

DIABETIC SURVIVAL SKILLS PATIENT TEACHING CHECKLIST

--

Directions: Provide instructions to patient/family
Evaluate progress and document in appropriate content area

EDUCATIONAL NEEDS “Knowledge Deficit of”	Information Given <i>SIGN & DATE</i>	Needs Reinforce- ment <i>CHECK</i>	Appropriate Feedback/ Independent <i>SIGN & DATE</i>
I. Knowledge of Illness/Injury			
A. Diabetes Mellitus			
B. Reportable signs/symptoms: Hypoglycemia			
a. Hungry			
b. Heartbeat fast			
c. Dizzy			
d. Headache			
e. Sweaty			
f. Confused			
C. What To Do – Carry some carbohydrate or sugar to take in case of emergency			
D. Additional Comments			
E. Family/s.o. support <input type="checkbox"/> Yes <input type="checkbox"/> No Who _____			
F. Diabetes identification			
II. Medications			
A. Oral agent(s)			
B. Insulin injection/technique			
a. Fill syringe w/ prescribed insulin			
b. Choose and cleanse site w/ alcohol swab			
c. Pinch skin or stretch			
d. Insert needle into skin at 45-90° angle			
e. Push plunger all the way down			
f. Pull needle out			
g. Press alcohol swab over site			
h. Dispose of syringe as directed			
III. Nutritional Needs			
A. Diabetic dietary basics			
B. Bring food record to clinic visit			
C. Schedule nutrition f/u			
IV. Activity/Exercise			
V. Self-Care Procedure(s)			
A. Glucose monitoring: <input type="checkbox"/> visual <input type="checkbox"/> meter			
B. Foot care			
C. Bring meter to DIAB ED Visit			
VI. Equipment/Supplies			
VII. Booklet(s)/Audiovisual(s) Provided – List			
VIII. Referrals (outside agencies) - Specify			