

DIABETES SKILLS CHECKLIST GLUCOSE MONITORING

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

GLUCOSE MONITORING	Return Demonstration				
	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. Identify supplies 1. Meter (student's personal meter provided by family) 2. Meter strips or cartridges, etc. 3. Lancing device 4. Gloves 5. Tissue or cotton ball 6. Sharps container or disposal plan					
C. Procedure: 1. Wash hands 2. Gather supplies (meter, test strip, lancing device, tissue) 3. Insert meter strip to turn meter on and check codes (if applicable) 4. If student using alcohol pad, clean selected site and allow to dry 5. Poke side of finger/alternative site with lancing device 6. Place blood onto meter strip 7. Place cotton ball or tissue over lanced area 8. Read result 9. Remove and dispose of strip, supplies and sharps appropriately					
D. Staff person 10. Document meter result 11. Inspect area for blood spills and follow district/program protocols for cleaning 12. Wash hands 13. Follow Diabetes Medical Management Plan (DMMP, medical orders) based on blood glucose results, and EAP or plan of care if other action needed.					
Competency Statement: Demonstrates correct performance of glucose monitoring.					
Staff Signature: _____ Initials _____ Date _____					
The above named staff member demonstrates correct performance of glucose monitoring.					
Training RN Signature: _____ Initials _____ Date _____					