

**ALBEMARLE COUNTY PUBLIC SCHOOLS**  
**Insulin Pen Injection Training**

**Employee Name:**

**School:**

**Position:**

**PERFORMANCE CRITERIA**

**EVALUATOR'S INITIALS**

1. Describes situations when Insulin is necessary.
2. States appropriate storage & security of Insulin, syringes, & medical supplies.
3. States where student's care plan is located.
4. States the "5 rights" of medication administration (student, medication, dose, time, and route).
5. Determines amount of insulin to be administered based on care plan
6. Prepares the pen by applying needle appropriately
7. Primes the pen
8. Dials the correct dose to be administered
9. Locates appropriate sites for insulin injection.
10. Demonstrates accurate injection technique.
11. States possible side effects of insulin.
12. States appropriate disposal of syringes and medical supplies.

Evaluator signature: \_\_\_\_\_

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

Employee signature: \_\_\_\_\_

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