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| **Educational Goal** | **FULLY ACHIEVED**  **(√ / NA)** | **PARTIALLY ACHIEVED**  **(√ / NA)** | **GOALS TO WORK TOWARDS** | | **DATE & SIGNATURE** |
| **GOAL** | **REVIEW DATE** |
| **Diabetes Knowledge**  It is understood by all that although the young person is taking a greater role in managing their diabetes, parents/carers should still continue to supervise overall diabetes care. | | |  |  |  |
| * By now, the young person should thoroughly understand the function of the pancreas and the effect of insulin on the body, and be able to handle all practical aspects of diabetes care. |  |  |
| * If the young person is uncertain about any aspect of their diabetes, they can ask a member of the diabetes team for advice. |  |  |
| **Food**  By now, young people should: | | |  |  |  |
| * Know which foods and drinks are best to eat for good health and regularly include some slow-acting (low glycaemic index) carbohydrates in all their meals. |  |  |
| * Understand that some types of carbohydrate (low glycaemic index) will have beneficial effects on blood glucose. |  |  |
| * Understand the information on food labels. |  |  |
| * Be familiar with, and be able to name, various types of food sweeteners. |  |  |

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| **Food Continued…** | | | |  |  |  |
| * Be able to take part in activities involving food with their friends |  | |  |
| * Be able to count the carbohydrate content of foods using suitable resources (including books, apps and websites if required). |  | |  |
| **Exercise**  Young people should: | | | |  |  |  |
| * Know that blood glucose levels should be checked before exercise. |  | |  |
| * Know that their target blood glucose before sport is       mmol/l, and that they should not exercise if ketones are above       mmol/l. |  | |  |
| * Know which readings mean that they need to take a ketone test, and which readings mean that they need to eat more carbohydrate before exercising. |  | |  |
| * Know that daily activity, including exercise, is essential for a healthy heart, bone strength and weight management. |  | |  |
| * Know that activity and exercise can have a positive impact on how well they feel. |  | |  |
| * Know how to prevent problems that can happen with their blood glucose levels during exercise or sport. |  | |  |
| * Be learning through experience and the results of blood glucose testing, how taking part in sport affects their blood glucose levels and how blood glucose can affect performance. |  | |  |
| * Be made aware of any special rules about the use of their medication in competitive sports at regional or national level. |  |  | |

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| **Insulin**  The young person should: | | |  |  |  |
| * Be able to administer their own insulin with a pen or a pump |  |  |
| * Be learning how to adjust insulin doses based on blood glucose levels. |  |  |
| * Have a good understanding of the relationship between food, exercise and insulin (see Alcohol). |  |  |
| * Know that the timing of insulin doses with respect to mealtimes is different with different types of insulin. |  |  |
| * Be able to examine and care for their own injection/infusion sites and understand zonal site rotation. |  |  |
| If using an insulin pump, the young person should: | | |  |  |  |
| * Feel confident in using advanced bolus features in order to adjust the insulin dose to take account of the carbohydrate content of meals and snacks, and in programming the pump. |  |  |
| * Know how to calculate the dose and to inject insulin in the event of a pump failure. |  |  |
| * Know how to obtain a replacement pump and how to programme it in the event of a pump failure. |  |  |
| * Be confident to perform infusion set changes. |  |  |
| If using a continuous glucose monitor (CGM) the young person should: | | |  |  |  |
| * Be able to insert the sensor themselves, and interpret the results, and know how to act on them. |  |  |

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| **Blood Glucose Testing**  Young people should: | | |  |  |  |
| * Understand that they are responsible for measuring and interpreting their blood glucose levels. |  |  |
| * Understand that it is important that they keep records of their blood glucose levels and their insulin doses. |  |  |
| * Understand that this information will help them assess their blood glucose control and adjust their insulin doses. |  |  |
| * Be able to programme their bolus calculator, maybe download their blood glucose data onto a computer and, with support, interpret the results of downloads. |  |  |
| * Be able to explain the implications of readings outside the normal range. |  |  |
| **Hypoglycaemia or HYPO (blood glucose less than** **mmol/l).**  Young people should: | | |  |  |  |
| * Understand the importance of teaching their friends and schoolmates about diabetes precautions, especially the symptoms and treatment of hypoglycaemia. |  |  |
| * Know when and how to treat hypoglycaemia so that they can instruct potential helpers. |  |  |
| * Know the importance of checking their blood glucose levels after treatment to ensure that a normal blood glucose is restored. |  |  |
| * Understand that treatments for hypoglycaemia should be part of their emergency kit, and they should be able to instruct others in their use. |  |  |
| 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 and symptoms of high blood glucose levels and precautions to avoid it. |  |  |
| * Know the importance of checking for blood ketones in case of hyperglycaemia. |  |  |
| * Understand the results of the ketone test and know the appropriate action to take. |  |  |
| * Be able to treat high blood glucose levels successfully by themselves. |  |  |
| * Keep records of their blood glucose levels and insulin doses to monitor their diabetes and adjust the insulin dose as required. |  |  |
| **Illness**  It is understood by all that if a young person becomes ill, parents/carers are still responsible for their care.  Young people should know to do the following in the event of illness: | | |  |  |  |
| * Inform an adult if they become ill. |  |  |
| * Regularly check their blood glucose levels. |  |  |
| * Check to see if ketones are in the blood, even if blood glucose is not out of range. |  |  |
| * Tell an adult if they find ketones are present in their blood. |  |  |
| * Start to learn how to calculate the extra insulin doses required (with help from their parents/carers). |  |  |
| * Take food and drink, even if they don’t feel like it. |  |  |

