

**ENDOCRINOLOGY & DIABETES UNIT**

Endocrine Clinic

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<http://endodiab.bcchildrens.ca>



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

**TEACHING CHECKLIST: GROWTH HORMONE (VIALS)**

Brand: \_\_\_\_\_

Dose: \_\_\_\_\_

Volume of diluent: \_\_\_\_\_ mL

Syringe for mixing: \_\_\_\_\_

Volume of injection: \_\_\_\_\_ units

Syringe for injection: \_\_\_\_\_

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

1. \_\_\_\_\_ Obtain baseline measurements
2. \_\_\_\_\_ Review supplies, storage before and after reconstitution, and expiration dates
3. \_\_\_\_\_ Practice reconstitution
4. \_\_\_\_\_ Practice drawing up medication and eliminating air bubbles
5. \_\_\_\_\_ Review drawing up last dose from vial and remainder from new vial
6. \_\_\_\_\_ Practice injection administration
7. \_\_\_\_\_ Review injection rotation sites
8. \_\_\_\_\_ Review sharps disposal
9. \_\_\_\_\_ Discuss medication schedule and charting

**Documents and Supplies**

1. \_\_\_\_\_ Product-specific education materials / sharps disposal / injection sites
2. \_\_\_\_\_ Product-specific patient support program documents
3. \_\_\_\_\_ Consent for study registry
4. \_\_\_\_\_ Travel letter
5. \_\_\_\_\_ Cooler

Date of 1<sup>st</sup> Follow-up Clinic Visit: \_\_\_\_\_

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

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

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