

# PEDIATRIC EDUCATION CHECKLIST

## DIABETES CENTRE

**INSTRUCTIONS:**

- Instruction** Use this column to indicate the first time the topic was taught/reviewed.
- Reinforcement** Use this column to indicate review of specific topics.
- Date** Record date. Initial if required.
- C** Check (✓) when exhibits understanding and ability to apply.
- H** Check (✓) if handouts/material given.
- F** Check (✓) if family/others were present for instruction.
- G** Check (✓) if topic was instructed in a group.
- \*** Indicates survival skills for appropriate treatment type.

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
<b>What is Diabetes?</b>															
<b>Antihyperglycemic Agents</b>															
• Name/dosage/action/timing*															
• Side effects/interactions*															
<b>Insulin</b>															
• Name/dosage/action/timing*															
• Storage/preparation															
• Injection/site selection/rotation*															
• Pens/syringes															
• Adjustment/pattern management															
• Special aids															
<b>Hypoglycemia</b>															
• Signs & symptoms/treatment*															
• Causes/prevention*															
• Glucagon*															
• Diabetes identification															
• Recognizing patterns															
• Driving (safety)															
<b>SMBG</b>															
• Purpose/frequency/timing															
• Technique/record keeping															
• Target values/interpretation/action															
• Meter care/lab comparison															
<b>Ketone Monitoring</b>															
• Purpose/frequency															
• Technique/interpretation/action															
<b>Sharps Disposal*</b>															
<b>Infection Control*</b>															
• Single use needles															

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
<b>Record Keeping</b>															
<b>Supervision</b>															
<b>Nutrition</b>															
• Healthy eating guidelines															
• CHO sources/balance/consistency*															
• Regular meals/spacing*															
• Meal balance/variety*															
• Snacking*															
• Role of macronutrients															
• Specific modification: <input type="checkbox"/> fat															
<input type="checkbox"/> sodium															
• Other: <input type="checkbox"/>															
<input type="checkbox"/>															
<b>Meal Plan*</b>															
• Just the Basics™															
• Simplified/menus/CFG															
• Portion control															
• Beyond the Basics™															
• CHO counting															
• Glycemic Index															
• Other:															
<b>Dietetic Foods/Sweeteners</b>															
<b>Label Reading</b>															
<b>Special Eating Situations</b>															
• Travel															
• Other:															
<b>Alcohol</b>															
• Effect on blood glucose*															
• Interaction with medication															
<b>Weight Control and DM</b>															
• Setting goals															
• Effect on BG/BP/lipids															
• Other:															

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
<b>Exercise</b>															
• Benefits/role															
• Monitoring/compensation for exercise															
<b>Supplements</b>															
• Vitamins/minerals															
• Herbal															
<b>Sick Day Management</b>															
• Contact health professional															
• Insulin adjustment															
• Hyperglycemia/ketoacidosis															
• Monitoring protocol															
• Medication protocol															
• OTC medications															
• Intake for sick days															
<b>Sexual Health</b>															
• Birth control															
• Other: <input type="checkbox"/>															
<input type="checkbox"/>															
<b>Self-Management/Goal Setting Complication Prevention</b>															
• Goals of treatment/targets															
• Eye care/dental care															
• Foot care/skin care															
• Lab tests/routine assessment															
• Preventative practices															
• Immunization															
• Emergency preparedness															
<b>School Prepared</b>															
<b>Transition Issues</b>															
<b>Stress Management/Depression</b>															
<b>Family at Risk (Prevention)</b>															
<b>Community Resources/Supports</b>															
<b>Other:</b>															