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| **Long-term Complications**  The young person should understand why good blood glucose control is vital in preventing long-term complications. They should understand all the routine check-ups needed to detect long-term complications of diabetes at an early stage.  These include: | | |  |  |  |
| * The individualised HbA1c |  |  |
| * Blood pressure monitoring. |  |  |
| * Blood investigations |  |  |
| * Urine tests for microalbuminuria. |  |  |
| * Checking the level of sensation in the feet. |  |  |
| * Regular eye examinations. |  |  |
| The young person should know: | | |  |  |  |
| * Why each test is performed. |  |  |
| * How the results are evaluated. |  |  |
| * The treatment possibilities should any test be positive. |  |  |
| **Eating or Sleeping Away from Home** | | |  |  |  |
| * The young person should now be able to manage their diabetes independently |  |  |
| * As a safety measure, teachers and other adults should be kept informed of the young person’s diabetes care. |  |  |
| * As the young person is now socially independent, they should understand that is advisable for them to carry some form of identification stating that they have been diagnosed with diabetes and require insulin. |  |  |

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| **Alcohol**  Young people should receive advice regarding alcoholic drinks.  They need to know that: | | |  |  |  |
| * They should eat food when they are drinking. |  |  |
| * Certain alcoholic drinks contain carbohydrate, and to understand the effect these will have on blood glucose. |  |  |
| * There is an increased risk of hypoglycaemia after alcohol consumption, including while sleeping. |  |  |
| * Before going to sleep, it is important to eat long-acting carbohydrate foods and test their blood glucose level. |  |  |
| * They run great risks if they drink too much. |  |  |
| * They may overlook the symptoms of hypoglycaemia. |  |  |
| * The liver will not release its sugar stores in the event of a severe hypo. |  |  |
| Because of these risks, they must know to: | | |  |  |  |
| * Eat extra food when drinking alcohol. |  |  |
| * Consider taking less insulin if necessary. |  |  |
| * Tell their friends about the relationship between drinking alcohol and blood glucose levels to ensure that they do not mistake hypoglycaemia for drunkenness. |  |  |
| * Have a reliable plan for waking up the morning after drinking. |  |  |
| **Smoking** | | |  |  |  |
| * The young person should understand the effects that smoking could have on their diabetes and long-term health. |  |  |
| * If they have started smoking they should be made aware of how to get help to stop smoking. |  |  |

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| **Substance Misuse** | | |  |  |  |
| * The young person should be told of the effects that recreational drugs and substance misuse could have on diabetes control and where advice and support can be found locally. |  |  |
| **Sex and Pregnancy**  Young people should: | | |  |  |  |
| * Know the importance of practicing safe sex and how to access contraception, including emergency contraception. |  |  |
| * Understand that barrier contraception should be used to protect against sexually transmitted infections (STIs) |  |  |
| * Understand that having diabetes does not prevent them from becoming pregnant, but does pose certain risks during pregnancy, and that they must inform their diabetes care team immediately if they suspect that they could be pregnant. |  |  |
| * Know how to ensure the safest possible pregnancy |  |  |
| * Achieve excellent blood glucose control before attempting to   get pregnant. |  |  |
| * Review their medications and add folic acid supplements |  |  |
| * Achieve excellent blood glucose control throughout   pregnancy. |  |  |
| * Make frequent visits to the diabetes clinic. |  |  |
| * Take frequent blood glucose tests. |  |  |
| **Transition** | | |  |  |  |
| * The young person should be able to describe their transition process and work with diabetes team in setting their own goals. |  |  |

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| **Social Factors**  Young people should: | | |  |  |  |
| * Be able to discuss strategies for management of diabetes during exams. |  |  |
| * Be made aware that there are very few jobs that they cannot do because of their diabetes, but that there are some jobs for which people with type 1 diabetes may not apply. They should be made aware of which these are. |  |  |
| * Know that it may be harder for a person with diabetes to get certain types of insurance. |  |  |
| * Be made aware of precautions relating to body piercing and tattooing. |  |  |
| * The young person should be told of the effects that recreational drugs and substance misuse could have on diabetes control and where advice and support can be found locally. |  |  |
| **Emotional Wellbeing**  Young people should understand that: | | |  |  |  |
| * They should 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 diabetes on their life, they will be offered the chance to talk to the clinical psychologist attached to the team (if available). |  |  |
| * They should ask for support from their diabetes team if any aspects of their diabetes care are causing major conflict at home or with friends. |  |  |
| * They should ask for help from parents/carers, or the diabetes team if they start to feel any aspects of their care is becoming overwhelming. |  |  |

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

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