

	Name, DOB, MRN	
	Newly Diagnosed Education Competency Checklist	
Commencement Date	Performance Criteria	Completion Date
	<p>Overview of Type 1 diabetes <i>Patient and/or Parent can demonstrate understanding of:</i></p> <ol style="list-style-type: none"> 1. What is Type 1 diabetes. 2. How diabetes was diagnosed. 3. What having diabetes will mean for the child/family. 4. General overview of treatment. 	
	<p>Low Blood Glucose -Treatment <i>Patient and/or Parent can demonstrate an understanding of:</i></p> <ol style="list-style-type: none"> 1. Normal range of blood glucose (BG) level 2. What is a low BG (hypoglycaemia). 3. Signs and symptoms of low BG. 4. How to treat a low BG. 5. Carrying Lucozade/glucose tabs. 6. Reasons why BG might drop. 7. Relationship between food/insulin/exercise and impact on BG. 8. Ability to administer Glucagon. 	
	<p>High BG and Ketones. <i>Patient and/or Parent can demonstrate an understanding of:</i></p> <ol style="list-style-type: none"> 1. What is a high BG (hyperglycaemia). 2. Signs and symptoms of high BG. 3. Reasons why BG may be high. 4. What are ketones? 5. When to check for ketones. 6. Understanding ranges of ketones levels. 7. Management of high ketones. 	
	<p>Testing BG and ketones using meter. <i>Patient and/or Parent can outline:</i></p>	

	<ol style="list-style-type: none"> 1. Ability to set up meter – time/date etc. 2. General care of meter. 3. Hand hygiene. 4. Ability to use lancet device and change lancets. 5. Ability to perform a BG test. 6. Ability to perform ketone test. 7. Safe disposal of sharps. 8. Keeping record of BG readings in diary/download. 	
	<p>Insulin and administration of same. <i>Patient and/or Parent can outline and show understanding of:</i></p> <ol style="list-style-type: none"> 1. What insulin is. 2. Types of insulin and profiles of each. 3. Safe storage of insulin. 4. Ability to either free mix using a syringe or use insulin pen. 5. Choosing sites and site care. 6. Safe disposal of sharps. 	
	<p>Adjustment of Insulin. <i>Patient and/or Parent can outline:</i></p> <ol style="list-style-type: none"> 1. Actions of insulins. 2. Understanding how to interpret BG levels. 3. When to adjust insulin. 4. Which insulin to adjust. 5. Looking for patterns. 	
	<p>Illness management. <i>Patient and/or Parent show understanding of:</i></p> <ol style="list-style-type: none"> 1. Sick day rules. 2. Vomiting and diabetes. 3. Ketones when sick. 4. Diabetic ketoacidosis (DKA) and management of same. 	
	<p>General instructions <i>Patient and/or Parent show understanding of:</i></p> <ol style="list-style-type: none"> 1. Traveling with diabetes. 2. Carrying ID. 3. Contact numbers of Diabetes centre and emergency number. 4. Advice for schools, crèche, carers. 5. Useful websites, DFI. 	

I have sufficient knowledge and skill to undertake my child's diabetes management independently. I acknowledge it is my responsibility to contact the diabetes nurse specialist if I require further assistance or am unsure of any aspect of my child's diabetes management.

Signature of Parent:

Date:

Signature of Diabetes Nurse Specialist:

Date: