

PAEDIATRICS STRUCTURED DIABETES EDUCATION CHECKLIST

GENERAL INFORMATION:

Name: _____ Date of Birth: _____ Age: _____ Gender: _____

OP/IP No: _____ Tel No: _____ Email: _____ Old/ New Patient: _____

Employment status of: Father/Guardian _____ Mother/Guardian _____

Education level of: Father/Guardian _____ Mother/Guardian _____

Date of Diagnosis: ____/____/____ Diabetes Type: Type 1 Type 2 Other (specify) _____

VISIT 1

DATE:

NOTES

- Establish support system
 - Definition of diabetes
 - Type of diabetes
 - Role and types of insulin
 - Insulin injection sites Injection technique Return demonstration by client
 - Insulin storage
 - Hypoglycemia: Signs and symptoms Management of hypoglycemia Hypo-kit
 - Nutrition
 - Physical activity
 - Self-monitoring of blood glucose: Blood glucose targets When to monitor Testing technique and sites
 - Record keeping
 - Encourage positive attitude
- Reviewed by Name: _____ Designation: _____ Time: _____ Signature: _____

VISIT 2

DATE:

NOTES

- Growth assessment
 - Interpreting blood sugar results
 - How to adjust insulin doses
 - Honeymoon stage
 - Diet review
 - Hypoglycemia
 - Hyperglycemia
 - Picnic bag
 - Diabetes and school
- State the need for other tests (thyroid, lipid profile, HbA1C)
- Reviewed by Name: _____ Designation: _____ Time: _____ Signature: _____

PAEDIATRICS STRUCTURED DIABETES EDUCATION CHECKLIST

VISIT 3

DATE:

NOTES

Insulin: patient to state type, dose, time, route

Injection technique Injection site assessment

State time action of drugs

Insulin storage

Signs and symptoms of infection

Sick day management Ketone testing

Annual review: remind about assessment for microvascular complications, thyroid assessment

Reviewed by Name: _____ Designation: _____ Time: _____ Signature: _____

VISIT 4

DATE:

NOTES

Growth assessment

Exercise

Diet review

Hyperglycemia

Reviewed by Name: _____ Designation: _____ Time: _____ Signature: _____

VISIT 5

DATE:

NOTES

Traveling, holidays and camps

Parties and festive seasons

Diet review

Exercise review

Insulin review

Support system education

Reviewed by Name: _____ Designation: _____ Time: _____ Signature: _____

VISIT 6

DATE:

NOTES

Foot care

Lifestyle issues: alcohol, smoking, drugs, sexual health

Ongoing dietary assistance

Supplemental education

Reviewed by Name: _____ Designation: _____ Time: _____ Signature: _____

OTHER VISITS (Notes)