**Blood Glucose Monitoring Skill Competency Test**

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials: \_\_\_\_\_\_\_\_**

**Person training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Skills** | **Initial Demonstration** | **Return Demonstration** |
| **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** |
| 1. Position student to provide as much privacy as possible
 |  |  |  |  |  |  |  |
| 1. Explain the procedure to the student at his/her level of understanding
 |  |  |  |  |  |  |  |
| 1. Encourage the student to assist in the procedure as much as he/she is able to help student learn self-care skills
 |  |  |  |  |  |  |  |
| 1. Gather supplies and place on a clean surface
 |  |  |  |  |  |  |  |
| 1. Check expiration date on testing strips
 |  |  |  |  |  |  |  |
| 1. Ensure strips are contained in a tightly sealed container and show no signs of discoloration
 |  |  |  |  |  |  |  |
| * 1. Discolored test strips should be discarded
 |  |  |  |  |  |  |  |
| 1. Perform quality control on equipment per manufacturer’s instructions
 |  |  |  |  |  |  |  |
| * 1. Or verify that appropriate quality control has been completed
 |  |  |  |  |  |  |  |
| 1. Wash hands
 |  |  |  |  |  |  |  |
| 1. Put on gloves
 |  |  |  |  |  |  |  |
| 1. Have student wash hands or clean the student’s fingertip with warm wet cloth, let it dry
 |  |  |  |  |  |  |  |
| 1. Insert the monitor specific test strip into meter
 |  |  |  |  |  |  |  |
| * 1. Calibrate meter by matching test strip code to code on the meter (if required)
 |  |  |  |  |  |  |  |
| 1. Insert new lancet into lancing device (per lancet devise manufacturer’s instructions)
 |  |  |  |  |  |  |  |
| 1. Using lancing device on the side of student’s fingertip or other specified location (per meter specific or medical order), to get a drop of blood
 |  |  |  |  |  |  |  |
| * 1. Do not use pads of fingers
 |  |  |  |  |  |  |  |
| 1. Gently squeeze or massage finger until a drop of blood forms
 |  |  |  |  |  |  |  |
| 1. Touch and hold the edge of the test strip to the drop of blood, and wait for the result
 |  |  |  |  |  |  |  |
| 1. Blood glucose level will appear on the meter’s display
 |  |  |  |  |  |  |  |
| * 1. Meters do not only display numbers
 |  |  |  |  |  |  |  |
| * 1. Some display “Lo” or “Hi” for results outside of the meter’s parameters
 |  |  |  |  |  |  |  |
| * 1. Some display error messages
 |  |  |  |  |  |  |  |
| 1. Special Considerations:
 |  |  |  |  |  |  |  |

**Plan for monitoring blood glucose testing:**

**School Nurse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Nurse’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**