



## INSULIN ADMINISTRATION COMPETENCY CHECKLIST

Name:

Facility Location Name:

Date:

Individual Initials:

Observation # \_\_\_\_\_

NURSE SIGNATURE	SKILL BEING CHECKED OFF
	Checked resident MAR
	Washed hands correctly
	Gathers needed equipment: Insulin pen, pen needle, alcohol pad, gloves
	Primes insulin pen with 2 UNITS
	Ensures resident is in a private setting
	Advises resident of procedure prior to completing it Asks which injection site they prefer
	Cleanses site (back of arm or abdomen) in a circular motion from INSIDE area to OUTSIDE area
	Places pen flat on skin
	Injects insulin and holds for 6 seconds after insulin pen dial reaches 0
	Documents UNITS given on MAR
	Safely removes insulin needle from PEN using cap removal on sharps container
	Disposes of lancet in SHARPS container

Comments:

\_\_\_\_\_  
RN DELEGATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LVN DELEGATOR SIGNATURE

\_\_\_\_\_  
DATE