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Student Name:	School:	
Local Education Agency:	School Year:	
Trained UDA:	Registered Nurse/Instructor:	

			Quarterly Return Demonstration Reviews by Registered Nurse			
Glu	cagon Delegation Training	Initial Annual Training Reviewer Signature	Quarter 1 Review Date /Initial of Reviewer	Quarter 2 Review Date /Initial of Reviewer	Quarter 3 Review Date /Initial of Reviewer	Quarter 4 Review (If Applicable) Date /Initial of Reviewer
A. PREI	PARATION:					
1.	Reviews standard precautions					
2.	Identifies when Glucagon is to be administered for severe hypoglycemia. (Student is unconscious/unable to eat or drink fluids/Seizure or jerking movements).					
3.	Identifies expiration date of Glucagon					
4.	Identifies accompanying steps:					
a.	Sends someone to call EMS/911, notify school nurse & parent/guardian					
b.	Maintain open airway and injects Glucagon					
C.	Give fast acting glucose (cake icing) when student is awake and able to swallow. (Fast acting glucose as directed by IHP, Diabetic Management Plan and/or Provider order).					

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			Quarterly Return Demonstration Reviews by Registered Nurse			
Glucagon Delegation Training		al Annual Training viewer Signature	Quarter 1 Review Date /Initial of Reviewer	Quarter 2 Review Date /Initial of Reviewer	Quarter 3 Review Date /Initial of Reviewer	Quarter 4 Review (If Applicable) Date /Initial of Reviewer
d. Remain with student ur arrives	til EMS					
B. IDENTIFIES SUPPLIES:						
1. Glucagon Kit						
2. Alcohol wipes						
3. Sharps container						
4. Gloves						
C. PROCEDURE:						
Washes hands or use he to clean hands, if possil						
 Suspends or disconnect applicable (according to Management Plan and/ Order) 	IHP, Diabetic					
3. Gathers supplies (glove kit, alcohol wipe)	s, Glucagon					
4. Puts on gloves						

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		Quarterly Return Demonstration Reviews by Registered Nurse			
Glucagon Delegation Training	Initial Annual Training Reviewer Signature	Quarter 1 Review Date /Initial of Reviewer	Quarter 2 Review Date /Initial of Reviewer	Quarter 3 Review Date /Initial of Reviewer	Quarter 4 Review (If Applicable) Date /Initial of Reviewer
5. Removes flip-off seal from vial of Glucagon powder.					
6. Remove needle cover from syringe					
7. Injects entire content of syringe into vial of Glucagon powder (held upright)					
8. Swirls vial gently until dissolved/clear					
9. Holds vial upside down, and withdraw proper dose from the vial into syringe					
Withdraws needle from vial, hold syringe upright, and remove air/bubbles from syringe					
Exposes injection site (upper, outer area of thigh or arm, may inject through clothes only if necessary).					
12. Holds syringe safely; use other hand to clean injection site with alcohol wipe					

DEPARTA	Student Name:			School:			
	Local Education Agency: School Year:						
NOILY SIES	Trained UDA:		Regist	ered Nurse/Instructor:			
			Quarterly	Return Demonstration	on Reviews by Regist	ered Nurse	
Glucagon Del	legation Training	Initial Annual Training Reviewer Signature	Quarter 1 Review Date /Initial of Reviewer	Quarter 2 Review Date /Initial of Reviewer	Quarter 3 Review Date /Initial of Reviewer	Quarter 4 Review (If Applicable) Date /Initial of Reviewer	
	dle straight into the tissue site and inject Glucagon						
	needle and press gently ol wipe at injection site						
	on side as vomiting may with student until rrives						
16. Puts used sy container	yringe and vial in sharps						
	events and completes currence report						
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