

# ARKANSAS STATE BOARD OF NURSING

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Arkansas Department of Health

Division of Healthcare Related  
 Boards & Commissions

## CERTIFICATION OF TRAINING IN INSULIN 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) diagnosed with diabetes.

This Certification of Training in Insulin Administration for Volunteer Personnel in Schools provides documentation that you have received Insulin 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 insulin. 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.

Insulin Administration Skills Checklist				
		Date	Demonstrated Mastery Trainer initials	Comments (Repeat date, if applicable)
Knowledge Sets	Understands overview of diabetes and therapeutic management (nutrition, exercise, medication)			
	Understands 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			
	Identifies relevant information related to insulin (purpose, function, prescription information, storage, disposal, expiration date, replacement)			
	Understands the side effects of insulin and potential complications			
	Identifies types of insulin (rapid-acting, short-acting, intermediate, long-acting, pre-mixed)			
	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			

<b>Skill Sets</b>	Identifies when to call 911 and contact parent and or care provider			
	Demonstrates how to calculate carbohydrate intake			
	Demonstrates how to calculate appropriate insulin dosage based on carbohydrate intake			
	Demonstrates how to calculate appropriate insulin dosage based on blood sugar			
	Demonstrates correct preparation of insulin (when to administer, dosage, standard precautions)			
	Demonstrates correct steps in insulin administration technique (Insulin syringe & vial, insulin pen, insulin pump or pod)			
	Demonstrates correct preparation of glucagon (when to administer, dosage, standard precautions)			
	Demonstrates correct steps in glucagon administration technique			

I certify that the above individual has been trained to administer insulin in accordance with the approved ASBN Training Program and in my professional judgement has demonstrated mastery.

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 above and believe that I am competent to provide emergency assistance to a student diagnosed with diabetes. 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 Insulin Administration for Volunteer Personnel in Schools form indicates that the volunteer has achieved mastery in an approved ASBN Insulin Administration Training Program.**