

PARKWAY DIABETES DELEGATION AUTHORIZATION RECORD

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

PROCEDURES DELEGATED*	Initial & Date	
	RN	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, if applicable _____ Reviewed student's self care agreement, if independent management		
Glucose Monitoring: Demonstrates correct performance of blood glucose monitoring Blood glucose meter brand _____ Blood glucose meter instructions and toll free number attached Yes No Blood ketone testing capability Yes No Meter strip expiration date _____		
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 _____ Insulin pump instructions and toll free number attached 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 _____ Name of insertion set _____ Extra pump supplies: 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 feel competent in the care of the above named student.
 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: _____

RN Signature: _____

Initials: _____

Date: _____

PLACE COPY OF THIS FORM IN THE MEDICATION LOG AND SEND ORIGINAL TO DIRECTOR OF HEALTH SERVICES.

1/2016