### 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 <u>Guidelines for Care of Students with Diabetes</u> (2018), found on OSPI's website.

| Name of Parent Designated Adult: |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| Date of instruction:             |  |  |  |  |  |
| Student's Name:                  |  |  |  |  |  |
| Student's Date of Birth:         |  |  |  |  |  |

**Blood Sugar Monitoring** 

|                                | Learning Objectives/Content  | Instruction Provided Discussion/ Demonstration | Assessment Returned Demonstration, or Verbalized Understanding | Comments |
|--------------------------------|--|--|--|----------|
| Identifies<br>supplies:        | Meter, strips, lancets, lancet device, cotton ball or Kleenex, Zip lock baggie for strip disposal (optional), log book, if needed. |  |  |          |
|                                | Calibration needed and current strips.   |  |  |          |
|                                | How to load the strip and when to change.  |  |  |          |
|                                | How to load the lancet device.   |  |  |          |
| oring:                         | Preparation, including adequate handwashing, and choice of extremity to be poked.  |  |  |          |
| monit                          | Poke forearm vs. finger.   |  |  |          |
| Describes steps in monitoring: | Correct way to operate meter.  |  |  |          |
| ribes s                        | How to read the blood sugar reading, i.e., what does high mean?  |  |  |          |
| Desci                          | Storage and disposal of strips.  |  |  |          |
|                                | nstrates obtaining blood sample and g the meter.   |  |  |          |

### **Continuous Glucose Monitoring**

|               | Learning Objectives/Content                    | Instruction Provided Discussion/ Demonstration | Assessment Returned Demonstration, Or verbalized Understanding | Comments |
|---------------|--|--|--|----------|
|               | How to interpret CGM data.                     |  |  |          |
| tes:          | How monitor is used to augment testing.        |  |  |          |
| Demonstrates: | How to respond to an alarm.                    |  |  |          |
|               | When to measure blood sugar with a glucometer. |  |  |          |

# Insulin

| Learnii                                 | ng Objectives/Content  | Instruction Provided Discussion/ Demonstration | Assessment<br>Returned<br>Demonstration,<br>or Verbalized<br>Understanding | Comments |
|---|--|--|--|----------|
| Identifies<br>supplies:                 | Insulin or insulins, syringe, site rotation plan. Provider orders for amount of insulin to be given, syringe disposal container. |  |  |          |
|   | Insulin action—general and child specific.   |  |  |          |
|   | Site preparation.  |  |  |          |
|   | Determine what and how much insulin is to be given.  |  |  |          |
| ulin:                                   | Syringe size.  |  |  |          |
| of Ins                                  | Air replacement.   |  |  |          |
| ion c                                   | Draw up insulin.   |  |  |          |
| strat                                   | Expulsion of air.  |  |  |          |
| dmini                                   | Choose area to inject.   |  |  |          |
| ites ac                                 | Injection of insulin.  |  |  |          |
| Demonstrates administration of Insulin: | Check site for leakage after injection.  |  |  |          |
| Demo                                    | Disposal of syringe and storage of insulin.  |  |  |          |

### Insulin Pen

|   | Learning Objectives/Content  | Instruction Provided Discussion/ Demonstration | Assessment Returned Demonstration, or Verbalized Understanding | Comments |
|---|--|--|--|----------|
| Identifies<br>supplies:                 | Insulin pen-specific to child, pen needles, cartridge.                           |  |  |          |
| Describes pen<br>operation:             | Priming of pen with new cartridge and each time usage.                           |  |  |          |
|   | Insulin actions—child specific.  |  |  |          |
| <u>:</u>                                | Site preparation.  |  |  |          |
| Demonstrates administration of insulin: | Determine what and how much insulin to be given by referring to provider orders. |  |  |          |
| tratio                                  | Dial dose needed.  |  |  |          |
| minis                                   | Choose area to be injected.  |  |  |          |
| tes ad                                  | Inject insulin.  |  |  |          |
| ınstra                                  | Check site for leakage after injection.  |  |  |          |
| Demc                                    | Disposal of pen needle and storage of pen and insulin.                           |  |  |          |

