#### 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:** <u>LPNs are not approved to train Proxy Caregivers.</u>

#### **WHEN/HOW TO USE:**

The <u>Proxy Caregiver Skills Competency Checklist for Insulin Pens</u> 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 <u>Initial Training Date</u>. The <u>Initial Training Date</u> is the <u>first date</u> 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 <u>Proxy Caregiver Skills Competency Checklist for Insulin Pens</u> is completed only <u>ONCE</u> for <u>EACH</u> 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 <u>Checklist</u> 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 <u>Proxy Caregiver Skills Competency Checklist for Insulin Pens</u> must be attached to the checklist. The Signature Page is completed/updated <u>every time</u> 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 <u>every time</u> 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**

acility Name: lesident Name: Initial Training Date:					
The unlicensed Proxy Caregiver must (without prompting or error) demonstrate the following skills or tasks in accordance with listed on this Skills Competency Checklist with 100% accuracy to a licensed healthcare professional (LHP) including a Registered Practitioner, Physician's Assistant, Physician or Pharmacist. Competency validation by the Georgia licensed healthcare profession accordance with their occupational licensing laws. NOTE: LPNs are not allowed to train Proxy Caregivers	Nurse, Nurse				
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 <b>right resident</b>					
b. Identifies the <b>right time</b>					
c. Identifies the <b>right medication by</b> verifying that the <b>name of the insulin</b> on the container matches the signed order and the MAR					
d. Verifies the <b>right dose</b> on the medication label matches the signed order and the MAR					
e. Verifies the <b>right route</b> 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 <i>all insulin pens</i> are to be <b>used on only one resident</b> and cannot be shared among residents					
6. Identifies that <b>each insulin pen</b> 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 <b>and</b> 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					

1 2018

# **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 <b>hyperglycemia</b> (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 <b>hypoglycemia</b> (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:	

2 2018

### Signature Page for <u>Proxy Caregiver Skills Competency Checklist for Insulin Pens</u>

Licensed Health Care Professional and Proxy Caregiver Signatures Verifying Training Completed for Initial, Annual,
Post Hospital/Rehab and Changes in Condition

Initial Training Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Resident Name:

My signature below indicates that I, a licensed healthcare professional in Georgia (LHP), confirm that the unlicensed Proxy Caregiver listed below (without prompting or error) has satisfactorily demonstrated the skills and tasks in accordance with the guidelines on the attached <u>Proxy Caregiver Skills Competency Checklist for Insulin Pens</u> for the above listed Resident with 100% accuracy. (A LHP includes an RN, Nurse Practitioner, Physician's Assistant, Physician, or Pharmacist functioning within their scopes of licensed practice.) NOTE: <u>LPN's are not approved to train Proxy Caregivers.</u> My signature below indicates that I, an unlicensed Proxy Caregiver have completed training with a LHP and have (without prompting or error) satisfactorily demonstrated the skills and tasks in accordance with the guidelines on the attached <u>Proxy Caregiver Skills Competency Checklist for Insulin Pens</u> for the above listed Resident						
Date:	Specify initial, annual, changes, post hospital post rehab or other)	Proxy Caregiver Signature: <u>NOTE:</u> You must <u>print</u> and <u>sign</u> your name.	License Number of LHP:	LHP Signature: <u>NOTE:</u> You must <u>print</u> and <u>sign</u> your name.		
		Print/Sign:		Print/Sign:		
		Print/Sign:		Print/Sign:		
		Print/Sign:		Print/Sign:		
		Print/Sign:		Print/Sign:		
		Print/Sign:		Print/Sign:		
		Print/Sign:		Print/Sign:		
		Print/Sign:		Print/Sign:		
		Print/Sign:		Print/Sign:		
		Print/Sign:		Print/Sign:		