# Hyperglycemia

## Skills Checklist & Training Record

Person Trained: _____

Instructor: _____

| Place date and code in the box:<br>"+" = skill achieved<br>"-" = skill not achieved | Demo Date | Return Demonstrations | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date |
| A. States name & purpose of procedure | | | | | | | | | | | |
| B. Preparation: | | | | | | | | | | | |
| 1. Reviews Symptoms of hyperglycemia: | | | | | | | | | | | |
| • mild | | | | | | | | | | | |
| • moderate (spilling ketones) | | | | | | | | | | | |
| • ketoacidosis | | | | | | | | | | | |
| C. Identifies supplies: | | | | | | | | | | | |
| 1. Water | | | | | | | | | | | |
| 2. Insulin, if ordered | | | | | | | | | | | |
| 3. Ketone strips | | | | | | | | | | | |
| D. Procedure: | | | | | | | | | | | |
| 1. Verbally recites appropriate response to a case scenario of hyperglycemia | | | | | | | | | | | |
| • test blood glucose | | | | | | | | | | | |
| • test urine or blood for ketones | | | | | | | | | | | |
| • give 1-2 glasses of water every hour | | | | | | | | | | | |
| • no exercise if ketones are present or blood glucose over 240 | | | | | | | | | | | |
| • if feeling ill at any time immediately call school nurse & parents | | | | | | | | | | | |
| • if student vomits, becomes lethargic, or has labored breathing, call 911 | | | | | | | | | | | |