Moving on...with Diabetes ADOLESCENT KNOWLEDGE & SKILLS SELF-ASSESSMENT (AGES 13-16 YRS)

DIABETES EDUCATOR/TEAM USER GUIDE

PURPOSE

- Evaluates knowledge and skill level related to diabetes management.
- Directs further education/skill development prior to transition.
- Provides adolescent self-assessment of learning needs.
- Used by pediatric designate/team to work through topics.
- Topics color-coded for ease of use.

INSTRUCTION

- Complete during the preparation phase of the transition process (ages 13-16 years).
- Document name, age, and year completed and keep on chart.
- Mail out prior to appointment or have completed while adolescent waiting to be seen.
- Use all topic sheets intermittently through ages 13-16 years.
- Use individually or in a group session.
- Review and assess actual knowledge and skill level of topic on a regular basis.

Transition from pediatric to adult diabetes care is a purposeful, progressive process.

The pediatric team members should continuously review and re-assess actual knowledge and skill level of the adolescent through active discussion of answers circled on the topic sheets, problem solving (using their own data, situations, etc.), and what the adolescent is actually doing on a day to day basis.

It is important to verify that the adolescent is at the level he/she thinks, with regard to self-management skills, to indentify any gaps that need further education/skill development prior to transition.

Moving on...with Diabetes BLOOD SUGAR CHECKS

Name:	Age:	Month/Ye	ar Comp	leted:						
In the section below, circle the number that best describes how well you know each topic (1 means you know nothing about the topic; 5 means you know everything about the topic).										
I know		1	2	3	4	5				
How to take care of my blood sugar meter										
How to do a lab comparison test with my me	ter									
How to keep a record of my blood sugar read	ings									
How to look for patterns in my blood sugar re	eadings									
Why it is important to wash my hands before	testing									
What my target blood sugar is before and 2 h	ours after me	eals								
How often I should check my blood sugar										
How to upload blood sugar readings from me	ter									

Moving on...with Diabetes INSULIN

Name:	Age:	Month/Year Completed:								
In the section below, circle the number that best describes how well you know each topic (1 means you know nothing about the topic; 5 means you know everything about the topic).										
I know		1	2	3	4	5				
The name and type of my insulin(s)										
How and when my insulin(s) works										
How to choose insulin injection or pump site(s)									
Why I should rotate my sites										
The best way to inject my insulin										
How to use my insulin pen (or insulin syringe)										
How to adjust (change) my insulin dose										
How to store my insulin at home										
How to store my insulin when travelling										
What to do with my used needles and sharps										

Moving on...with Diabetes FOOD

Name:	Age:	Age: Month/Year Completed:								
In the section below, circle the number that best describes how well you know each topic (1 means you know nothing about the topic; 5 means you know everything about the topic).										
I know how to		1	2	3	4	5				
Choose healthy meals/healthy portions										
Space my meals and snacks										
Choose healthy snacks										
Read food labels										
Count carbohydrates										
Adjust insulin dose for number of carbohyd	rates I eat									
Manage my diabetes during parties and spe	ecial occasion	ıs								

Moving on...with Diabetes EXERCISE AND PHYSICAL ACTIVITY

Name:	Age:	Month/\	ear (Compl	eted:						
In the section below, circle the number that best describes how well you know each topic (1 means you know nothing about the topic; 5 means you know everything about the topic).											
I know			1	2	3	4	5				
How physical activity can affect my blood so	ugar										
When to check my blood sugar when I am բ	physically acti	ve									
How much extra food (CHO) to take for diff	ferent types o	f activity									
How to make changes to my insulin dose w	hen physicall	y active									
How to fit 30 minutes of unplanned physica	al activity into	my day									
Why physical activity is important for people	le with diabet	ces									

Moving on...with Diabetes PUMPS

Name:	Age:	Month/Year	Com	olete	d:					
In the section below, circle the number that best describes how well you know each topic (1 means you know nothing about the topic; 5 means you know everything about the topic).										
I know			1	2	3	4	5			
How to set up and start my insulin pump										
How to insert my pump infusion set										
How and where to rotate sites										
My plan for keeping a written copy of all	my pump setti	ngs								
How to set a temporary basal and can list	t examples of t	imes to use it								
How to use an extended wave bolus and can list examples of times to use these	dual/combo b	olus and								
How to do a correction bolus										
How and when to check for ketones										
When to give a correction bolus by syring	ge instead of th	ne pump								
How to use my insulin-to-carb ratio										
How to use my pump calculator										
How the pump calculator can help me pr	event insulin "	stacking"								
How to test to see if my insulin-to-carb ra	atio is working									
When and why to carry extra pump supp	lies with me									
What to do if my pump stops working										
When I need to start a longer-acting insu	lin (basal) for p	oump failure								
How to calculate basal insulin doses for n	oump failure									

Moving on...with Diabetes LOWS

Name:	Age:	Month/Year Completed:								
In the section below, circle the number that best describes how well you know each topic (1 means you know nothing about the topic; 5 means you know everything about the topic).										
l know			1	2	3	4	5			
What low blood sugar is										
What can cause low blood sugar										
How to tell when I am having a low blood su	gar									
What to do when I am having a low blood su	gar									
What to carry with me to treat a low blood s	ugar									
Why I need diabetes identification (ID)										
What to tell my friends to do if I have a low b	olood sugar									
What glucagon is used for										
How to avoid low blood sugar										
The guidelines for driving and diabetes										
The guidelines for alcohol and diabetes										

Moving on...with Diabetes HIGHS

Name:	Age:	Month/Year Completed:								
In the section below, circle the number that best describes how well you know each topic (1 means you know nothing about the topic; 5 means you know everything about the topic).										
I know			1	2	3	4	5			
What high blood sugar is										
What causes a high blood sugar										
The signs of a high blood sugar										
How and when to check for ketones										
How and when to change my insulin dose t	to lower high	blood sugar								

Moving on...with Diabetes WHEN I AM SICK

Name:	Age:	Month/Y	ear Co	mplet	ed:		-				
In the section below, circle the number that best describes how well you know each topic (1 means you know nothing about the topic; 5 means you know everything about the topic).											
I know			1	2	3	4	5				
How often to check my blood sugar											
When to take my insulin											
When to check for ketones											
How to adjust my insulin and food											
How to adjust my insulin to correct a high blo	od sugar with	n ketones									
To take lots of water/sugar-free drinks											
I have a plan to tell someone when I am sick, so they can help me if needed											
When to contact my diabetes care team											