

Instructions for use and completion of the Proxy Caregiver Skills Competency Checklist for Insulin Pens

PURPOSE: To ensure documentation by a licensed healthcare professional (LHP) that reflects a testing of the knowledge and observation of skills associated with the completion of all the discrete tasks necessary to do specific health maintenance activities that are authorized by the Written Plan of Care in accordance with accepted standards of care.

A LHP includes a Registered Nurse, Nurse Practitioner, Physician's Assistant, Physician, or Pharmacist who are functioning within their scopes of licensed practice. NOTE: LPNs are not approved to train Proxy Caregivers.

WHEN/HOW TO USE:

The **Proxy Caregiver Skills Competency Checklist for Insulin Pens** and **Signature Page** is completed and signed by the licensed healthcare professional (LHP) responsible for completing the training and evaluation of skills competency checklists as required by Chapter 111-8-100 Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities.

1. Document all required information at the top of the Checklist/Signature Page to include Facility Name, Resident Name, and **Initial Training Date**. The **Initial Training Date** is the **first date** this required Skills Checklist is used in the facility to document either initial training for a new Resident requiring medication administration or annual training for a previously admitted Resident receiving Proxy Caregiver services for medication administration.
2. The LHP completes pages 1 and 2 of this skills competency checklist for an individual Resident at the time of the initial training as described above.
3. Pages 1 and 2 of the **Proxy Caregiver Skills Competency Checklist for Insulin Pens** is completed only **ONCE for EACH Resident** who requires the Health Maintenance Activity (HMA) of insulin administration via insulin pen **at the time of initial training**. (Of course, for significant changes the LHP may choose to complete a new updated checklist.)
Note: Complete this updated Checklist for any previously admitted Resident the next time annual training is due for any previously hired and trained existing Proxy Caregiver.
4. The knowledge and skills on pages 1 and 2 of this skills competency checklist form must be evaluated and reviewed by the LHP for *each* Proxy Caregiver regarding *each specific* Resident receiving insulin administration via insulin pen **at least annually**. **This training and evaluation must be documented on the Signature Page for Proxy Caregiver Skills Competency Checklist for Insulin Pens**.
5. The **Signature Page for Proxy Caregiver Skills Competency Checklist for Insulin Pens** must be attached to the checklist. The **Signature Page** is completed/updated **every time** a LHP trains/evaluates an unlicensed Proxy Caregiver regarding administration of insulin via insulin pen to the Resident. The **Signature Page** is signed by both the LHP and the unlicensed Proxy Caregiver **every time** training, evaluation or review is completed.
 - In the first column, write the date the LHP completed the training/evaluation of the Proxy Caregiver.
 - In the second column, document the type of training/evaluation i.e. specify initial, annual, changes, post hospital, post rehab or other.
 - In the third column, document the Proxy Caregiver Signature. Note: The name must be printed and signed.
 - In the fourth column, document the license number of the LHP who completed the training/evaluation.
 - In the fifth column, document the LHP signature. Note: The name must be printed and signed.

Proxy Caregiver Skills Competency Checklist for Insulin Pens

Facility Name: _____

Resident Name: _____

Initial Training Date: _____

The unlicensed Proxy Caregiver must (*without prompting or error*) demonstrate the following skills or tasks in accordance with the guidelines listed on this Skills Competency Checklist with 100% accuracy to a licensed healthcare professional (LHP) including a Registered Nurse, Nurse Practitioner, Physician's Assistant, Physician or Pharmacist. *Competency validation by the Georgia licensed healthcare professional is to be in accordance with their occupational licensing laws.* **NOTE: LPNs are not allowed to train Proxy Caregivers**

SKILLS/TASKS	Licensed Healthcare Professional Initials:
1. Checks/verifies the signed order for insulin administration and finger stick Blood Sugar (BS) checks prior to insulin administration	
a. Checks finger stick Blood Sugar per signed order, records on facility document prior to insulin administration and notifies designated LHP per facility policy if out of range prior to administering insulin	
b. During Finger Stick Glucose Monitoring, verbalizes/demonstrates specialized infection control measures associated with equipment used for finger sticks, glucose meters, insulin pens, and sharps container	
2. Uses the Six Rights and 3 Check Method along with Medication Administration Record (MAR) and:	
a. Identifies the right resident	
b. Identifies the right time	
c. Identifies the right medication by verifying that the name of the insulin on the container matches the signed order and the MAR	
d. Verifies the right dose on the medication label matches the signed order and the MAR	
e. Verifies the right route of the medication as identified on the signed order and the MAR	
3. Checks the expiration of the insulin pen cartridge	
4. Identifies if the pen is Durable (re-fillable) or Prefilled (disposable)	
5. Verbalizes all insulin pens are to be used on only one resident and cannot be shared among residents	
6. Identifies that each insulin pen is clearly labeled with the name/date of birth of the resident	
7. Verbalizes that unopened insulin should be refrigerated and after opened kept at room temperature (below 86 degrees Fahrenheit)	
8. Rechecks the Six Rights	
9. Utilizes excellent handwashing technique and demonstrates understanding of infection control measures (including use of sharps containers) during entire process of administering insulin	
11. Either screws or clicks a new pen needle to attach it to the insulin pen	
12. Removes the cap from the needle	
13. If necessary, primes the pen to remove any air from the needle. (Follow manufacturer's guidelines)	
14. Turns the knob (or "dial") on the end of the insulin pen to the number of units prescribed on the signed order and MAR NOTE: (A small drop of insulin should be visible)	
15. Identifies appropriate injection sites for insulin, chooses a site, and cleanses the skin with alcohol prep and allows to air dry. Verbalizes the need to rotate administration sites.	
16. Gently pinches skin of chosen injection site and inserts pen needle into the skin at a 45 to 90 degree angle.	
17. Pushes injection button down at the end of the pen completely to inject insulin and waits 10 seconds keeping the needle in place to ensure all insulin is injected	
18. Removes the needle from the skin, removes the needle from the pen and disposes the needle in a sharps container	

Proxy Caregiver Skills Competency Checklist for Insulin Pens

Facility Name: _____

Resident Name: _____

Initial Training Date: _____

SKILLS/TASKS	Licensed Healthcare Professional Initials:
19. Removes gloves and washes hands	
20. Reviews Six Rights and Documents the insulin administration and BS on the MAR	
21. Verbalizes signs and symptoms of hyperglycemia (including but not limited to increased thirst, frequent urination, confusion, elevated blood sugar) AND what to do (including immediate actions to take) and who to notify.	
22. Verbalizes signs and symptoms of hypoglycemia (including but not limited to shakiness, dizziness, sweating, headache, mood changes, and confusion) AND what to do (including immediate actions to take) and who to notify.	
23. States reasons for when/how to contact a licensed health care professional for changes of condition or questions regarding concerns about the Resident	
Special Considerations Specific to this Resident:	
Other Notes/Comments:	

Signature of Licensed Healthcare Professional Completing Initial Training: _____

License Number of LHP Completing Training: _____

Date of Initial Training: _____

