Employee Training for Blood Glucose Testing

EMPLOYEE NAME Pamela Davis

DATE 6/12/23 LENGTH OF TRAINING .25

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A		
☑	☐	☐	1.	Overview of diabetes and diabetic medication
☑	☐	☐	2.	Equipment necessary for procedure
☑	☐	☐	3.	Specific protocol
☑	☐	☐	4.	Consequences if procedure is not performed correctly
☑	☐	☐	5.	Symptoms and signs requiring physician notification
☑	☐	☐	6.	Procedure for contacting nurse or doctor
☑	☐	☐	7.	Procedure for cleaning/replacing equipment
☑	☐	☐	8.	Location of written procedure and protocol
☑	☐	☐	9.	Purpose and effects of procedure
☐	☐	☐	10.	Other _____
☑	☐	☐	**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**	

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Employee Signature

Nurse Signature

OBSERVED SKILL ASSESSMENT

Name of staff member Pam Davis

The staff member has successfully demonstrated the ability to administer medications by the following routes, according to facility procedures:

Route	Date	Nurse Signature
Oral		
Skin/topical		
Ear drops		
Eye drops		
Buccal		
Sublingual		
Transdermal		
Rectal		
Vaginal		
Inhaler		
Nasal Spray		
Gastrostomy		
Subcutaneous Injection	6/12/23	J Nelson RN
Other		
Other		
Other		

File in staff member's personnel file.

aii PAH In-service Tr
Parkway

Date: 6/12/23

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Toni Anderson RN			Diabetes/Insulin Training/Demo

Make up Date	Initial	EE ID	Name
	Pd		Pamela Davis

Make up Date	Initial	EE ID	Name

Make Up Date	Initial		Manager/Admin
			Courtney Kelly
			Smith, Kennedy
			Gunderson, Jessica

Other *Attendees*			

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Parkway

Date: 6/12/23

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Toni Anderson RN			Enteral Tubes/Meds/Nutrition

Make up Date	Initial	EE ID	Name
	KS		Dolly Stein

Make up Date	Initial	EE ID	Name

Make Up Date	Initial		Manager/Admin
			Courtney Kelly
			Smith, Kennedy
			Gunderson, Jessica

Other *Attendees*			