

STABLE AND PREDICTABLE INSTRUMENT FOR INSULIN ADMINISTRATION

Based on the criteria for delegation and risk factors for client instability and unpredictability, the nurse delegator can use this form to guide nursing judgment about nurse delegation of insulin administration.

Category I: Care Compatibility with Nurse Delegation

| Mark each nurse delegation criterion below as either “True” or “False” (refer to WAC 246-840-930) | <i>True</i> | <i>False</i> |
|---|-------------|--------------|
| 1. Client resides in a community-based or in-home care setting | | |
| 2. Client or authorized representative gives consent to delegation | | |
| 3. RN assessment of task has been completed (skip if currently being completed with this instrument) | | |
| 4. Client is in stable and predictable condition (skip if currently being assessed with this instrument) | | |
| 5. Delegation is within the scope of practice of the delegating RN | | |
| 6. Caregiver is properly trained and registered/certified to perform diabetes care and insulin injections when delegating insulin | | |
| 7. Required medications do not include injections (except insulin), sterile procedure, or central line maintenance | | |
| 8. Nursing judgment not required for task | | |
| 9. Results of task are reasonably predictable | | |
| 10. Task can be safely performed using exact, unchanging directions | | |
| 11. Task can be performed without complex observations or critical decisions | | |
| 12. Task can be performed without repeated nursing assessments | | |
| 13. Appropriate supervision is available for task, including with insulin injections, of at least weekly for the first four weeks of supervision. | | |
| 14. No specific laws or rules prohibit delegation | | |

If all criteria are met, continue to Category II on the next page ...

Category II: Risk Factors for Client Instability and Unpredictability

| Mark each item below as “Yes” or “No” to indicate whether the risk factor is present or not. (To further describe selected risk factors, use the “Additional Information” box below.) | <i>Yes</i> | <i>No</i> |
|--|------------|-----------|
| 15. Alteration in mental status and/or delay in cognitive developed that diminishes self-care and functional ability related to diabetes | | |
| 16. Alcohol and/or illicit drug use | | |
| 17. Average daily physical activity is less or more compared to recent baseline since insulin was last prescribed or last insulin orders | | |
| 18. Compromised physical diabetic health status due to presence of other chronic diseases, such as chronic renal failure | | |
| 19. Client does not accept diagnosis | | |
| 20. Excessive stress | | |
| 21. Excessive weight gain or loss insulin compared to recent baseline since insulin was last prescribed or last insulin orders | | |
| 22. Inadequate blood glucose monitoring | | |
| 23. Undertreated blood glucose levels and/ or medications that produce inconsistent blood glucose levels, such as with steroid treatment, related to a recent change in scheduled and/or PRN medications | | |
| 24. Insufficient diabetes management, such as recent hospitalizations, due to hyperglycemia and/or hypoglycemia or inappropriate levels of HbA1c or other lab values | | |
| 25. Insufficient dietary intake, such as with skipping meals | | |
| 26. Insufficient knowledge of disease management | | |
| 27. Nonadherence to diabetes management plan | | |
| 28. Pregnancy | | |
| 29. Rapid growth period (pediatric clients) | | |
| 30. <i>Additional information about the selected risk factor(s) (optional):</i> | | |

| FINAL DECISION | <i>Yes</i> | <i>No</i> |
|---|------------|-----------|
| Based on the risk factors identified above, is this client in a stable and predictable condition appropriate for delegated insulin administration? | | |