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| Competency Evaluation Tool for ‘General Knowledge’ of *Insulin Administration via Insulin Pen by MAP Certified Staff Training*  |
| **Trainer’s Printed Name:**       | **Date:**       |
| **Trainer’s Signature**:       | **Contact Information:**       |
| **General Knowledge of Insulin via Insulin Pen Training Guidelines** |
| *The ‘General Knowledge’ of Insulin Training must be completed by a Qualified Trainer* |
|  | **General Knowledge** | **Comments** |
| **At the conclusion of this training, the Certified staff:** |
| 1. | Knows where to locate the Service Provider’s Policy that outlines the procedures to follow when an individual is receiving Insulin Therapy, and who will be responsible for the administration of the Insulin. |       |
| 2. | 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. |       |
| 3. | Knows the Service Provider Policy for emergency procedure guidelines. |       |
| 4. | Knows that competency evaluations (i.e., General Knowledge, Individual-Specific, observed Insulin administration with 100% accuracy) must be completed annually. |       |
| 5. | Knows that all MAP Regulations and Policies for administering Insulin must be followed when administering Insulin via an Insulin Pen. |       |
| 6. | Knows that 2 Insulin trained Certified staff are required for Insulin via Insulin Pen administration. |       |
| 7. | Knows if 2 Insulin trained Certified staff are not present, the Insulin via Insulin Pen may not be administered by only 1 Insulin trained Certified staff. |       |
| 8. | 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. |       |
| 9. | Knows what Diabetes is.  |       |
| 10. | Knows normal range(s) for blood glucose levels. |       |
| 11. | Knows symptoms of Diabetes. |       |
| 12. | Knows the types of Diabetes.  |       |
| 13. | Knows the causes of Diabetes. |       |
| 14. | Knows how the body processes sugar (i.e., carbohydrates). |       |
| 15. | Knows what Ketones are, why they occur, and how to test for, etc. |       |
| 16. | Knows what Diabetic Ketoacidosis is. |       |
| 17. | Knows that diet, exercise, stress, medication, and illness can affect a blood glucose level. |       |
| 18. | Knows the importance of Blood Glucose Monitoring. |       |
| 19. | Knows the importance of documenting Blood Glucose Monitoring results. |       |
| 20. | Knows what a Hemoglobin A1C is and its importance. |       |
| 21. | Knows complications of Diabetes. |       |
| 22. | Knows medications used to treat Diabetes. |       |
| 23. | Knows what Insulin is and how the body uses it. |       |
| 24. | Knows that if the body cannot produce Insulin, that it must be administered. |       |
| 25. | Knows there are different types of Insulin (e.g., Rapid Acting, Short Acting, Intermediate Acting, and Long Acting). |       |
| 26. | Knows the goal of medication treatment. |       |
| 27. | Knows there are different Insulin administration devices, and that each device requires specific training.  |       |
| 28. | Knows the importance of timing in relation to food intake and Insulin administration. |       |
| 29. | Knows signs and symptoms of Hypoglycemia-low blood glucose level. |       |
| 30. | Knows signs and symptoms of Hyperglycemia-high blood glucose level. |       |
| 31. | Knows adverse effects of Insulin Therapy. |       |
| 32. | Knows what to do in the event of an accidental administration to an individual. |       |
| 33. | Knows Insulin Pen storage requirements. |       |
| 34. | Knows Infection Control guidelines must be followed. |       |
| 35. | Knows Sharps and Disposal guidelines. |       |

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| **The following staff have successfully completed the ‘General Knowledge’ *Insulin Administration via Insulin Pen by MAP Certified Staff Training***  |
|  | Certified Staff’s Printed Name: | Certified Staff’s Signature: |
| 1. |       |       |
| 2. |       |       |
| 3. |       |       |
| 4. |       |       |
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| 16. |       |       |
| 17. |       |       |
| 18. |       |       |
| 19. |       |       |
| 20. |       |       |

**The Trainer should close empty signature spaces upon completion of the training.**