

**210-AG-3. USE OF MEDICATIONS**

**Self-Monitoring Checklist**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Physical/Behavioral Limitations:**

**Self-Monitoring Criteria:** *(Theses criteria are designed to assist the school nurse in making recommendations. Answers to the following provide a basis for team discussion of appropriate blood glucose self-monitoring locations.)*

- A. Medical Provider has provided written documentation that student is competent to self-monitor blood glucose level.

Comments (if any):

- B. Student knows what equipment to use to conduct blood glucose self-monitoring.

Comments (if any):

- C. Student is familiar with individual health care provider’s instructions or recommended steps for blood glucose monitoring and demonstrates the ability to self-monitor blood glucose levels.

Comments (if any):

- D. Student understands how to dispose of contaminated equipment, e.g. at home or in the health office.

Comments (if any):

- E. Student understands what locations are appropriate for blood glucose self-monitoring.

Comments (if any):

*(Continued)*

- G. Student is able to identify appropriate action if blood glucose level is not within normal range:

Comments (if any):

- H. Student knows how to access assistance, and when it is needed.

Comments (if any):

- I. An Individual Health Care Plan and Emergency Care Plan has been developed to monitor and evaluate the student's health status.

**Based on Checklist:**

- Student has successfully demonstrated competence in independent self-monitoring.
- Student is not a candidate for blood glucose self-monitoring outside the health room at this time, but the following steps will be taken to help the student move toward independence.

Comments (if any):

School Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of next assessment: \_\_\_\_\_