



PEDIATRIC "OTHER DIABETES" EDUCATION RECORD

CFRD

MEDICATION INDUCED

POST-TRANSPLANT

NOTE: This education is only a guide. Education must be provided at a time and pace suitable for patient/family needs, learning capacity, and situation. Education is to be tailored to the prescribed treatment plan and needs of the youth/family. Follow-up education/review to be arranged as needed.

PARENTS/CAREGIVERS PRESENT FOR EDUCATION:

Name:	Relationship:	Date(s) Present:
Name:	Relationship:	Date(s) Present:
Name:	Relationship:	Date(s) Present:

Email: _____ **Phone:** _____

DATE OF DIAGNOSIS: _____ **AGE:** _____ **HT:** _____ **WT:** _____ **BMI:** _____

SOCIAL/CULTURAL CONSIDERATIONS:

Interpreter needed: language: _____ Interpreter booked: _____

- Siblings: _____
- Parent's or teen's employment: _____
- Extended benefits: No Yes _____ Registered for Fair PharmaCare: No Yes

BRIEF DESCRIPTION OF HOME/FAMILY LIVING SITUATION (e.g. who child lives with and when):

BRIEF HISTORY OF PRESENTATION AND OTHER HEALTH or PSYCHOSOCIAL COMMENTS:

DATE OF TRANSPLANT/CHEMOTHERAPY START:

LIST OTHER HEALTHCARE PROVIDERS:

1. _____
2. _____
3. _____
4. _____

**Pediatric "Other Diabetes" Education Record
(continued)**

Note: Parent =Responsible Guardian

KNOWLEDGE/SKILL	Taught/Observed (initial & date)		Demonstrated Knowledge/Skill (initial & date)		COMMENTS (initial & date)
	CHILD	PARENT	CHILD	PARENT	
SECTION 1: WHY ARE BLOOD GLUCOSE LEVELS HIGH?					
How the body uses sugar for energy/what insulin does					
What is medication-induced or post-transplant diabetes?					
Effect of insulin, food, activity on blood sugar					
SECTION 2: CHECKING BLOOD SUGAR					
Goal Range: <input type="checkbox"/> Before meals <input type="checkbox"/> After meals					
How/When to Check: <input type="checkbox"/> QID – on insulin <input type="checkbox"/> BID – fasting, and 2 hour pc <input type="checkbox"/> _____					
Use /name of meter: _____					
Record keeping					
Interpretation: in range, high, low					
Benefits of managing BG and keeping BG in range					
SECTION 3: INSULIN					
Insulin Action Times: Names: <input type="checkbox"/> _____ <input type="checkbox"/> _____					
Insulin Schedule					
Pre-filled Insulin Pens: assembly, priming, measurement					
How to inject <input type="checkbox"/> Pen					

**Pediatric “Other Diabetes” Education Record
(continued)**

KNOWLEDGE/SKILL	Taught/Observed (initial & date)		Demonstrated Knowledge/Skill (initial & date)		COMMENTS (initial & date)
	CHILD	PARENT	CHILD	PARENT	
Sites and Rotation					
Insulin Storage and Sharps disposal					
Decreasing insulin doses when weaning medication					
Simple Insulin dose adjustment – basal insulin					
How/where to email BG for review <input type="checkbox"/> Email <input type="checkbox"/> Fax					
Certificate of Training					
SECTION 4: LOW BLOOD SUGAR					
Signs/Symptoms					
Treatment					
Causes/Prevention					
Glucagon for severe hypoglycemia (if using rapid-acting insulin)					
Baqsimi (nasal glucagon)					
SECTION 5: HIGH BLOOD SUGAR & KETONES					
High Blood Sugar: Signs and symptoms					
Ketone checks: when/how/why?					
SECTION 6: SICK DAYS					
Effect of illness on blood sugar					
Management of sick days					

**Pediatric "Other Diabetes" Education Record
(continued)**

SECTION 7: OTHER					
<i>Diabetes emergency contact</i>					
<i>When/how to get medical help</i>					
<i>Notify diabetes team if medication adjusted or restarted/discontinued</i>					
<i>Medical Alert/ID</i>					
<i>Discharge instructions and follow up appt</i>					
<i>Additional resources:</i> <input type="checkbox"/> BCCH website <input type="checkbox"/>					

Follow-up Plan:

- Phone: _____
- Email: _____
- Appointment: _____

Progress Notes:

NOTES: The Education checklist is a guide only. All education must be provided at a time and pace suitable for patient and family needs, learning capacity and situation. The purpose of this checklist is to document **basic level education**. More advanced education is to be provided and documented at follow-up when learners are ready and able to learn more.