

ENDOCRINOLOGY & DIABETES PROGRAM



DATE: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Endocrinologist: \_\_\_\_\_

Nurse: \_\_\_\_\_

### TEACHING CHECKLIST: HYDROCORTISONE REPLACEMENT

**Assessment:** Include diagnostic information, familiarity with medications and injections, caregivers, participation in high risk activities, and proximity to health care.

\_\_\_\_\_  
\_\_\_\_\_

**Learners** (include relationship to patient): \_\_\_\_\_

1. \_\_\_\_\_ Understands condition and purpose of hydrocortisone replacement
2. \_\_\_\_\_ Knows normal daily dose, schedule, and method of administration
3. \_\_\_\_\_ Knows the situations that cause a physical stress to the child
4. \_\_\_\_\_ Knows the situations that require an emergency intramuscular dose.
5. \_\_\_\_\_ Describes a plan for managing an emergency.
6. \_\_\_\_\_ Demonstrates IM administration.
7. \_\_\_\_\_ Knows management of sick infant: close observation; check and treat increased temp; observe hydration, and provide fluids (Pedialyte® or formula); call physician appropriately.
8. \_\_\_\_\_ Knows purpose, inscriptions and source of MedicAlert ID.
9. \_\_\_\_\_ Nursing Support Services Referral completed.
10. \_\_\_\_\_ Receives appropriate handouts:
  - a. \_\_\_\_\_ Condition-specific booklet, web sites, support groups.
  - b. \_\_\_\_\_ *Management of Hydrocortisone Replacement.*
  - c. \_\_\_\_\_ Travel Letter.
  - d. \_\_\_\_\_ School Letter.
  - e. \_\_\_\_\_ MedicAlert application.
  - f. \_\_\_\_\_ *Influenza Vaccine for Children who are Cortisol-Dependent.*
  - g. \_\_\_\_\_ *Vaccinations for Children who are Cortisol-Dependent.*
  - h. \_\_\_\_\_ Emergency kit, needle size \_\_\_\_\_.

**Follow-up Plan:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

RN Signature: \_\_\_\_\_