

# INDEPENDENT SCHOOL DISTRICT LEVEL IIIb Training

Employee Name: \_\_\_\_\_ School: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date of Initial Training: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Student(s) with Diabetes: \_\_\_\_\_

## Individual Healthcare Plan

**Trained**

**Review**

1. Understands components of IHP		
2. Able to locate doctor's orders (Annual Prescription)		
3. Able to identify blood glucose and insulin units dosages		
4. Able to identify daily carbohydrate requirement		
5. Able to locate self-care permission		
6. Able to locate and understand requirements for responding to blood glucose test results		
7. Able to locate and understand procedure for off-campus activities		
8. Able to locate emergency contacts		
9. Able to locate student's equipment (insulin, glucometer, glucagon, glucose gel, syringes, lancets)		

## Blood Glucose Testing

**Trained**

**Review**

1. Has had Level 3 training		
2. Can locate glucometer for specific student		
3. Can calibrate the glucometer		
4. Understands how to use specific student's glucometer		
5. Can understand and act on the results of the blood glucose readings, including administering the glucose gel and glucagon.		
6. Able to document results of testing on blood sugar log		

## Insulin Administration

**Trained**

**Review**

1. Can prepare insulin dosage required for specific student		
a. insulin injection		
b. insulin pen		
c. insulin pump		
2. Able to document on <u>Parent/Physician Authorization to Administer Medication</u> form		

*I have received instructions on the Individual Healthcare Plan(s), with specifics for blood glucose testing and insulin administration for the above student(s), and understand my responsibilities in following these procedures and RISD policy and guidelines.*

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_