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| **Use this documentation training sheet if TDP will be working in building without direct, on-site nurse supervision** |
| **Diabetes Care Tasks** | **Knowledge Training**RN Initials & Date | **Skills Training**RN Initials & Date | **Competence Verified**RN Initials & Date |
| Diabetes Basics |  |  |  |
| Blood Glucose Monitoring |  |  |  |
| Hypoglycemia |  |  |  |
| Glucagon administration |  |  |  |
| Hyperglycemia |  |  |  |
| Ketone Monitoring  |  |  |  |
| Insulin Basics |  |  |  |
| Insulin Administration – Pen |  |  |  |
| Insulin Administration –Syringe |  |  |  |
| Insulin Administration – Pump |  |  |  |
| Carbohydrate counting |  |  |  |
| Continuous Glucose monitoring CGM |  |  |  |
| Having provided education and technical training, I agree that the above individual has been adequately trained and has achieved competence in the performance of the above named procedures, as documented on the form. |
| RN signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |