills using attached pump specific guidelines. Name of insulin pump _____ Insulin pump instructions and toll free number attached <input type="checkbox"/> Yes <input type="checkbox"/> No Extra insulin for emergencies if student's pump is malfunctioning is kept _____ Syringes or insulin pen device to administer insulin if needed are kept _____ Name of insertion set _____ Extra pump supplies: Insertion sets, tubing, pump syringe, insulin and batteries for the pump are kept: _____		
Carbohydrate Counting: Describes impact of carbohydrate consumption on insulin requirements and overall diabetes management. Accurately estimates carbs per meal using identified resources.		
Continuous Glucose Monitoring: Describes continuous glucose monitor functions. Defines terms: 'alarm settings', 'pending highs', and 'pending lows'. Describes intervention for alarms using student specific guidelines.		

DELEGATION AUTHORIZATION

I have read the care plan, been trained and am competent in the described *procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____ Initials _____ Date _____

Delegating RN Signature: _____ Initials _____ Date _____

RE-DELEGATION AUTHORIZATION I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____ Initials _____ Date _____

Delegating RN Signature: _____ Initials _____ Date _____

RE-DELEGATION AUTHORIZATION I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____ Initials _____ Date _____

Delegating RN Signature: _____ Initials _____ Date _____

DIABETES DELEGATION SUPERVISION RECORD

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

Initial & Date		Procedure √ = acceptable performance	Follow Up/ Supervision Plan / Comments
RN	UAP		
		<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Glucose monitoring-Hypoglycemia response <input type="checkbox"/> Ketone monitoring-Hyperglycemia response <input type="checkbox"/> Glucagon <input type="checkbox"/> Insulin via <input type="checkbox"/> pump <input type="checkbox"/> pen <input type="checkbox"/> syringe <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
		<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Glucose monitoring-Hypoglycemia response <input type="checkbox"/> Ketone monitoring-Hyperglycemia response <input type="checkbox"/> Glucagon <input type="checkbox"/> Insulin via <input type="checkbox"/> pump <input type="checkbox"/> pen <input type="checkbox"/> syringe <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
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Delegatee Signature _____ Initials _____
 Delegating RN Signature _____ Initials _____