

Employee Training for Health/Medical Procedure

EMPLOYEE Nicholas Johnson DATE 4/17/25

LENGTH OF TRAINING .5

TYPE OF PROCEDURE Diabetes training / high low glucose ~~Sx~~

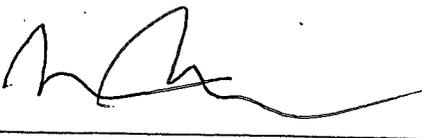
THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- 1. Purpose and effects of procedure.
- 2. Equipment necessary for procedure.
- 3. Specific protocol.
- 4. Consequences if the procedure is not performed correctly.
- 5. Symptoms and signs requiring prescriber notification.
- 6. Information about contacting nurse or health care provider.
- 7. Procedure for cleaning/replacing equipment.
- 8. Location of written procedure and protocol.
- 9. Other Sx of hi & low BG.

The staff member 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 health care provider of problems or questions.



Staff Signature



Nurse Signature