

Evaluation Tool for 'Individual-Specific' Blood Glucose Monitoring

Name of Individual: _____

Training Components of Equipment and Procedure

At the conclusion of this training, the Certified staff:

1.	Knows where to locate the Service Provider Blood Glucose Monitoring Policy that outlines when an individual is ordered Blood Glucose Monitoring (BGM), the procedure to follow, and who will be responsible for obtaining the BGM.
2.	Knows and understands the individual's Health Care Provider (HCP) Order and/or Protocol for obtaining the individual's BGM and the steps to take when the result is a low blood glucose level or a high blood glucose level.
3.	Knows that any change in the individual's HCP Order and/or Protocol for the BGM requires a training review.
4.	Knows that a check of the individual's HCP Order and/or Protocol must be completed before obtaining the individual's BGM.
5.	Knows the reason given by the HCP for checking the individual's BGM.
6.	Knows the emergency procedures/guidelines (e.g., calling 911, notification of the individual's HCP, etc.) to follow when there is an issue regarding the individual's blood glucose level.
7.	Knows how to obtain a BGM using individual's specific equipment (e.g., blood glucose meter, lancing device, test strips, etc.).
8.	Observes a demonstration by the Trainer of the correct technique for obtaining the BGM and use of equipment (e.g., blood glucose meter, lancing device, test strips, etc.).
9.	After observing the correct technique by the Trainer, completes a proficient return demonstration.
10.	Knows how to care for and store the individual's specific equipment.
11.	Knows the manufacturer's requirements (e.g., storage, test procedure, etc.) for the individual's blood glucose meter when obtaining a blood glucose level and knows where the original manufacturer's instructions are kept.
12.	Knows the safe disposal procedures of used equipment (e.g., lancets, test strips, etc.).

Individual-Specific Training Documentation:

The 'Individual-Specific' Training must be completed by a Qualified Trainer.

This form may be used for multiple Certified staff.

<p>1. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<p>2. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<p>3. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____

<p>4. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name : _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<p>5. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<p>6. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<p>7. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<p>8. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<p>9. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<p>10. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to perform Blood Glucose Monitoring to the <u>identified individual</u>.</p>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____