

## GLUCOSE TESTING COMPETENCY OBSERVATION REPORT (F880)

Facility Name:					Station(s):	
Shift(s):					Date(s):	
Staff Name(s)/Title:						
Code #	TECHNIQUES OBSERVED	Met	Not Met	N/A	Code #	REVIEWER NOTES
1	Med cart: no missing supplies or expired; clean, visible or locked					
2	Fluid and adjunctive foods are <b>covered and dated</b> .					
3	Resident properly indentified before administration.					
4	Resident <b>privacy</b> maintained and positioned properly.					
5	Correct time of accucheck (AC, PC, w/ meals if applicable)					
6	Wash Hands, open cart					
7	Clean the working surface	<u>ר</u> '		T		
	Place a sterile barrier over work space, gather supplies					
9	Place Glucometer, gloves, cotton ball, lancets, test strips, and alcohol swab on clean surface					
10	Clean off glucometer (must use bleach wipe) **check chemical wipe packaging for appropriate time period that the surface of the glucometer must stay wet in order to kill all organisms** & wait appropriate time					
11	Lock cart					
12	Take Supplies in room and place items on top of barrier (clean flat surface) in room					
13	Provide privacy (close door, pull privacy curtain, close blinds)					
14	Wash hands and don gloves					
15	Place test strip in glucometer (check test strip for date open/expiration)					
16	Clean patient's finger with alcohol swab & allow to air dry					
17	Lance patient's finger					
18	Discard first blood sample (do not use EtOH wipe) **per P&P only					
19	Check blood sugar and record number					
	Remove supplies and discard lancet & test strip in sharps container					
21	Remove gloves and wash hands		$\vdash$			
22	Take glucometer to cart, don gloves, and clean with antiseptic wipe **note surface needs to stay wet for appropriate amount of time, see chemical package label for instructions**					
23	Place supplies in cart					
24	Document blood sugar number for patient on chart per P&P					
25	Verify insulin administration parameters					
26	Administer insulin if required (see Insulin worksheet)					
27	Medications are not left on top of cart or at resident's bedside					
28	Refused/withheld medications are properly noted					
29	MARS closed or covered to protect resident's health info					
30	Other:				Obse	erver's Signature/Title:
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