

FINAL RECORD

COMPETENCIES FOR GIVING INSULIN

Social Security No. _____ Date of Birth: _____

Name: _____ Maiden Name: _____

Address: _____

Certified Medication Technician Certificate No. _____

Level I Medication Aide Certificate No. _____

Sponsoring Facility: _____

Date Insulin Course Started: _____ Date Completed: _____

Recommended by: _____ Written Score: _____ Practicum Score: _____

DID THE STUDENT:	YES	NO
1. Wash hands thoroughly.		
2. Assemble equipment.		
3. Check insulin bottle for expiration date and against medicine card.		
4. Shake to mix (if cloudy)		
5. Wipe top of vial with alcohol/antiseptic sponge.		
6. Pull air into syringe equal to amount of insulin to be given.		
7. Insert needle into top of vial and inject air into vial.		
8. Upend vial and syringe and withdraw insulin into syringe.		
9. Remove needle from vial when accurate dose of insulin has been obtained.		
10. Cap needle and place filled syringe with medicine card.		
11. Check insulin bottle against medicine card to be sure correct type of insulin and correct dosage have been obtained.		
12. Have another licensed person check dosage and bottle if another person is available.		
13. Return insulin bottle to storage area and clean up work area.		
14. Place syringe on tray along with an alcohol/antiseptic sponge and the medicine card.		

DID THE STUDENT:

	YES	NO
15. Take tray to bedside.		
16. Identify resident by checking name band and asking resident to state name.		
17. Put on gloves if facility policy.		
18. Select site for injection.		
19. Cleanse site chosen with alcohol.		
20. Allow skin to dry (Do not blow on the skin).		
21. Pick up syringe and remove needle cap.		
22. Pinch up skin.		
23. Quickly insert needle at 90° or 45° angle from skin.		
24. Push plunger with thumb until all medication is injected.		
25. Place alcohol sponge next to needle at the skin and withdraw needle quickly.		
26. Press site gently with alcohol/antiseptic sponge.		
27. Remove gloves.		
28. Make resident comfortable.		
29. Dispose of gloves and needle/syringe according to facility policy.		
30. Return tray to storage area after it is sanitized.		
31. Return medicine card to proper location.		
32. Chart medication given and site used.		

Not Approved: _____ Approved: _____

Instructor/Examiner: _____

Date: _____

License #: _____

Yes No
_____ _____

The insulin injection was given to a resident in a long-term care facility.

Comments: