

Blood glucose monitoring clinical competency

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in blood glucose monitoring without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate the knowledge and skills to perform blood glucose monitoring				
a) The reason for the patient needing blood glucose monitoring	Questioning			
b) The limitations of using a blood glucose meter	Questioning			
c) The rationale for calibrating meter, ensuring test strips are in date, performing internal Quality Control (QC) and external quality assurance (QA)	Questioning			
d) Correct method to obtain blood sample	Questioning			
e) Significance of test results and how to interpret	Questioning			
f) When it is necessary to refer to a GP or the diabetes nurse specialist	Questioning			
2. Demonstrate practical skill in blood glucose monitoring				
a) How to ensure accuracy of meter by demonstrating internal quality control (QC)	Observation			
b) Correct calibration procedure	Observation			
c) How to operate the meter	Observation			
d) Correct procedure for skin preparation	Observation			
e) Correct method to obtain blood sample	Observation			
f) Practices in accordance with Trust Infection Prevention and Control Policy and Sharps Inoculation and	Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
Management policy to avoid needle stick injury				
g) Practices in accordance with Trust Infection Prevention and Control Policy, Hand Hygiene Procedure and Standard Precautions Procedure to avoid contamination and cross infection.	Observation			
h) Interprets and actions results in accordance with role and responsibilities	Observation			
i) Documents all care given in accordance with Trust policy & procedures	Observation			

Source: SHFT Blood Glucose Monitoring Protocol 2015

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in blood glucose monitoring

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Health Care Professional / Assessor Signature	Verifier signature	Comments