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| **Educational Goal** | **FULLY ACHIEVED**  **(√ / NA)** | **PARTIALLY ACHIEVED**  **(√ / NA)** | **GOALS TO WORK TOWARDS** | | **DATE & SIGNATURE** |
| **GOAL** | **REVIEW DATE** |
| **Diabetes Knowledge**  Young People should: | | |  |  |  |
| * Know about the body’s vital organs/systems, including the digestive system and the pancreas. |  |  |
| **Food**  Young People should: | | |  |  |  |
| * Know which foods and drinks are best to eat to support good health and normal growth. |  |  |
| * Be able to understand food labels for carbohydrate counting and for good health. |  |  |
| * Feel confident in counting carbohydrates in familiar foods. |  |  |
| * Understand that carbohydrate-containing foods can be slow or fast-acting (have a low or high glycaemic index). |  |  |
| * Be familiar with different types of food sweeteners and be able to name some if asked. |  |  |
| * Be able to join in and eat with their friends. |  |  |

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| **Exercise**  Young people should understand that: | | | |  |  |  |
| * Blood glucose levels should be checked before exercise, also which readings mean that they need to take a ketone test and which readings mean they need to eat more carbohydrate before exercising. |  | |  |
| * Their target blood glucose pre-exercise is       mmol/l. They should not exercise if ketones are above       mmol/l. |  | |  |
| * Daily exercise and activity is good for their health, for feeling well and for their diabetes management. |  | |  |
| * They should do some physical activity for at least 60 minutes a day. |  | |  |
| * They need to adjust their insulin dose and their food intake to their level of activity. |  | |  |
| * They should discuss the importance of testing before, during and after exercise with their parents/carers and diabetes care team. |  | |  |
| * There are special rules about the use of their medication in some competitive sports at regional or national level, and that they need to find out about these. |  | |  |
| **Insulin**  It is understood by all that parents/carers should still continue to supervise the young person’s diabetes care.  The young person should: | | | |  |  |  |
| * Be able to take their daily insulin on their own. |  | |  |
| * Gradually take over responsibility for changing insulin doses. |  | |  |
| * Know that the required insulin doses depend on blood glucose levels, food intake, and level of activity. |  | |  |
| * Know how to adjust the dose of rapid-acting insulin during special events, such as parties. |  | |  |
| * Have a good understanding of the relationship between food, exercise and insulin. |  | |  |
| * Understand that required insulin doses will increase rapidly during growth spurts. |  |  | |

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| Young people who use an insulin pump should: | | |  |  |  |
| * Start to learn how to programme their pump with the help of parents/carers. |  |  |
| * Be able to independently perform an infusion set change. |  |  |
| * Be able to inject insulin with a pen in the event of pump failure. |  |  |
| **Blood Glucose Testing**  Young people should: | | |  |  |  |
| * Know the causes and symptoms of both high and low blood glucose levels. |  |  |
| * Be able to interpret the blood glucose levels. |  |  |
| * Be able to use these readings to control their blood glucose levels. |  |  |
| * Learn how to programme and use all the features of a bolus advisor if they have one. |  |  |
| * Be shown their downloaded blood glucose data and/or pump readings, and be part of any discussions about what they mean. |  |  |
| **Hypoglycaemia or HYPO (blood glucose level less than** **mmol/l)**  Young people should know: | | |  |  |  |
| * The causes of low blood glucose levels. |  |  |
| * How to avoid low blood glucose levels. |  |  |
| * The symptoms of low blood glucose levels. |  |  |
| * How to treat low blood glucose levels if they occur, including the need for a snack if a meal is more than 1-2 hours away of if exercising. |  |  |
| * They cannot always rely on warning signs and symptoms and must test their blood glucose if possible. |  |  |
| It is understood by parents/carers that they will have the opportunity to revise how to use glucagon annually, and must check the expiration date of stored glucagon regularly |  |  |

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| **Hyperglycaemia or HYPER (blood glucose more than** **mmol/l)**  Young people should know: | | |  |  |  |
| * The causes of high blood glucose levels. |  |  |
| * How to avoid high blood glucose levels. |  |  |
| * The symptoms of high blood glucose levels. |  |  |
| * How to treat high blood glucose levels when they occur. |  |  |
| * The importance of checking for blood ketones in case of hyperglycaemia. |  |  |
| * They can treat their high blood glucose levels on their own, their parents/carers can help or the diabetes team can help |  |  |
| **Illness**  It is understood by all that parents/carers are responsible for managing their child’s diabetes if the young person is unwell. | | |  |  |  |
| * The young person should tell an adult if they feel ill. |  |  |
| * If unwell, they should check their blood glucose levels. |  |  |
| * If unwell, they should check for the presence of ketones in the blood, even if their blood glucose is not out of range. |  |  |
| * The results of the ketone test and appropriate action to take should be understood. |  |  |
| * If the young person is unwell, parents/carers should remember to check the young person’s temperature. |  |  |
| **Long-term Complications**  Young people should: | | |  |  |  |
| * Understand why good glucose control is very important. Good glucose control protects them from having complications in the future. |  |  |
| * Get their eyes checked every year to make sure there is no damage. |  |  |
| * Start to understand the relationship between their HbA1c value and long-term complications, and agree their individualised target with the diabetes team and their parents/carers. |  |  |

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| **Eating or Sleeping Away from Home** | | |  |  |  |
| * The young person should be able to manage their diabetes if eating or sleeping away from home. If parents/carers feel uncertain about this, they should ask any member of the diabetes team for advice. |  |  |
| * As a precaution, teachers should be told about the young person’s diabetes. |  |  |
| * If another adult is supervising, such as a sports coach, the parent/carer should also inform them about the young person’s diabetes |  |  |
| * The young person should carry some form of identification with them, which states that they have diabetes and require insulin. |  |  |
| **Alcohol**  Young people should: | | |  |  |  |
| * Be give practical advice on the special rules that apply when drinking alcohol. |  |  |
| * Know how alcoholic drinks affect blood glucose levels. |  |  |
| * Know that there is an increased risk of hypoglycaemia after alcohol consumption, including while sleeping and particularly after exercise. |  |  |
| * Know what precautions to take when drinking alcohol. |  |  |
| * Remember to eat extra food to reduce their chances of developing hypoglycaemia. |  |  |
| **Smoking** | | |  |  |  |
| * The young person is aware of the effects that smoking could have on their diabetes and long-term health. |  |  |
| * If they have started smoking, they should know how to get help to stop smoking. |  |  |

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| **Transition** | | |  |  |  |
| * The young person should start to discuss how they will be prepared for transferring from the paediatric diabetes clinic to the young adult diabetes service in the future. |  |  |
| **Social Factors** | | |  |  |  |
| * Young people should be informed about job options, any limitations with respect to job choices and special considerations concerning diabetes and the work environment. |  |  |
| **Emotional Wellbeing**  Young people should understand that: | | |  |  |  |
| * They will have regular opportunities to discuss their thoughts and feelings, including any worries about their diabetes, experiences of bullying or concerns about matters such as body image. |  |  |
| * At least once a year, they will be asked questions about their emotional wellbeing to check whether they need any extra support. |  |  |
| * If they need emotional support or help with managing the impact of their diabetes on their life, they will be offered the chance to talk to the clinical psychologist attached to the team (if available). |  |  |
| * They should know to ask for support from their diabetes team if any aspects of their diabetes care are causing major conflict at home or with friends. |  |  |
| * The can get ‘fed up’ with diabetes at times or have worries about their diabetes, and this is quite normal. |  |  |

**Record any other education provided or notes here:**

**Authorisation date:** **Date of next revision:**