

Instructions for use and completion of the Proxy Caregiver Skills Competency Checklist for Insulin by Syringe

PURPOSE: To ensure documentation by a licensed healthcare professional (LHP) that reflects a testing of the knowledge and observation of skills associated with the completion of all the discrete tasks necessary to do specific health maintenance activities that are authorized by the Written Plan of Care in accordance with accepted standards of care. **A LHP includes a Registered Nurse, Nurse Practitioner, Physician's Assistant, Physician, or Pharmacist who are functioning within their scopes of licensed practice.** **NOTE: LPNs are not approved to train Proxy Caregivers.**

WHEN/HOW TO USE:

The **Proxy Caregiver Skills Competency Checklist for Insulin by Syringe** and **Signature Page** is completed and signed by the licensed healthcare professional (LHP) responsible for completing the training and evaluation of skills competency checklists as required by Chapter 111-8-100 Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities.

1. Document all required information at the top of the Checklist/Signature Page to include Facility Name, Resident Name, and **Initial Training Date**. The **Initial Training Date** is the **first date** this required Skills Checklist is used in the facility to document either initial training for a new Resident requiring insulin by syringe administration or annual training for a previously admitted Resident receiving Proxy Caregiver services for insulin by syringe administration.
2. The LHP completes pages 1 and 2 of this skills competency checklist for an individual Resident at the time of the **initial training** as described above.
3. Pages 1 and 2 of the **Proxy Caregiver Skills Competency Checklist for Insulin by Syringe** is completed for **EACH Proxy Caregiver and EACH Resident** who requires the Health Maintenance Activity (HMA) of insulin administration via syringe. There should be a separate skills checklist for each Proxy Caregiver who is trained for each Resident. **Note:** Complete this updated **Checklist** for any previously admitted Resident the next time annual training is due for previously hired and trained existing Proxy Caregivers.
4. The knowledge and skills on pages 1 and 2 of this skills competency checklist form must be evaluated and reviewed by the LHP for *each* Proxy Caregiver regarding *each specific* Resident receiving insulin administration via syringe **at least annually**. **This training and evaluation must be documented on the Signature Page for Proxy Caregiver Skills Competency Checklist for Insulin by Syringe.**
5. The **Signature Page for Proxy Caregiver Skills Competency Checklist for Insulin Pens** must be attached to the checklist. The **Signature Page** is completed/updated **every time** a LHP trains/evaluates the unlicensed Proxy Caregiver regarding administration of insulin via insulin pen to the Resident. The **Signature Page** is signed by both the LHP and the unlicensed Proxy Caregiver **every time** training, evaluation or review is completed.
 - In the first column, write the date the LHP completed the training/evaluation of the Proxy Caregiver.
 - In the second column, document the type of training/evaluation i.e. specify initial, annual, changes, post hospital, post rehab or other.
 - In the third column, document the Proxy Caregiver Signature. **Note:** The name must be printed and signed.
 - In the fourth column, document the license number of the LHP who completed the training/evaluation.
 - In the fifth column, document the LHP signature. **Note:** The name must be printed and signed.

Proxy Caregiver Skills Competency Checklist for Insulin by Syringe

Facility Name: _____ Proxy Caregiver Name: _____
 Resident Name: _____ Initial Training Date: _____

The unlicensed Proxy Caregiver must (*without prompting or error*) demonstrate the following skills or tasks in accordance with the guidelines listed on this Skills Competency Checklist with 100% accuracy to a licensed healthcare professional (LHP) including a Registered Nurse, Nurse Practitioner, Physician's Assistant, Physician or Pharmacist. *Competency validation by the Georgia licensed healthcare professional is to be in accordance with their occupational licensing laws.* NOTE: LPNs are not allowed to train Proxy Caregivers

SKILLS/TASKS	Licensed Healthcare Professional Initials:
1. Utilizes excellent handwashing technique and demonstrates understanding of infection control measures during entire process of administering insulin	
2. Checks/verifies the signed order for insulin administration and finger stick Blood Sugar (BS) checks prior to insulin administration	
a. Checks finger stick Blood Sugar per signed order, records on facility document prior to insulin administration and notifies designated LHP per facility policy if out of range prior to administering insulin	
b. During Finger Stick Glucose Monitoring, verbalizes/demonstrates specialized infection control measures associated with equipment used for finger sticks, glucose meters, and sharps container; verbalizes that fingerstick equipment cannot be shared among Residents	
3. Uses the Six Rights and 3 Check Method along with Medication Administration Record (MAR) and:	
a. Identifies the right resident	
b. Identifies the right time	
c. Identifies the right medication by verifying that the name of the insulin on the container matches the signed order and the MAR	
d. Verifies the right dose on the medication label matches the signed order and the MAR	
e. Verifies the right route of the medication as identified on the signed order and the MAR	
4. Checks the expiration date on the vial of insulin	
5. Verbalizes and demonstrates that multiple-dose vials of insulin should be dedicated to a single person and not shared	
6. Verbalizes and demonstrates that medication vials should always be entered with a new needle and new syringe; and never re-use needles/syringes to re-enter a medication vial or solution	
7. Verbalizes that unopened insulin should be refrigerated and after opened kept at room temperature (below 86 degrees Fahrenheit)	
8. Verbalizes that different types of insulin are either long or short acting and have different peak and duration of action; NOTE: Proxy Caregivers are NOT ALLOWED to measure and mix 2 different insulins in the same syringe	
9. Verbalizes the specific type of insulin ordered for this Resident including the action onset, peak time, and duration of action	
10. Verbalizes special considerations for the specific type of insulin ordered for this Resident i.e. administer with meals, requires a bedtime snack, only administer for Blood Sugar above a specific parameter, etc.	
11. Gathers necessary supplies for insulin administration: insulin vial, insulin syringe, alcohol wipe, gloves, sharps disposal container	