#### **Insulin Pump**

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 |
|--|--|--|--|----------|
|  | udent uses a continuous glucose  |  |  |          |
|  | r (CGM), understand and  |  |  |          |
|  | strate calibration. Know when  |  |  |          |
|  | ent can be based on CGM readings   |  |  |          |
| and wh                                   | en student must test.  |  |  |          |
|  | Complete change of reservoir and infusion set (only if trained by pump trainer for that specific pump).              |  |  |          |
| Identifies<br>supplies:                  | Know proper pump storage. Do not store in extreme conditions. Indicate if pump is water proof or not.                |  |  |          |
| Demonstrates and describes giving bolus: | Understand function of bolus. Identify correction bolus versus meal bolus.   |  |  |          |
| Demonstrates and describes giving bo     | Calculate amount of insulin to be given.   |  |  |          |
| <b>Demon</b><br><b>describ</b>           | Give bolus.  |  |  |          |
| Site<br>change:                          | Will need specific instruction by the pump trainer for the specific set insertion and device used.                   |  |  |          |
| ;;                                       | Call parents.  |  |  |          |
| shooting:                                | Knowhow to respond to and treat high blood sugars.   |  |  |          |
|  | Symptoms of diabetes ketoacidosis due to failure of insulin delivery or other pump problem.                          |  |  |          |
| Describes trouble                        | Know and understand backup methods if the pump completely fails. This should be outlined in IHP or Section 504 Plan. |  |  |          |

Glucagon

|              |                          | Learning Objectives/Content  | Instruction Provided Discussion/ Demonstration | Assessment Returned Demonstration, or Verbalized Understanding | Comments |
|--------------|--------------------------|--|--|--|----------|
| Identifies   | supplies:                | Non-expired Glucagon kit.  |  |  |          |
|              | on:                      | When to use.   |  |  |          |
|              | Glucagon:                | Proper mixing and/or administration.                                 |  |  |          |
| trates       | <b>Administration of</b> | Choose site and delivery method per Provider's Orders.               |  |  |          |
| Demonstrates | Adminis                  | Be sure 911 and parents have been called.                            |  |  |          |
|              | nb:                      | Roll child to side in case vomiting occurs.                          |  |  |          |
| Describes    | follow                   | Monitor blood sugar (see skills section for blood sugar monitoring). |  |  |          |

Low blood sugar (Hypoglycemia)

|            | Learning Objectives/Content                              | Instruction Provided Discussion/ Demonstration | Assessment Returned Demonstration, or Verbalized Understanding | Comments |
|------------|--|--|--|----------|
|            | Low blood sugar per IHP or Section 504 plan.             |  |  |          |
| es:        | Signs and symptoms for this child.                       |  |  |          |
| Describes: | Possible causes of low blood sugar.                      |  |  |          |
| Δ          | Treatment of mild, moderate, and severe low blood sugar. |  |  |          |

p. 6

High blood sugar (Hyperglycemia)

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

# Urine Ketone Testing

|  | Learning Objectives/Content   | Instruction Provided Discussion/ Demonstration | Assessment<br>Returned<br>Demonstration,<br>or Verbalized<br>Understanding | Comments |
|--|---|--|--|----------|
| Identifies<br><b>Supplies:</b>                 | Ketonetest strips properly stored and dated, containers to collect urine, watch/clock for timing. |  |  |          |
|  | When to test.   |  |  |          |
| es:  | Test procedure.   |  |  |          |
| Describes:                                     | Actions in response to a positive   |  |  |          |
| Des  | ketone test (including trace, small, moderate, and large).  |  |  |          |
| Identifies that color blindness, especially in |   |  |  |          |
| males,   | will interfere with test  |  |  |          |
| interp   | retation.   |  |  |          |

| I have received | d training and understand what has<br>(date), unless changes have bee | been taught. This instruction is valid until nade in the student's regimen. |
|-----------------|---|---|
| PDA:            |   |   |
|                 | (signature)   |   |
| Instructor:     | (signature)   |   |