



**PEDIATRIC TYPE 1 DIABETES EDUCATION RECORD**

**FOR NEWLY DIAGNOSED PATIENTS STARTING ON CONVENTIONAL REGIMENS**

This checklist is to be used with the education resource: [A Guide for Families: Diabetes Care for Children and Teens with Type 1 Diabetes](#) (see Notes, page 4).

**PARENTS/CAREGIVERS PRESENT FOR DIABETES EDUCATION:**

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

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**BRIEF HISTORY OF PRESENTATION AND OTHER HEALTH or PSYCHOSOCIAL COMMENTS:**

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**Pediatric Type 1 Diabetes Education Record: Conventional Regimens  
(continued)**

**Note: Parent =Responsible Guardian**

KNOWLEDGE/SKILL	Taught/Observed (initial & date)		Demonstrated Knowledge/Skill (initial & date)		COMMENTS (initial & date)
	CHILD	PARENT	CHILD	PARENT	
<b>SECTION 1: WHAT IS DIABETES?</b>					
How the body uses sugar for energy					
What is type 1 diabetes?					
Effect of insulin, food, activity on blood sugar					
<b>SECTION 2: CHECKING BLOOD SUGAR</b>					
Goal Range: 4–8mmol/L Target _____ Pre-meal _____ Bedtime					
When to check					
Use of meter/name of meter: _____					
Obtaining sample					
Single-person lancing device					
Record keeping					
Interpretation (basic)					
PharmaCare certificate					
<b>SECTION 3: LOW BLOOD SUGAR</b>					
Signs/symptoms					
Treatment					
Causes/prevention					
Glucagon for severe hypoglycemia					
<b>SECTION 4: INSULIN</b>					
Insulin action times					
Insulin schedule					
Insulin pens: assembly, priming, measurement					

**Pediatric Type 1 Diabetes Education Record: Conventional Regimens  
(continued)**

KNOWLEDGE/SKILL	Taught/Observed (initial & date)		Demonstrated Knowledge/Skill (initial & date)		COMMENTS (initial & date)
	CHILD	PARENT	CHILD	PARENT	
How to inject with: <input type="checkbox"/> pen <input type="checkbox"/> syringe					
Measuring/mixing with a syringe from: <input type="checkbox"/> vials <input type="checkbox"/> pen cartridges					
Insulin storage and sharps disposal					
Changing needs for growth/development					
<b>SECTION 5: FOOD</b>					
Food choices for children and teens: <input type="checkbox"/> foods with carbohydrate <input type="checkbox"/> foods with no carbohydrate					
Beyond the Basics meal-planning poster					
Timing of meals and snacks					
Label reading for carbohydrate					
Speed of sugar: <input type="checkbox"/> fast facts about food <input type="checkbox"/> how quickly foods raise blood sugar					
<b>SECTION 6: PHYSICAL ACTIVITY</b>					
Effect of activity on blood sugar					
Blood glucose monitoring					
Extra food for extra activity					
Insulin needs and physical activity					

**Pediatric Type 1 Diabetes Education Record: Conventional Regimens  
(continued)**

KNOWLEDGE/SKILL	Taught/Observed (initial & date)		Demonstrated Knowledge/Skill (initial & date)		COMMENTS (initial & date)
	CHILD	PARENT	CHILD	PARENT	
<b>SECTION 7: HIGH BLOOD SUGAR, KETONES, DKA</b>					
High blood sugar: signs/symptoms					
Ketones: meanings/ signs/symptoms					
Ketone checks: when/how/why					
Need for insulin to prevent DKA					
<b>SECTION 8: SICK DAYS</b>					
Effect of illness on blood sugar					
What to do when a child is sick					
Foods and fluids during illness					
<b>SECTION 9: OTHER</b>					
Diabetes emergency contact					
When/how to get medical help					
Medical alert/ID					
School/daycare					
Nursing Support Services					
Discharge instructions					
Prescription provided					
Diabetes review (quiz)					
Additional resources: <input type="checkbox"/> BCCH website <input type="checkbox"/> JDRF <input type="checkbox"/> Diabetes Canada <input type="checkbox"/> IDA module <input type="checkbox"/> MDI module <input type="checkbox"/> Carbohydrate counting module <input type="checkbox"/> Other:					

**Pediatric Type 1 Diabetes Education Record: Conventional Regimens  
(continued)**

**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.