**Keep this form in your portfolio when complete. Your manager will require a copy.**

**FPP Blood Glucose/Ketone Monitoring Observations for**

**New to Practice Health Care Assistants**

**Name:**

**Location:**

1 2 3 4 5 6

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Observations for Blood Glucose/Ketone Monitoring using the FPP Meter** | Competent  Yes= √  No= X | Competent  Yes= √  No= X | Competent  Yes= √  No= X | Competent  Yes= √  No= X | Competent  Yes= √  No= X | Competent  Yes= √  No= X |
| 1. Ward based medical equipment competency sheet completed, and assessed by link trainer |  |  |  |  |  |  |
| 2. Was equipment prepared and checked? |  |  |  |  |  |  |
| 3. Hand washing of both staff and patient using appropriate hand wash |  |  |  |  |  |  |
| 4. Finger pricking undertaken using the correct device and site |  |  |  |  |  |  |
| 5. Strip insertion and application of blood to strip |  |  |  |  |  |  |
| 6. Results recorded correctly:- result/date+time/device+location |  |  |  |  |  |  |
| 7. Staff member able to interpret results correctly and is aware of action ranges, - appropriate action taken according to result |  |  |  |  |  |  |
| 8. Equipment stored and/or disposed of in appropriate manner |  |  |  |  |  |  |
| 9. Able to dock meter at docking station when appropriate |  |  |  |  |  |  |
| 10. Understands need for blood glucose /ketone monitoring, and appropriate frequency of testing |  |  |  |  |  |  |
| ***Initials of Assessor and Date*** |  |  |  |  |  |  |
| ***Full Name of Assessor***  ***(in CAPITALS)*** |  |  |  |  |  |  |