

Health PEI

Diabetes Teaching Checklist

Level of understanding

U - Understanding indicated
 R - Repeat
 N/A - not applicable

Topics	Date	Name	Eval	Topics	Date	Name	Eval
Diabetes Education Package - type <input type="checkbox"/> Insulin <input type="checkbox"/> Non-Insulin	Date 1	Name 1	Eval 1	Importance of site rotation for insulin injection	Date 1	Name 1	Eval 1
	Date 2	Name 2	Eval 2		Date 2	Name 2	Eval 2
What is diabetes?	Date 1	Name 1	Eval 1	Sharps Disposal <input type="checkbox"/> Single use needles	Date 1	Name 1	Eval 1
	Date 2	Name 2	Eval 2		Date 2	Name 2	Eval 2
Hypoglycemia/ Hyperglycemia <input type="checkbox"/> Signs & Symptoms <input type="checkbox"/> Management	Date 1	Name 1	Eval 1	Blood Glucose Monitoring <input type="checkbox"/> Meter / Test strip <input type="checkbox"/> Purpose <input type="checkbox"/> Frequency <input type="checkbox"/> Target Values <input type="checkbox"/> Lancets	Date 1	Name 1	Eval 1
	Date 2	Name 2	Eval 2		Date 2	Name 2	Eval 2
Medication Administration <input type="checkbox"/> Oral medication <input type="checkbox"/> Use of Pen/Syringe	Date 1	Name 1	Eval 1	General Information <input type="checkbox"/> Complications, management and prevention	Date 1	Name 1	Eval 1
	Date 2	Name 2	Eval 2		Date 2	Name 2	Eval 2
Insulin <input type="checkbox"/> Types & actions <input type="checkbox"/> Storage	Date 1	Name 1	Eval 2	Nutrition <input type="checkbox"/> Consult Dietician	Date 1	Name 1	Eval 1
	Date 2	Name 2	Eval 2		Date 2	Name 2	Eval 2
Insulin Injection <input type="checkbox"/> location of sites <input type="checkbox"/> needle length	Date 1	Name 1	Eval 1	<input type="checkbox"/> Refer to Provincial Diabetes Program	Date 1	Name 1	Eval 1
	Date 2	Name 2	Eval 2		Date 2	Name 2	Eval 2
Identified Family Goals: _____ _____				Videos/Books	Date		
Identified Learning Barriers: _____ _____							
Comments: _____ _____							

Upon completion, fax copy of this teaching record along with referral to the Provincial Diabetes Program (see referral form for fax #s)

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Client/Family Teaching Guidelines

1. Log into www.healthpei.ca/carepathways Find Client Education materials. Identify Diabetes folder and open. Print a copy of the applicable material enclosed. (Insulin or Non Insulin)
2. Otherwise, obtain from specified location on your unit, facility, or work site.
3. Material provided in the Package correlates with the specific teaching checklist.
4. Use the checklist as a guide to the provided teaching material. It is a part of the paper chart.
5. Each row represents a specific element of education required prior to discharge.
6. Once the element is taught/covered with the client/family, date and sign your name in the row that corresponds with the material . (This communicates to other health care providers what material has been covered.)
7. A key provided on the top left hand corners allows staff to document the level of understanding in the Eval. column that corresponds to the material
8. An “R” in the Eval. Column indicates that the material needs to be repeated/ reviewed again, therefore some rows may require more than one date and signature.
- 10 The section at the bottom provides staff the opportunity to identify any goals or learning barriers the client/family may have.
- 11 An additional section is provided to document any additional sources of information that are used to educate the client/family.