

Skills Assessment Template:

## **Capillary Blood Glucose monitoring for staff employed by TSDFT**

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**Summative Assessment Document**

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**When a new assessment document has been developed, please send to [tmitchell2@nhs.net](mailto:tmitchell2@nhs.net), for review.**

**Skill: Capillary blood glucose monitoring for TSDFT staff**  
**SUMMATIVE ASSESSMENT BOOK**

**CANDIDATE:**

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**PRACTICE AREA:**

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**LINE MANAGER:**

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**DATE COMMENCED:**

**DATE COMPLETED:**

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**This assessment has been adapted by: Rachel Tait Clinical Nurse Team Leader**

**Team: Paignton Community Nurse Team**

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## CANDIDATE ADVICE:

It is your responsibility to ensure you are assessed in this area of practice. This assessment book should be kept within your personal profile as evidence of training. If you or the assessor, feel you need further practice, to improve skills or gain confidence, please document this in the “needs practice” boxes. **You must attend a Trust recognised, and relevant study day prior to using this document.**

**This assessment document is for any staff new to the practice of Capillary blood glucose monitoring**

## ASSESSOR ADVICE:

This assessment book is aimed to break down the skills, and identify any areas of practice which may need development or improvement. You should complete the assessment by ticking the competency and signing in the relevant assessor box i.e. 1<sup>st</sup> or 2nd

If you feel further practice is required, please identify the aspects of the skill which the candidate needs to focus on.

A minimum of 2 assessments in practice should be undertaken for all new skills.

**LINE MANAGER ADVICE:** This document has been compiled in line with:

- *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* 9<sup>th</sup> Ed. (2015)
- *Skills for Health* (2008)
- *TSDHCT Clinical Guideline:*

# Competency sheet for: Capillary Blood Glucose Monitoring CBG

**CANDIDATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PROCEDURE	RATIONALE	Date 1 <sup>st</sup> practice	Date 2 <sup>nd</sup> practice	1st Assessor Signature	2 <sup>nd</sup> Assessor Signature
Gather correct equipment, check glucometer is working and test strips are in date	To ensure the accuracy of the result, and ensure patient safety				
Check that glucometer has been tested with control solution in the last week as per policy	To ensure the accuracy of the machine, and ensure patient safety				
Demonstrates how to check glucometer using control solution. Records result in machines log book. Checks control solution is within 3 month expiry date.	To ensure the accuracy of the machine, and ensure patient safety				

Explain procedure to patient	To gain informed consent				
Ask patient to sit or lie down	Safety if patient feels faint				
Wash and dry hands and wear gloves if direct contact with blood is anticipated	To ensure sample is not contaminated. Protection of health worker				
Wash and dry patient's hands. Use soap and water not alcohol wipes	No containments transferred to test strip.				
Insert test strip into glucometer check code matches strip. Wait for indication machine is ready for blood	Initiate machine ensure calibration of machine				

Prick patients finger using unistik 3 pre-set comfort lancet. Use the side of finger not the pad. Avoid thumb and index finger.	Safety of unistik non sharp. Side of fingers less painful than pad				
Dispose of unistik in sharp bin	Reduce risk of needle stick injury				
Put blood onto strip wait to read result	Indicate that the sample analysis is taking place				
Record results in patients community nursing notes. Report any unexpected results.	Ensure accuracy. Allowing Nurse to review readings				
Ensures glucometer accuracy is checked bi-monthly by returning sample to biochemistry quality assurance scheme	Ensuring accuracy of machine, improving patient safety				

**PASS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* If the assessor, or yourself, consider you need more practice, this should be documented in the comments box below:

**NEEDS PRACTICE:** 1<sup>st</sup> practice – Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEEDS PRACTICE:** 2<sup>nd</sup> practice – Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Reassessments**

<b>Date</b>	<b>Competency achieved</b>	<b>Assessor signature</b>



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<b>Author:</b>	Rachel Tait, Clinical Nurse Team Leader		
<b>Directorate:</b>	Community		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies Group		
<b>Date approved:</b>	20 July 2016		
<b>Links or overlaps with other policies:</b>	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
<b>Have you considered using Equality Impact Assessment?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Document Amendment History**

Date	Version no.	Amendment summary	Ratified by:
19 August 2016	1	New	Care and Clinical Policies Group