

DIABETES SKILLS CHECKLIST
INSULIN ADMINISTRATION: INSULIN PUMP

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

			Return Demonstration		
Insulin Pump Name of Insulin Pump: _____	Training Date/ RN Initials	Training Date/ Staff Initials	Date/ RN + Staff Initials	Date/ RN + Staff Initials	Date/ RN + Staff Initials
A. States name and purpose of task					
B. Identifies supplies: <ul style="list-style-type: none"> <input type="checkbox"/> Insulin pump <input type="checkbox"/> Manufacturer's manual/ guide for school personnel or caregiver (pump specific) <input type="checkbox"/> Blood glucose meter and supplies (if applicable) <input type="checkbox"/> Extra supplies; <ul style="list-style-type: none"> <input type="checkbox"/> Insulin <input type="checkbox"/> Alcohol wipes <input type="checkbox"/> Rapid-acting insulin (vial) and insulin syringes (in case of malfunction) <input type="checkbox"/> Extra pump batteries 					
C. Procedure: <ol style="list-style-type: none"> 1. Wash hands 2. Check 6 Rights of medication administration <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Right student <input checked="" type="checkbox"/> Right time <input checked="" type="checkbox"/> Right medication <input checked="" type="checkbox"/> Right dose <input checked="" type="checkbox"/> Right route <input checked="" type="checkbox"/> Right documentation 3. Access Home Screen 4. Insulin Bolus Administration: <ul style="list-style-type: none"> <input type="checkbox"/> <u>Delivering a carbohydrate bolus ONLY:</u> Enter carbohydrate grams, review bolus details, confirm bolus amount and deliver bolus <input type="checkbox"/> <u>Delivering a Correction Bolus for BG above correction target</u> Enter blood glucose (refer to student's medical orders for when not to do a high blood glucose correction), zero carbohydrate grams, review details of dose, confirm bolus amount and deliver bolus 					

Delivering a carbohydrate and correction bolus

Enter blood glucose (refer to student's medical orders for when not to do a high blood glucose correction), carb grams, reviewing dose details, confirm bolus amount and deliver bolus

5. Alarms:

- Importance of notifying school nurse or parent
- Review alarms

6. How and when to disconnect or "suspend" the pump (per student's medical orders and individualized health plan)

- In event the student becomes unconscious or has a seizure
- If instructed by the parent/guardian or diabetes care provider (e.g., during P.E.)

7. How and when to access bolus history and Status Screen

8. Additional information:

- DKA (a medical emergency) can progress much more quickly for students who use insulin pumps
- Test for ketones as outlined in student's school orders

9. Resources:

- School Nurse
- Parents
- 1-800 # located on pump
- Manufacturer website
- Insulin Pump Resources for School Personnel or Caregiver (pump specific)

<p>D. Staff person</p> <ol style="list-style-type: none"> 1. Documents meter result and insulin dose 2. Follows diabetes school medical orders for blood glucose testing, and insulin dosing. 3. Document any special circumstances or parent notifications or instructions 					
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--

Competency Statement: Demonstrates correct performance of insulin administration by insulin pump.
 Staff Signature: _____ Initials _____ Date _____

The above named staff member demonstrates correct performance of insulin administration by insulin pump.
 Training RN Signature: _____ Initials _____ Date _____