

**McHenry Western Lake County EMS | McHenry County College  
Skill Proficiency Record**

**< Blood Glucose Testing >**

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Items marked with an asterisk (\*) must be demonstrated with 100% accuracy; otherwise a retest will be required.

Performance Standard	Satisfactory			Required Coaching			Unsatisfactory		
	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3
*Student verbalizes scene safety and BSI precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Verbalizes indications / contraindications for procedure. -Indications <input type="checkbox"/> Altered mental status <input type="checkbox"/> Hx of diabetes <input type="checkbox"/> Intoxication <input type="checkbox"/> Seizure activity <input type="checkbox"/> Lethary <input type="checkbox"/> Trauma in pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares equipment and patient <input type="checkbox"/> Obtains consent from patient <input type="checkbox"/> Selects appropriate site. {Distal end of middle or ring finger to either side} <input type="checkbox"/> Cleanses test site with alcohol and allows to dry <input type="checkbox"/> Inserts test strip in to glucometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains blood sample for testing <input type="checkbox"/> Punctures test site with lancet <input type="checkbox"/> Wipes first drop of blood away using clean gauze <input type="checkbox"/> Extracts 2 <sup>nd</sup> drop of blood for test strip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleans patient and equipment <input type="checkbox"/> Applies gentle pressure with clean gauze to puncture site <input type="checkbox"/> Applies bandage over puncture site <input type="checkbox"/> Removes test strip after obtaining glucose reading <input type="checkbox"/> Disposes of all equipment using appropriate precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately records and interprets blood glucose reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Performance Validation:  Pass  Retest ----->  Pass  Fail

Comments: \_\_\_\_\_

\_\_\_\_\_  
Evaluator's Signature