### PROCEDURES DELEGATED*

#### Diabetes Management:
- Describes diabetes management in school/childcare using 504 plans, diabetes care plans, supervision of independent care, training and delegation.
- Reviewed student’s IHP
- Reviewed student’s 504 plan
- 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 □Yes □No
  - Blood ketone testing capability □Yes □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:
  - Name of insulin pump ____________________________
  - Extra insulin for emergencies if student’s pump is malfunctioning is kept ________________________
  - Extra 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:

### 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:**

__________________________

**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:**

__________________________

**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:**

__________________________

**Delegating RN Signature:**

__________________________

**Initials**

____

**Date**

________
<table>
<thead>
<tr>
<th>Initial &amp; Date</th>
<th>Procedure</th>
<th>Follow Up/ Supervision Plan / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN UAP</td>
<td>√ Procedure Reviewed</td>
<td>□ No opportunity to perform task.</td>
</tr>
<tr>
<td></td>
<td>□ Ketone monitoring-Hyperglycemia response</td>
<td>□ Additional on-site training provided</td>
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<tr>
<td></td>
<td>□ Glucagon</td>
<td>□ Supervision plan (minimum annually) date: ______</td>
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<tr>
<td></td>
<td>□ Insulin via pump □ pen □ syringe</td>
<td>□ Continue delegation</td>
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<tr>
<td></td>
<td>□ IHP accessible and current</td>
<td>□ Withdraw delegation</td>
</tr>
<tr>
<td></td>
<td>□ Competent performance of procedure(s) per specific guidelines</td>
<td>Comments:</td>
</tr>
<tr>
<td></td>
<td>□ Confidentiality</td>
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<td></td>
<td>□ Documentation</td>
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</tr>
<tr>
<td></td>
<td>□ RN notification of change in status</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Child/student tolerating procedure well</td>
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<td></td>
<td>□</td>
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</tr>
</tbody>
</table>

Delegator Signature ___________________________ Initials _____
Delegating RN Signature __________________________________________ Initials _____