

Chandler Unified School District #80  
Gvoke Administration Skills Checklist

| Trainee Name:   | School:                          |              |              |
|---|----------------------------------|--------------|--------------|
| Trainer Name:   | Year:                            |              |              |
|   | Random Skills Check              |              |              |
| Explanation/Demonstration   | Performed Skill:<br>Initial/Date | Initial/Date | Initial/Date |
| 1. Verify the Seven Rights of medication Administration and that the medication is prescribed for student, by consulting the Consent for Giving Medication Form or the Student's Diabetic Medical Management Plan. Verify prescribed dose of Gvoke. |                                  |              |              |
| 2. Instruct someone nearby to call 911 immediately.   |                                  |              |              |
| 3. Wash Hands   |                                  |              |              |
| 4. Assemble Gvoke HypoPen Emergency Kit   |                                  |              |              |
| 5. If student is wearing an insulin pump, disconnect it from the student.   |                                  |              |              |
| 6. Tear open pouch at dotted line. Remove auto-injector from pouch.   |                                  |              |              |
| 7. Pull off red cap.  |                                  |              |              |
| 8. Choose injection site (lower abdomen, outer thigh, or outer upper arm) and Expose skin.  |                                  |              |              |
| 9. Push yellow end down against exposed skin hold down for 5 seconds. Wait for the window to turn red.  |                                  |              |              |
| 10. Turn student on his or her side, as vomiting after Gvoke administration is common.  |                                  |              |              |
| 11. Record Gvoke administration on diabetic log. Discard device.  |                                  |              |              |
|   |                                  |              |              |
| Performed Tasks Appropriately (Yes or No, If No further evaluation required):   |                                  |              |              |

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

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|-------------------|------|
| Trainee Signature | Date |
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|-------------------|------|
| Trainer Signature | Date |
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