DIABETES DELEGATION AUTHORIZATION RECORD

Name Student/Child	Birth Date:	School/ Center	Delegatee: Unlicensed Assistive Personnel (UAP)

PROCEDURES DELEGATED*	Initial & Date RN	Initial & Date UAP
Diabetes Management: Describes diabetes management in school/childcare using 504 plans, diabetes care plans, supervision of independent care, training and delegation. ☐Reviewed student's IHP ☐Reviewed student's 504 plan ☐Reviewed student's self care agreement		
Glucose Monitoring: Demonstrates correct performance of blood glucose monitoring Blood glucose meter Yes:_____ No:_____ Continuous Glucose Monitor Yes ☐ No ☐ Model:_____		
Hypoglycemia: Describes signs and symptoms of mild, moderate and severe hypoglycemia and methods of treatment. Describes prevention measures for managing blood glucose during physical activity.		
Severe Hypoglycemia: Describes emergency response to severe hypoglycemia and demonstrates correct performance of simulated glucagon administration.		
Hyperglycemia: Describes signs and symptoms of hyperglycemia and methods of treatment. Describes prevention measures for managing blood glucose during physical activity.		
Urine Ketone Monitoring: Demonstrates correct performance of urine ketone monitoring		
Blood Ketone Monitoring: Demonstrates correct performance of blood ketone monitoring using the Precision Extra meter		
Insulin Pen Delivery System: Demonstrates correct performance of insulin injection using an insulin pen device.		
Insulin Delivery using Syringe: Demonstrates correct injection of insulin using an insulin syringe as directed in health care action plan and emergency response plan		
Insulin Delivery using Pump: Describes basic insulin pump functions. Defines terms: 'carb counting', 'basal rate', 'correction dose', and 'bolus'. Describes intervention for severe hypoglycemia. Demonstrates pump management skills using attached pump specific guidelines. Name of insulin pump _____ Extra insulin for emergencies if student's pump fails Yes ☐ No ☐ Extra insulin for emergencies if student's pump is malfunctioning is kept _____ Syringes or insulin pen device to administer insulin if needed are kept _____ Extra pump supplies: Yes_____ No_____ Insertion sets, tubing, pump syringe, insulin and batteries for the pump are kept: _____		
Carbohydrate Counting: Describes impact of carbohydrate consumption on insulin requirements and overall diabetes management. Accurately estimates carbs per meal using identified resources.		
Continuous Glucose Monitoring: Describes continuous glucose monitor functions. Defines terms: 'alarm settings', 'pending highs', and 'pending lows'. Describes intervention for alarms using student specific guidelines.		

DELEGATION AUTHORIZATION

I have read the care plan, been trained and am competent in the described *procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____ Initials _____ Date _____

Delegating RN Signature: _____ Initials _____ Date _____

RE-DELEGATION AUTHORIZATION I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____ Initials _____ Date _____

Delegating RN Signature: _____ Initials _____ Date _____

RE-DELEGATION AUTHORIZATION I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____ Initials _____ Date _____

Delegating RN Signature: _____ Initials _____ Date _____

DIABETES DELEGATION SUPERVISION RECORD

Name Student/Child	Birth Date:	School/ Center	Delegatee: Unlicensed Assistive Personnel (UAP)

Initial & Date		Procedure √ = acceptable performance	Follow Up/ Supervision Plan / Comments
RN	UAP		
		☐ Procedure Reviewed ☐ Glucose monitoring-Hypoglycemia response ☐ Ketone monitoring-Hyperglycemia response ☐ Glucagon ☐ Insulin via ☐pump ☐pen ☐syringe ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: ________ ☐Continue delegation ☐Withdraw delegation Comments:
		☐ Procedure Reviewed ☐ Glucose monitoring-Hypoglycemia response ☐ Ketone monitoring-Hyperglycemia response ☐ Glucagon ☐ Insulin via ☐pump ☐pen ☐syringe ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐ Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: ________ ☐Continue delegation ☐Withdraw delegation Comments:
		☐ Procedure Reviewed ☐ Glucose monitoring-Hypoglycemia response ☐ Ketone monitoring-Hyperglycemia response ☐ Glucagon ☐ Insulin via ☐pump ☐pen ☐syringe ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐ Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: ________ ☐Continue delegation ☐Withdraw delegation Comments:
		☐ Procedure Reviewed ☐ Glucose monitoring-Hypoglycemia response ☐ Ketone monitoring-Hyperglycemia response ☐ Glucagon ☐ Insulin via ☐pump ☐pen ☐syringe ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐ Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: ________ ☐Continue delegation ☐Withdraw delegation Comments:
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Delegatee Signature ____ Initials _____

Delegating RN Signature ____ Initials _____