

## SCDDSN Employee Checklist - Glucometer Use

<b>Employee:</b>				
✓ off time	Consumer Initials	Reviewer	Credential	Date
1				
2				
3				
<p><b>SCORING:</b> If the employee completes the task independently (<b>without verbal prompts or manual assistance</b>), place a 'Y' in the check off results column for YES. If the employee does not complete the task or requires verbal or manual guidance, place a 'N' in the checkoff results column for NO. <b>An employee is not considered competent in the use of a glucometer unless all items are rated as 'YES'.</b></p>				

<b>Does the employee complete all of the following steps independently?</b>			
Item	✓ off time		
	1	2	3
<b>Preparation:</b> Locates and places the following items on a clean surface:			
Glucometer and test strips for the glucometer			
Lancing device and lancet			
Alcohol prep pad			
Log book or record sheet and pen/pencil			
<b>Testing:</b>			
Washes hands			
Confirms the identity of the consumer using at least 2 methods of identification			
Opens lancing device and puts a lancet in without touching the needle			
Selects site for sticking - ensures sites are rotated			
Turns on glucometer			
Removes one test strip from container and close container			
Tears open the foil cover to get strip out			
Places test strip in glucometer			
Waits for the glucometer to indicate the glucometer is ready to use			
Wipes selected site with alcohol - allow to air dry			
Pierces selected finger with lancing device to obtain a drop of blood			
Puts one drop of blood on the test strip			
Waits for results to show on glucometer			
Applies light pressure on puncture site using alcohol prep pad			
Documents blood sugar reading in log book or on record sheet			
<b>Clean up:</b>			
Removes test strip and turns off glucometer			
Discards test strip in sharps container			
Removes lancet from lancing device without touching the needle			
Discards lancet in sharps container			
Discards contaminated items in appropriate receptacle			
Wipes off glucometer and places in proper storage area			
Washes hands			

**Signatures upon successful completion:**

Reviewer: \_\_\_\_\_ Employee: \_\_\_\_\_ Date: \_\_\_\_\_