Approved Protocol
For RN Delegation of Insulin to Unlicensed Assistive Personnel

The registered nurse must ensure the following requirements are met before delegating insulin administration by the subcutaneous (SQ) route to an unlicensed assistive person (UAP) as defined in ARSD 20:48:04.01:11 and 20:48:04.01:16.

A. Only an RN may delegate the task of administering insulin by the SQ route to UAPs. The RN must meet the following criteria:
   a. Hold an active SD RN license or a multi-state compact license with privilege to practice in SD;
   b. Evidence on file of a minimum of two years clinical nursing experience; and
   c. Evidence on file of meeting at least one of the following three options:
      i. Hold current specialty certification as a Certified Diabetes Educator (CDE);
      ii. Written evidence to support demonstrated competence in diabetes management within past 5 years, e.g., providing individual or group diabetes self-management education; providing community or health professional education related to diabetes management; and serving as a resource to nurses and other health professional staff on diabetes education; or
      iii. Completion of the SD Board of Nursing approved Diabetes Train the Trainer Program (approximately 2 ½ hours to complete).
         • This is a good resource and is available to no cost
         • Completion of annual continuing education on diabetes management recommended

B. The delegating RN is accountable to:
   a. Delegate in accordance with general criteria for delegation listed in ARSD 20:48:04.01:01 and to only delegate insulin administration when a licensed nurse is not physically present on site to administer the insulin.
   b. Supervise the UAP and establish initial competency and ongoing competency. The RN must:
      i. Supervise in accordance with the conditions listed in ARSD 20:48:04.01:02;
      ii. Meet with the UAP at least twice a week, at a mealtime, for at least 15 minutes per meeting for the first month after the UAP completes the diabetes aide training to assist the UAP with carbohydrate counting, glucose monitoring, and insulin administration;
      iii. Outline in the patient’s plan of care or medical management plan the frequency of consultation between the RN and the UAP that will occur following the first month. The frequency of the consultation will be unique to each patient’s/student’s needs but will occur no less often than once a week.
      iv. Be available via electronic communication for all mealtimes.
   c. Have written evidence on file demonstrating the UAP has met the following criteria prior to delegating insulin administration to the UAP (pursuant to ARSD 20:48:04.01:16):
      i. Evidence of completing the 5-hour SDBON approved training curriculum.
      ii. Evidence of completing 5 hours clinical or laboratory instruction, supervised by an RN that meets requirements listed in item 1 above. The clinical/lab training must have included the demonstration of the individual UAP’s competence using the SDBON approved competency checklist form on the following tasks: 1) blood glucose monitoring; 2) urine ketone monitoring, 3) carbohydrate counting; 4) insulin administration using a syringe; 5) insulin administration using a pen device; 6) insulin administration using a pump; and 7) glucagon administration.
      iii. Evidence of successfully passing the SDBON approved Unlicensed Diabetes Aide examination
      iv. Evidence of annual UAP competency validation using the required competency checklist form performed by an RN that meets the requirements listed in item 1 (above). The completed checklist(s) should be maintained at the facility.
      v. Evidence that the UAP is listed on the SDBON’s Unlicensed Diabetes Aide Registry to administer insulin. Only persons registered are authorized to accept the delegated task of administering insulin by the SQ route. Registration requirements include submission of application, verification of high school education or equivalent, and passing the SDBON approved examination.