

LOS ANGELES UNIFIED SCHOOL DISTRICT

Medical Services Division

District Nursing Services Branch

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

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

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

PRINT SCHOOL NURSE TRAINER'S NAME

_____**Signature**_____ **Initial**_____ **Date**_____

_____**Signature**_____ **Initial**_____ **Date**_____

_____**Signature**_____ **Initial**_____ **Date**_____

COMMENTS:

DATE	REMARKS	SIGNATURE