

ARKANSAS STATE BOARD OF NURSING

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Arkansas Department of Health

Division of Healthcare Related
 Boards & Commissions

CERTIFICATION OF TRAINING IN GLUCAGON ADMINISTRATION FOR VOLUNTEER PERSONNEL IN SCHOOLS

Name of Volunteer _____

Date _____

This document identifies you as an individual who has volunteered to provide emergency medical assistance to student(s) with diabetes who are experiencing severe hypoglycemia.

This Certification of Training in Glucagon Administration for Volunteer Personnel in Schools provides documentation that you have received Glucagon Administration Training by a licensed school nurse employed by a school district or other health care professional. You have successfully completed all aspects of training and in the trainer's professional judgement you have successfully demonstrated mastery in identified procedures/skills involving the administration of glucagon. You must demonstrate mastery in all the identified Knowledge and Skill Sets; repeat demonstration is required until successful mastery is achieved.

This certification must be renewed on an annual basis, at a minimum, with the opportunity to review procedures more frequently if requested or deemed necessary.

Glucagon Administration Skills Checklist

		Date	Demonstrated Mastery Trainer initials	Comments (Repeat date, if applicable)
Knowledge Sets	Understands general overview of diabetes and therapeutic management (nutrition, exercise, medication)			
	Understands general overview of blood glucose monitoring			
	Understands overview of hyperglycemia			
	Reviews causes and prevention techniques and practices of hyperglycemia			
	Identifies signs and symptoms of hyperglycemia			
	Recognizes treatment requirements of hyperglycemia based on signs and symptoms			
	Reviews causes and prevention techniques and practices of hypoglycemia			
	Identifies signs and symptoms of hypoglycemia			
	Recognizes treatment requirements of hypoglycemia based on signs and symptoms			
	Identifies relevant information related to glucagon (purpose, function, prescription information, storage, disposal, expiration date, replacement)			
	Understands the side effects of glucagon and potential complications			
Skill Sets	Identifies when to call 911 and contact parent and/or care provider			
	Demonstrates correct preparation of glucagon (when to administer, dosage, standard precautions)			
	Demonstrates correct steps in administration technique			
	Demonstrate correct steps in utilizing blood glucose monitor			

I certify that the individual has been trained to administer glucagon in accordance with the approved ASBN Training Program and has demonstrated mastery to respond in the event of a hypoglycemic emergency.

Printed name of licensed school nurse or other health care professional (trainer) _____

Signature of licensed school nurse or other health care professional (trainer) _____

Date _____

I certify that I have received the training as identified and believe that I am competent to provide emergency assistance to a student experiencing severe hypoglycemia. I understand that if I have any questions or learn of any changes in the physician's written orders for the student, I will immediately contact the school nurse and/or district administrator. If for any reason I feel that I am not adequately trained, need a review, or do not wish to continue to provide this assistance for any reason, I agree to immediately notify the school nurse or district administrator.

Printed name of Trained Volunteer _____

Signature of Volunteer Trained Volunteer _____

Date _____

Note: Use of the Certification of Training in Glucagon Administration for Volunteer Personnel in Schools form indicates that the volunteer has achieved mastery in an approved ASBN Glucagon Administration Training Program.