****NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SKILL PERFORMANCE EVALUATION**

MEDICATION ADMINISTRATION

**ORAL GLUCOSE**

**PERFORMANCE OBJECTIVES**

Demonstrate proficiency in recognizing the indications, contraindications, and criteria for administration of oral glucose administration for a patient having an altered level of consciousness and a suspected history of diabetes.

**EQUIPMENT**

Simulated patient, oxygen tank with a flow meter, oxygen mask, blood pressure cuff, stethoscope, glucose solution, tube of glucose paste, tongue blade or bite stick, timing device, clipboard, PCR forms, pen, goggles, masks, gown, gloves.

**SCENARIO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXAMINER(S):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Attempt: 1st 2nd 3rd (final)**

PASS

FAIL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **PREPARATION** | | | | | | |
| **Performance Criteria** | | | **YES** | | **NO** | **Comments** |
| Establishes appropriate BSI precautions | | |  | |  |  |
|  | | | | | | |
| **PROCEDURE** | | | | | | |
| **Performance Criteria** | | | **YES** | **NO** | | **Comments** |
| Completes primary assessment | | |  |  | |  |
| Administers high flow oxygen – if indicated | | |  |  | | **Scenario dependent** |
| Completes a secondary survey | Obtains vital signs | |  |  | |  |
| Oxygen (SpO2) saturation reading – if available | |  |  | | **Scenario dependent** |
| Verbalizes the indications for administration of oral glucose solution or glucose paste | Blood glucose < 60mg/dL  OR  Suspected hypoglycemia | |  |  | |  |
|  |  | |
| Altered level of consciousness | |  |  | |  |
| Hx of diabetes | |  |  | |  |
| The patient can swallow | |  |  | |
| Verbalizes the contraindications for the administration of oral glucose solution or glucose paste | Blood glucose > 60mg/dL | |  |  | |  |
| No history of diabetes | |  |  | |
| **ADMINISTRATION OF DEXTROSE SOLUTION** | | | | | | |
| **Performance Criteria** | | **YES** | | **NO** | | **Comments** |
| Explains the procedure to the patient | |  | |  | |  |
| Instructs the patient to hold the container and drink the entire contents | |  | |  | |  |
| Reassesses the patient’s level of consciousness | |  | |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADMINISTRATION OF GLUCOSE PASTE** | | | | |
| **Performance Criteria** | **YES** | **NO** | | **Comments** |
| Places the patient in left lateral position – if semi-  conscious or unconscious |  |  | |  |
| Applies one (1) inch of glucose paste onto a tongue depressor or bite stick |  |  | |  |
| Pulls the patient’s cheek back with one (1) hand |  |  |  | |
| Inserts the tongue blade or bite stick into the patient’s mouth |  |  |  | |
| Re-applies/smears the 1 inch of glucose paste between the patient’s cheek and gun until the entire tube is administered |  |  |  | |
| Reassesses the patient’s level of consciousness |  |  |  | |
|  | | | | |
| **ADDITIONAL CRITERIA** | | | | |
| **Performance Criteria** | **YES** | **NO** | **Comments** | |
| Made appropriate decisions based upon reassessment findings and response to interventions |  |  |  | |
| Replaced cap on medication bottle or canister |  |  |  | |
| Gave appropriate report to equal or higher level of care personnel |  |  |  | |
| Performed procedure in a safe and appropriate manner |  |  |  | |

Developed: 10/2017