

PINELLAS COUNTY SCHOOLS
SCHOOL HEALTH SERVICES
DOCUMENTATION OF TRAINING FOR DESIGNATED UNLICENSED ASSISTIVE PERSONNEL

Registered Nurse/Licensed Practical Nurse Statement:

On _____, 20____, instruction was given following the written procedure(s) in the School Health Services Manual at _____, by _____ / _____
(School Name) (School Nurse: Print Name and Signature)

for the following Health Procedure(s)/Treatment(s):

Medication Administration/Documentation

- Oral medications
- Sublingual/buccal medications
- Inhaled medications
- Medications via nebulizer
- Auto-injectable Epinephrine (ex: Epi-Pen)
- Eye drops
- Ear drops
- Topical medication
- Rectal medications (ex: Diastat)
- Injectable Glucagon

Health Care Procedure/Documentation (CNA's Only)

- Urinary catheterizations
- Gastrostomy tube feeding
- Colostomy care

Diabetes Mgmt./Documentation

- Level One training
- Blood glucose monitoring
- Checking urine ketones
- Carbohydrate counting

Observation/Supervision of Student

- Insulin administration via pen
- Insulin administration via syringe
- Insulin administration via pump
- Seizure recognition and/or first aid

Other

Employee Statement:

At the time of instruction and/or video training, I was given the opportunity to ask pertinent questions and resources were made available to me. I understand the procedure and will notify the school nurse/principal if difficulties arise or if I would like additional training.

<u>Employee Signature</u>	<u>Employee (Printed) Name</u>	<u>Employee Initials</u>	<u>Position/Location at school site</u>
<u>Training Re-Evaluation for UAP's</u> Annually in January			
<u>Employee Signature</u>	<u>Employee (Printed) Name</u>	<u>Employee Initials</u>	<u>Position/Location at school site</u>