

**DIABETES SKILLS CHECKLIST**  
**INSULIN ADMINISTRATION: INSULIN PUMP**

Trained Staff Member: \_\_\_\_\_ Student Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Insulin Pump			Return Demonstration		
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"> <li><input type="checkbox"/> Insulin pump</li> <li><input type="checkbox"/> Manufacturer's manual/ guide for school personnel or caregiver (pump specific)</li> <li><input type="checkbox"/> Blood glucose meter and supplies (if applicable)</li> <li><input type="checkbox"/> Extra supplies;               <ul style="list-style-type: none"> <li>o Insulin</li> <li>o Alcohol wipes</li> <li>o Rapid-acting insulin (vial) and insulin syringes (in case of malfunction)</li> <li>o Extra pump batteries</li> </ul> </li> </ul>					
C. Procedure: <ol style="list-style-type: none"> <li>1. Wash hands</li> <li>2. Check 6 Rights of medication administration               <ul style="list-style-type: none"> <li>✓ Right student</li> <li>✓ Right time</li> <li>✓ Right medication</li> <li>✓ Right dose</li> <li>✓ Right route</li> <li>✓ Right documentation</li> </ul> </li> <li>3. Access Home Screen</li> <li>4. Insulin Bolus Administration:               <ul style="list-style-type: none"> <li><input type="checkbox"/> <b><u>Delivering a carbohydrate bolus ONLY:</u></b>                     Enter carbohydrate grams, review bolus details, confirm bolus amount and deliver bolus</li> <li><input type="checkbox"/> <b><u>Delivering a Correction Bolus for BG above correction target</u></b>                     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</li> </ul> </li> </ol>					

**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)

**D. Staff person**

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 \_\_\_\_\_