0, 30
^VURSIT

Blood Glucose Levels

Student Name:	uabjut Kau	K.			
Student I.D.: 30	089223				
Date: 31.8.12 competency attained					
Clinical Educator Name	SWHITE	Clinical Educator signature ALPKID			

Clinical Skill	Comment	C/NYC
Hand Hygiene		<u>c</u>
Communication, Explanation to Patient		0
Privacy		6
Assemble Equipment		<u> </u>
Check reagent strip for expiry date .		
Attend Blood Glucose Measurement		C
Record on Diabetic Chart		0
Dispose of Equipment, Waste and sharps		C
Hand Hygiene		Ċ.
Assessment		0
Report and follow up any variance		C

Date: 3(\$/12 First practice	Date: 31/8/12 Second practice	
Name Peer/s: Beant Fam	Name Peer/s: Kulvin Kam.	
Comment Competent	Comment Procedure vell explained of well done	
S/US	S/US	
Date: Third practice	Date: Fourth practice	
Name Peer/s: Parvinder & For	Name Peer/s: Rajlui Cary	
Comment Completion.	Comment well dane.	
S/US	S/US	