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| Competency Evaluation Tool for ‘Initial’ *Insulin Administration via Insulin Pen by MAP Certified Staff Training* Return-Demonstration | | | | | | | | |
| **Name of Individual:** | | | | | | | **Prescribed Insulin Pen including dose and frequency:** | |
| The Certified staff must observe the Trainer demonstrate a ‘mock’ Insulin via Insulin Pen administration, and then be observed by the Trainer successfully completing a ‘mock’ return-demonstration of Insulin via Insulin Pen (via practice pen ‘TRAINER’).  The Certified staff will then be observed by the Trainer successfully completing an ‘actual’ administration of Insulin via Insulin Pen during a ‘Medication Pass’. | | | | | | | | |
|  | | **Pass (P), Fail (F), N/A** | **Comments** | | **Procedure for Mock Return-Demonstration of Administration of**  **Insulin via Insulin Pen and Actual Demonstration of Insulin via Insulin Pen:** | | | |
|  | | | | | **The Certified staff successfully:** | | | |
| 1. | |  |  | | Observes the Trainer complete a ‘Mock’ demonstration of Insulin via Insulin Pen using an ‘Insulin Pen Trainer’. | | | |
| 2. | |  |  | | Is observed by the Trainer completing a ‘Mock’ demonstration of Insulin via Insulin Pen using an ‘Insulin Pen Trainer’. | | | |
| 3. | |  |  | | Follows all procedures for preparation of Insulin via Insulin Pen for administration according to MAP Regulations, Policies, and Curriculum (i.e., follows the Medication Administration Process). | | | |
| 4. | |  |  | | Follows Universal Precautions. | | | |
| 5. | |  |  | | Reviews the Insulin HCP order, pharmacy label and MAR. | | | |
| 6. | |  |  | | Completes Blood Glucose Monitoring (BGM) as ordered and documents the result. | | | |
| 7. | |  |  | | Follows Pen instructions (e.g., uncapping, priming, applying needle onto the pen, etc.). | | | |
| 8. | |  |  | | Dials pen to correct dose of Insulin. | | | |
| 9. | |  |  | | Has the Trainer (in place of the second Insulin trained staff) review the HCP order, pharmacy label, MAR for accuracy and to confirm the correct dose is dialed on the Insulin Pen. | | | |
| 10. | |  |  | | Informs individual what is being done. | | | |
| 11. | |  |  | | Selects an appropriate site on the body for injection. | | | |
| 12. | |  |  | | Appropriately cleanses the skin site to be injected. | | | |
| 13. | |  |  | | “Pinches” up the skin. | | | |
| 14. | |  |  | | Holds the Insulin Pen at a 90-degree angle to the pinched skin, presses the injection device slowly and steadily until the medication has been administered, holds in place the required number of seconds (specific to the prescribed Insulin Pen before removing needle). | | | |
| 15. | |  |  | | Removes the needle from the pen with the safety cap and properly disposes of the sharp. | | | |
| 16. | |  |  | | Recaps the pen. | | | |
| 17. | |  |  | | Returns the Insulin Pen to its storage area. | | | |
| 18. | |  |  | | Documents the administration of the Insulin, including the injection site used, on the Medication Administration Record. | | | |
| 19. | |  |  | | Ensures the second staff verification is completed on the Medication Administration Record. | | | |
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| Based on this Competency Evaluation Tool, the Certified Staff named below has successfully completed a ‘mock’ and ‘actual’ demonstration of Insulin administration via Insulin Pen, and I, as Trainer, have determined this Certified staff has the necessary knowledge and skills to administer Insulin via an Insulin Pen to the above-named individual. | | | | | | | | |
| Date: | | | |  | | Trainer’s Printed Name: | |  |
| Certified Staff’s Printed Name: | | | |  | | Trainer’s Signature: | |  |
| Certified Staff’s Signature: | | | |  | | Trainer’s Contact Information: | |  |
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