TUFTS MEDICINE CARE AT HOME
CLINICAL TEAM COMPETENCY
GLUCOMETER & INSULIN PEN

EMPLOYEE _____   STAFF POSITION _____   Date _____

COMPETENCY STATEMENT: Demonstrates accurate use of Glucometer and Insulin Pens.

Disciplines Involved: Nursing

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)
		1	2	3	4	5	6	7	8	9	10	
Demonstrates accurate use of glucometer and lancing device (see guidelines for use of Contour and Microlet 2)				X								
Verbalizes knowledge of high & low limits of glucometer & understands how to trouble shoot for problems with glucometer.					X		X					
Demonstrates proficient infection control during glucometer procedure.				X								
Verbalizes and/or demonstrates purpose and use of control solution.				X	X		X					
Demonstrates accurate use of insulin pens.				X			X					
Verbalizes knowledge of how and why to perform air shot (priming) before injection.					X		X					
Demonstrates proficient infection control during insulin pen procedure.					X		X					
Verbalizes and/or demonstrates how to set insulin pen dose and give injection.				X	X		X					
Verbalizes knowledge of proper storage of insulin pens.					X		X					

Summary Assessment Findings:

☐ Knowledge/skill level satisfactory

☐ Knowledge/skill level needs improvement

Specify plan to promote level of competency

_____

_____

*Method of Assessment Legend

1) Review credentials/experience   6) Post Test
2) Review Cont. Ed./In-services   7) Team Mts./Case
3) Observation of Performance   8) Yearly Performance
4) Verbal Review   9) Review of Self Study
5) Record Review   10) Other (specify)

Competency reevaluation in: _____6mos. _____1year _____other

Employee's Signature:_____ Date _____

Evaluator's Signature: _____ Date _____