

Competency Evaluation Tool for 'Individual-Specific' <i>Insulin Administration via Insulin Pen</i> by MAP Certified Staff Training		
Name of Individual:		
Prescribed Insulin Pen including dose and frequency:		
Individual-Specific <i>Insulin Administration via Insulin Pen</i> by MAP Certified Staff Training Guidelines		
<i>The 'Individual-Specific' Training must be completed by a Qualified Trainer</i>		
	Training Components of Equipment and Procedure	Comments
At the conclusion of this training, the Certified staff:		
1.	Knows that only Certified staff, who have successfully completed specialized training in the administration of Insulin via Insulin Pen, and licensed personnel (e.g., nurses), may administer the Insulin.	
2.	Knows when Certified staff are responsible for Insulin administration that the process requires 2 Insulin trained Certified staff.	
3.	Knows who to contact and the procedure to follow if only 1 Insulin trained Certified staff is present at the site when the Insulin is scheduled to be administered.	
4.	Knows the individual's diagnosis and why the individual has a Health Care Provider (HCP) Order and/or Protocol for Insulin.	
5.	Knows the Service Provider's emergency procedures to follow, including but not limited to, calling 911 and notification of the individual's HCP.	
6.	Knows to review the HCP Order and/or Protocol for special instructions or parameters.	
7.	Knows the specific type of Insulin and Insulin Pen Device currently prescribed for the individual.	
8.	Knows handwashing, standard precautions, and glove use in relation to Blood Glucose Monitoring (BGM) and Insulin administration.	
9.	Knows to perform and document BGM as ordered.	
10.	Knows what to do in the event of a 'High' blood glucose monitoring result.	
11.	Knows what to do in the event of a 'Low' blood glucose monitoring result.	
12.	Knows how to give a subcutaneous injection using the Insulin Pen Device ordered.	
13.	Knows appropriate injection sites.	
14.	Knows to rotate the injection sites.	
15.	Knows to report changes (e.g., redness, swelling, drainage, etc.) in the individual's injection sites.	
16.	Knows to follow the individual's Protocol in relation to food intake and Insulin administration.	
17.	Knows that any change in Insulin order requires supplemental training.	
18.	Knows how changes in Insulin orders are communicated to other staff.	
19.	Knows how to recap the Insulin Pen.	
20.	Knows Insulin Pen storage requirements.	
21.	Knows sharps and empty pen disposal guidelines.	
22.	Knows how to document the Insulin administration according to MAP Regulations, Policies, and Curriculum.	
23.	Knows the system for maintaining an adequate supply of Insulin.	

Based on the Individual Specific Training Guidelines for Insulin Administration via Insulin Pen, I, as Trainer, have determined that the Certified staff named below have the knowledge to administer Insulin via an Insulin Pen to the identified individual.

This form may be used for multiple Certified staff.

1. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
2. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
3. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
4. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
5. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
6. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____

7. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
8. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
9. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
10. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
11. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
12. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Insulin via Insulin Pen to the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____