Skills Check for PDAs for Additional Care Authorized by Parent

This skills check list is a sample of what could be used in training a volunteer PDA who may or may not be a district employee. The skills included here are for additional care authorized by the parent. A health professional licensed under RCW.

18.79 would otherwise perform this care. The training for these tasks is to be provided by a healthcare professional or expert in diabetes selected by the parent. It is recommended that the trainer obtain a copy of the student’s individual health plan or Section 504 plan and/or communicate with the school nurse. This will enable the trainer to provide training consistent with the student’s individual health plan or Section 504 plan for school.

The educator’s initials go in the “Instruction Provided” and “Assessment” boxes. Objectives that are not applicable should be crossed out. Individual objectives may be added. The PDA should take this form with them to their training and return the signed form to the school nurse.

For more information about developing training curriculum for PDAs, refer to the [Guidelines for Care of Students with Diabetes](https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/diabetes/diabetesmanual-ada.pdf) (2018), found on OSPI’s website.

Name of Parent Designated Adult: Click or tap here to enter text.

Date of instruction: Click or tap here to enter text.

Student’s Name: Click or tap here to enter text.

Student’s Date of Birth: Click or tap here to enter text.

# Blood Sugar Monitoring

## Identifies Supplies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Meter, strips, lancets, lancet device, cotton ball or Kleenex, Zip lock baggie for strip disposal (optional), log book, if needed**.** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### Describes steps in monitoring:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Calibration needed and current strips. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| How to load the strip and when to change. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| How to load the lancet device | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation, including adequate handwashing, and choice of extremity to be poked. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Correct way to operate meter. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| How to read the blood sugar reading, i.e., what does high mean? | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Storage and disposal of strips. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Demonstrates obtaining blood sample and running the meter. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Continuous Glucose Monitoring

## Demonstrates:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| How to interpret CGM data. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| How monitor is used to augment testing. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| How to respond to an alarm. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| When to measure blood sugar with a glucometer | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Insulin

## Identifies supplies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Insulin or insulins, syringe, site rotation plan. Provider orders for amount of insulin to be given, syringe disposal container. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### Demonstrates administration of Insulin:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Insulin action—general and child specific. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Site preparation. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Determine what and how much insulin is to be given. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Syringe size. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Air replacement. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Draw up insulin. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Expulsion of air. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose area to inject. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Injection of insulin. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Check site for leakage after injection. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Disposal of syringe and storage of insulin. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Insulin Pen

*Special training outside the normal parent-designated adult instruction is needed. The training must be pump specific. As noted in the paragraph at the top of this appendix, training should be provided by a healthcare professional or expert in diabetes, selected by the parent.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| **If the student uses a continuous glucose monitor (CGM), understand, and demonstrate calibration. Know when treatment can be based on CGM readings and when student must test.** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## Identifies supplies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Insulin pen-specific to child, pen needles, cartridge. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### Describes pen operation:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Priming of pen with new cartridge and each time usage. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

#### Demonstrates administration of insulin:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Insulin actions—child specific. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Site preparation. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Determine what and how muchinsulin to be given by referring toprovider orders. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Dial dose needed. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose area to be injected. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Inject insulin. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Check site for leakage after injection. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Disposal of pen needle andstorage of pen and insulin. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Insulin Pump

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion /Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| If the student uses a continuous glucose monitor (CGM), understand, and demonstrate calibration. Know when treatment can be based on CGM readings and when student must test. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## Identifies Supplies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Complete change of reservoir and infusion set (only if trained by pump trainer for that specific pump). | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Know proper pump storage. Do not store in extreme conditions. Indicate if pump is water proof or not. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### Demonstrates and describes giving bolus:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Understand function of bolus. Identify correction bolus versus meal bolus. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Calculate amount of insulin to be given. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Give bolus. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

#### Site Change:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Will need specific instruction by the pump trainer for the specific set insertion and device used. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

###### Describes trouble shooting:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Call parents. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Know how to respond to and treathigh blood sugars. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Symptoms of diabetes ketoacidosisdue to failure of insulin delivery orother pump problem. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Know and understand backupmethods if the pump completelyfails. This should be outlined in IHPor Section 504 Plan. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Glucagon

## Identifies supplies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Non-expired Glucagon kit. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### Demonstrates Administration of Glucagon:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| When to use. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Proper mixing and/or administration. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose site and delivery method per Provider’s Orders. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Be sure 911 and parents have been called. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

#### Describes follow up:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Roll child to side in case vomiting occurs. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Monitor blood sugar (see skills section for blood sugar monitoring). | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Low Blood Sugar (Hypoglycemia)

## Describes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Low blood sugar per IHP or Section 504 plan. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Signs and symptoms for this child. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Possible causes of low blood sugar. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Treatment of mild, moderate, and severe low blood sugar. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# High Blood Sugar (Hyperglycemia)

## Describes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| High blood sugar per IHP or Section 504 plan | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Signs and symptoms for this student. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Possible causes of high blood sugar. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Treatment of high blood sugar, and when to test for ketones. Know signs and symptoms of ketoacidosis. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Urine Ketone Testing

## Identifies Supplies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| Ketone test strips properly stored and dated, containers to collect urine, watch/clock for timing. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### Describes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objectives/Content** | **Instruction Provided Discussion/ Demonstration** | **Assessment Returned Demonstration, or Verbalized Understanding** | **Comments** |
| When to test. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Test procedure. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Actions in response to a positive ketone test (including trace, small, moderate, and large). | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Identifies that color blindness, especially in males, will interfere with test interpretation. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

I have received training and understand what has been taught. This instruction is valid until Click or tap here to enter text. (date), unless changes have been made in the student’s regimen.

PDA: Click or tap here to enter text.

(signature)

Instructor: Click or tap here to enter text.

(signature)