Proxy Caregiver Skills Competency Checklist for Insulin by Syringe

Facility Name: _____ Proxy Caregiver Name: _____

Resident Name: _____ Initial Training Date: _____

SKILLS/TASKS	Licensed Healthcare Professional Initials:
12. Identifies appropriate injection sites to administer insulin and verbalizes the reasons to rotate sites	
13. Chooses a site, cleanses the skin with alcohol, and allows to air dry	
14. If long acting insulin is used, gently rolls the insulin vial between palms to mix the insulin. DO NOT shake the vial of insulin; observes for clumps and does not use the insulin if clumps are present	
15. Wipes the top of the insulin vial with alcohol and allows to air dry	
16. Pulls the plunger down on the syringe to pull air into the syringe to a mark equal to the amount of insulin that will be drawn out of the vial	
17. Pushes the needle into the vial and pushes the air into the insulin vial	
18. Turns the insulin vial upside down and pulls the plunger down slowly to fill the syringe with the correct number of units ordered	
19. Looks for air bubbles in the syringe <i>while the needle is still inserted in the vial</i> , taps the syringe to move the air bubbles to the top and slowly pushes the bubbles out of the syringe	
20. Checks the syringe to make sure the number of units in the syringe is correct; if not, repeats steps #18 and #19 until the correct amount of insulin is in the syringe	
21. Gently pinches skin of chosen injection site and inserts the needle into the skin at a 45 to 90 degree angle and pushes the plunger in to administer the insulin	
22. Removes the needle and syringe from the skin and disposes into a sharps container immediately and DOES NOT re-cap the needle	
23. Removes gloves and washes hands	
24. Reviews Six Rights and Documents the insulin administration and BS on the MAR	
25. Verbalizes signs and symptoms of hyperglycemia (including but not limited to increased thirst, frequent urination, confusion, elevated blood sugar) AND what to do (including immediate actions to take) and who to notify.	
26. Verbalizes signs and symptoms of hypoglycemia (including but not limited to shakiness, dizziness, sweating, headache, mood changes, and confusion) AND what to do (including immediate actions to take) and who to notify.	
27. States reasons for when/how to contact a licensed health care professional for changes of condition or questions regarding concerns about the Resident	
Special Considerations Specific to this Resident:	

License Number of LHP Completing Training: _____ Date of Initial Training: _____

Signature of Licensed Healthcare Professional Completing Initial Training: _____

Signature Page for Proxy Caregiver Skills Competency Checklist for Insulin by Syringe

Licensed Health Care Professional and Proxy Caregiver Signatures Verifying Training Completed for Initial, Annual, Post Hospital/Rehab and Changes in Condition

Facility Name: _____ **Proxy Caregiver Name:** _____
Resident Name: _____ **Initial Training Date:** _____

My signature below indicates that I, a licensed healthcare professional in Georgia (LHP), confirm that the unlicensed Proxy Caregiver listed above (*without prompting or error*) has satisfactorily demonstrated the skills and tasks in accordance with the guidelines on the attached **Proxy Caregiver Skills Competency Checklist for Insulin by Syringe** for the above listed Resident with 100% accuracy. (*A LHP includes an RN, Nurse Practitioner, Physician’s Assistant, Physician, or Pharmacist functioning within their scopes of licensed practice.*) **NOTE: LPNs are not approved to train Proxy Caregivers.**

My signature below indicates that I, an unlicensed Proxy Caregiver, have completed training with a LHP and have (*without prompting or error*) satisfactorily demonstrated the skills and tasks in accordance with the guidelines on the attached **Proxy Caregiver Skills Competency Checklist for Insulin by Syringe** for the above listed Resident.

Date:	Specify initial, annual, changes, post hospital post rehab or other)	Proxy Caregiver Signature: <u>NOTE: You must print and sign your name.</u>	License Number of LHP:	LHP Signature: <u>NOTE: You must print and sign your name.</u>
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