

DIABETES SKILLS CHECKLIST
Urine Ketone Monitoring

Trained Staff Member: _____ Student Name: _____ School/Grade: _____

URINE KETONE MONITORING	Training Date/ RN Initials	Training Date/ Staff Initials	Return Demonstration		
			Date/ RN + Staff Initials	Date/ RN + Staff Initials	Date/ RN + Staff Initials
A. State name and purpose of task					
B. Identify supplies 1. Gloves 2. Testing strips and comparison chart 3. Cup for urine 4. Protected testing area (waterproof disposable pad) 5. Timing device (watch)					
C. Procedure: 1. Wash hands, then put on gloves 2. Assemble supplies and read directions for timing of test 3. Place cup of urine on protected area (waterproof disposable pad) 4. Dip ketone testing strip in urine, tap off excess 5. Time appropriately 6. Compares strip to comparison chart, accurately read results 7. Dispose of all supplies appropriately 8. Remove and dispose of gloves 9. Wash hands 10. Record results 11. Follow Diabetes Medical Management Plan (DMMP, medical orders) based on urine ketone results, and EAP or plan of care if other action needed.					

Competency Statement: Demonstrates correct performance of urine ketone testing.

Staff Signature: _____ Initials _____ Date _____

The above named staff member demonstrates correct performance of urine ketone testing.

Training RN Signature: _____ Initials _____ Date _____