

Diabetes Care Delegation Checklist

Student Name _____ Date _____

CRITERIA FOR DELEGATION	Yes	No
School Registered Nurse		
Has developed an Individualized Health Care Plan (IHCP) approved by parent/guardian		
Has established communication links between RN &: parent/guardian, healthcare provider, and delegated unlicensed assistive person (UAP) for supervision, monitoring, and consultation		
Unlicensed Assistive Personnel		
Has completed all necessary training		
Has demonstrated skill competence		
Parent/Guardian		
Has signed any required written authorizations		
Has provided all necessary equipment and supplies		
Has completed diabetes history information forms		
Has provided all required emergency information		
Student		
Is medically stable		
If able, has completed initial diabetes education		
If capable of performing tasks, has demonstrated skill competence		
Agrees to follow local policies & procedures		
Healthcare Provider		
Has provided required diabetes history, information and authorization forms		
Has signed a statement indicating students level of independent functioning		
Has provided specific written orders related to insulin or oral diabetes medications		

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 preparation is needed before delegation to unlicensed assistive personnel will be safe.

RN Signature _____ Date _____