**Urine Ketone Testing 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. Wash hands
 |  |  |  |  |  |  |  |
| 1. Put on gloves
 |  |  |  |  |  |  |  |
| 1. Have the student provide a urine sample in a urine cup or clean container
 |  |  |  |  |  |  |  |
| 1. Place the test strip in the urine
 |  |  |  |  |  |  |  |
| 1. Gently shake excess urine off the strip
 |  |  |  |  |  |  |  |
| 1. Wait for the strip pad to change color
 |  |  |  |  |  |  |  |
| * 1. The directions will tell you how long to wait
 |  |  |  |  |  |  |  |
| * 1. Be sure to follow timing instructions accurately as reading to soon or waiting too long could result in inaccurate results
 |  |  |  |  |  |  |  |
| 1. Compare the strip pad to the color chart on the strip bottle
 |  |  |  |  |  |  |  |
| * 1. This gives you a range of the amount of ketones in the student’s urine
 |  |  |  |  |  |  |  |
| 1. Discard the testing strip and urine, per school policy
 |  |  |  |  |  |  |  |
| 1. Remove gloves
 |  |  |  |  |  |  |  |
| 1. Wash hands
 |  |  |  |  |  |  |  |
| 1. Document ketone results in student’s healthcare record
 |  |  |  |  |  |  |  |
| 1. Follow health care provider’s orders
 |  |  |  |  |  |  |  |
| 1. Update parents and healthcare provider, as needed
 |  |  |  |  |  |  |  |
| 1. Special Considerations:
 |  |  |  |  |  |  |  |

**Plan for monitoring urine ketone testing:**

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

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

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