



Competency of Emergency Glucagon Provider Training for Unlicensed Diabetic Assistant

Appendix 1

May be used independently or in addition to routine care

Name of Trained Unlicensed Diabetic Assistant: _____ Student Delegated: _____

School: _____ Year: _____ Local Education Agency: _____

This document identifies you as an individual designated to provide emergency medical assistance to students with diabetes who are experiencing severe hypoglycemia. This documentation of training in the "Emergency Medication – Glucagon provider for unlicensed diabetic assistants, provides documentation that you have received training by a licensed registered nurse employed by the Local Education Agency, demonstrates competency in identified procedure/skills and is adequately prepared to perform these duties in the event of a hypoglycemic emergency. This documentation must be completed on an annual basis with quarterly reviews of procedures documented on the skills check sheet.

Emergency Medication – Glucagon Skills Check sheet

KNOWLEDGE SETS	Date	Successfully Verbalizes or Demonstrates Competency/ Initials of Trainee	Comments (Repeat competency date, if applicable)
Describes the importance of blood glucose control			
Reviews symptoms of hypoglycemia (mild, moderate, severe)			
Identifies treatment based on symptoms (mild, moderate, severe)			
Identifies treatment supplies (fast-acting glucose, carbohydrate/protein appropriate snacks, glucagon kit)			
States purpose of glucagon and when it should be used			
Understands side effects of glucagon and potential side effects			

SKILL SET	Date	Demonstrated Competency	Comments <i>(Repeat competency date, if applicable)</i>
Recognizes Symptoms of hypoglycemia			
Calls 911			
Positions student on side			
Demonstrates proper preparation of glucagon solution			
Demonstrates proper injection technique (clean site, inject at 90°, apply pressure)			
Knows to keep student on side and remain with students until EMS assumes control			
Notifies parent/guardian			
Documentation of event			
Completes unusual occurrence report and sends to LEA's Lead Nurse			

I have trained the above employee to administer glucagon in accordance with the approved training, and he/she is competent to respond appropriately in the event of such an emergency.

Printed Name of Registered Nurse

Signature of Registered Nurse

Date

I have received the "Emergency Medication- Glucagon Training" outlined above and believe I am competent to provide emergency assistance to a student experiencing severe hypoglycemia. I understand that if I have any questions I will immediately contact the registered nurse. If for any reason I feel that I am not adequately trained, or need a review, I agree to immediately notify the registered nurse or school administrator.

Printed Name of Designated Trained Personnel

Signature of Designated Trained Personnel

Date