

Appendix C: Sample Self-Monitoring Checklist

Student: _____ School: _____
D.O.B.: _____ Age: _____ Grade: _____

Physical/Behavioral Limitations:

Self-Monitoring Criteria: (These criteria are designed to assist the school nurse in making recommendations and creating health care plans to support students with blood glucose self-monitoring. Answers to the following questions provide a basis for team discussion.)

A. A physician has provided written documentation that student is capable of conducting self-testing on school grounds **and** parent or guardian has given written authorization. (If permitted by local and regional boards of education, advance practice registered nurses or physician assistants may provide written orders stating the need and the capability of children to conduct self-testing, including the time and location of blood glucose self-testing by a child with diabetes on school grounds.)

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 (see Appendix E) and demonstrates the ability to self-monitor blood glucose levels.

Comments (if any):

E. Student understands how and where to dispose of contaminated equipment, e.g. at home or in the health office.

Comments (if any):

F. Student knows and understands the time and location(s) for blood glucose self-monitoring.

Comments (if any):

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 have been developed to monitor and evaluate the student's health status.

Based on Checklist:

Student has successfully demonstrated competence in independent self-monitoring.

Student has not demonstrated competence in independent self-monitoring 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: _____