

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Office of the Chief Medical Director  
District Nursing Services

**MEDICATION/PROTOCOL TRAINING & SUPERVISION CHECKLIST FOR LICENSED AND UNLICENSED ASSISTIVE PERSONNEL**  
*(to be completed for unlicensed personnel at least once a semester)*

<b>TRAINED EMPLOYEE</b>	School Year: _____	Certifications: (Expiration Date)
Name _____	School: _____	First Aid: _____
Employee ID# _____		CPR: _____
Position: _____		

MEDICATIONS/PROTOCOL	INITIAL TRAINING (Date and Initials)	SCHOOL NURSE PROTOCOL REVIEW (Date and Initials)					
Autonomic Dysreflexia: Emergency Procedure							
Clean Catheterization							
Clean Self-Catheterization							
Clean Self-Catheterization with Supervision							
Diabetes: Blood Glucose Testing							
Diabetes: Hypoglycemic Reaction							
Diabetes: Ketone Testing							
Diabetes: Glucagon Administration							
Diabetes: Baqsimi (Nasal Glucagon) Administration							
Diabetes: Insulin							
Emergency Treatment of Anaphylaxis: Epinephrine Auto Injector							
Gastrostomy Feeding: Bolus Method							
Gastrostomy Feeding: Slow Drip Method or Pump							
Gastrostomy Tube Replacement							
Jejunostomy Tube Feeding: Slow Drip Method or Pump							
Mechanical Nebulizer							
Medication Administration							
Ostomy Care							
Oxygen Therapy							
Suctioning: Oral/Nasal							
Suctioning: Tracheostomy							
Tracheostomy Tube Replacement							
Seizure Care: Diastat							
Seizure Care: Vagus Nerve Stimulation							
Seizure Care: Nasal Benzodiazepine							
Others, specify: _____							

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<b>Students Name:</b>	<b>Student ID:</b>	<b>Sex:</b>	<b>Grade:</b>	<b>Room:</b>
<b>Medication/Protocol/Specialize Physical Healthcare Service(s)</b>		<b>Date Started</b>	<b>Time Schedule</b>	
<b>Special Instructions</b> _____ _____				
<b>Parent's Name</b>	<b>Parent's Home Number</b>	<b>Parent's Mobile Number</b>		
<b>Physician's Name</b>	<b>Physician Address</b>	<b>Physician Phone Number</b>		

**PRINT SCHOOL NURSE TRAINER'S NAME**

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMMENTS:**

DATE	REMARKS	SIGNATURE