## GLUCOSE MONITORING

### A. States name and purpose of task

### B. Identifies supplies
1. Insulin syringe
2. Medication-Insulin
3. Gloves
4. Alcohol wipe
5. Tissue or cotton ball
6. Sharps container or disposal plan

### C. Procedure:
1. Wash hands
2. Gather supplies (Insulin, insulin syringe, gloves, alcohol wipe, tissue or cotton ball)
3. Check 6 Rights of medication administration
   - Right student
   - Right time
   - Right medication
   - Right dose
   - Right route
   - Right documentation
4. Check insulin expiration date and appearance-clear, colorless and free of clumps
5. First time vial is used remove cap
6. Clean rubber stopper with alcohol
7. Remove needle cap
8. Pull plunger back to pull air into syringe until the tip of the plunger is at the line for the number of units required for the dose
9. Push the needle through the rubber stopper-making sure the tip of the needle is not in the insulin
10. Press the plunger to push air into the vial of insulin.
11. Turn the vial and syringe upside down so that the tip of the needle is in the insulin
12. Holding the vial with one hand, pull back on the plunger to pull insulin into the syringe until has reached the line of the proper dose
13. Check for large air bubbles-if there is push insulin back into the syringe and repeat step 11.
14. Double check if plunger at line marking of proper dose
15. Student assists in selecting site-rotate (change) sites
16. If student using alcohol pad, clean selected site and allow to dry
17. Pinch a large area of skin and push the needle straight into the skin all the way, at a 90 degree angle
18. Push the plunger all the way down to inject insulin
19. Release pinched skin, and count to 5 slowly, and pull the needle straight out
20. Safely dispose of used needle and syringe in sharps container
21. Remove gloves and wash hands

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<thead>
<tr>
<th>D. Post Procedure</th>
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<tr>
<td>22. Inspect area for blood spills and follow district/program protocols for cleaning</td>
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<tr>
<td>23. Put insulin and supplies away</td>
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<tr>
<td>24. Document procedure-including date, time, site of injection and amount of insulin administered. Sign/initial documentation.</td>
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**Competency Statement:** Demonstrates correct performance of insulin administration via syringe.

**Staff Signature:** ___________________ ___________________________   Initials _________ Date_________

The above named staff member demonstrates correct performance of insulin administration via syringe.

**Training RN Signature:** ___________________ ________________________ Initials _________ Date_______