



Record Sheet for patients aged **10-11 years** Name:

Instructions for use:

Use this sheet to log the level of knowledge and skill of parents or children (at the older age range, depending on when they were diagnosed)

Competency in achieving goals is defined as follows:

Fully achieved: The patient demonstrates complete competence and confidence in fulfilling the educational goal outlined in the first column.

Partially achieved: The patient has a partial understanding and/or some level of confidence relating to the educational goal.

Educational Goal	Fully Achieved (Yes/NA)	Partially Achieved (Yes/NA)	Goals to work towards		Date & Signature
			Goal	Review date	
Diabetes Knowledge The child should know how insulin works. For example, they should understand that insulin lowers their blood glucose level after a meal. It is understood by all that the child will still need some background information about diabetes from their parents/carers, and that they will continue to oversee their diabetes care.					
Food Children should:					
Know the number of meals they need at school and after school, and when food should be eaten.					
Know that sweets / chocolate should be limited within a healthy balanced diet and may be less frequent than they would choose.					
Be able to describe a healthy, balanced meal.					
Know how many portions of fruit and vegetables they should eat a day.					
Be able to identify different sources of carbohydrate, such as glucose, fructose, sucrose, lactose and starch.					



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Food					
Start to learn how to count carbohydrates with the help of their parents/carers.					
Exercise Children should:					
Know that their target glucose pre-exercise is 7-10mmol/L. Do not exercise if ketones are above 1.5mmol/L.					
Understand how insulin, food and exercise are related.					
Know that glucose levels should be checked before exercise.					
Know which readings mean that they must check ketones, and which readings mean they must eat more carbohydrate before exercising.					
Know what precautions to take when exercising or playing sports.					
Engage in some sort of physical activity for at least 60 minutes a day.					



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Insulin Children should know:					
When to administer insulin and be able to do it independently with their pen or pump.					
Their insulin dosages – but they should also know not to change them without speaking to their parents/carers or diabetes team.					
How to care for their injection/infusion sites, including rotating their injection/infusion sites and not developing any favourites.					
Which insulin is rapid (quick) acting, and which is long (slow) acting.					
How to store their insulin.					
If on an insulin pump they should know:					
How to administer an insulin injection by pen in case of pump failure, and help to perform an injection/infusion set change.					
Diabetes Technology Children should:					
Know how to operate any wearable tech (eg. insulin pump and/or sensor) for managing diabetes, with supervision from an adult.					



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Diabetes Technology Children should:					
Know how regularly this needs to be changed to remain effective.					
Know where on their body these devices can be worn.					
Start to insert any devices independently or with assistance.					
Glucose Monitoring Children should:					
Know that the glucose number relates to how much glucose is in the blood (blood glucose reading) or fluid around the cells (sensor reading).					
Know why it is important to check regularly and when to check throughout the day.					
Know what glucose level they are aiming to achieve.					
Be able to perform their own blood glucose check with a finger prick and glucose meter.					
Recognise sensor alarms, and what the arrows mean (if applicable).					
Respond to these alarms, or inform and adult to respond to these alarms.					



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Glucose Monitoring Children should:					
Know recommended and personal target Hba1c values.					
Parents / careres should keep records or know how to share glucose data with HCPs.					
Hypoglycaemia or HYPO (Glucose Level 3.9mmol/L or less) Children should:					
Know at what number their glucose level is too low.					
Be able to explain the reasons for low glucose levels.					
Know their own symptoms of low glucose levels.					
Know how to correct their low glucose level with the right number of glucose tablets or a sugary drink.					
Know that their glucose level must be rechecked 15 minutes later to confirm recovery.					
Know that they may require a snack if their next meal is more than 1-2 hours away, or if they are exercising.					
Understand that they cannot always rely on warning signs and symptoms and should check their glucose levels regularly.					



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Hypoglycaemia or HYPO (Glucose Level 3.9mmol/L or less) Children should:					
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.					
Hyperglycaemia or HYPER (Glucose Level 10mmol/L or more) Children should:					
Be able to explain the possible reasons for high glucose levels.					
Recognise the signs of high glucose.					
Know when their glucose level is too high. Know that they must check their glucose level and check their blood for ketones.					
Know at what glucose level blood ketones should be checked					
If on an insulin pump:					
Know that a high glucose level might be due to pump failure. Know to check cannula for leaks.					
Know a pen injection may be needed to correct high glucose levels and/or ketones.					
Know that they must inform an adult immediately if their glucose level is too high or if ketones are present in their blood.					



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Illness Children should know:					
That they must inform an adult when they are feeling ill.					
That special sick day rules apply during illness.					
That checking for ketones in their blood at this time is important even if their glucose is not out of range.					
That they need to eat and drink even if they don't feel like it.					
What level of blood ketones are acceptable. What the results of the tests mean (or begin to understand).					
Future Health and Routine Care					
The child should start to understand why active glucose management is important.					
They should understand the need for glucose levels in target to help take care of themselves both now and in the future.					
They should start to understand the relationship between HbA1c and protection against longer term health problems, and agree an individual target.					



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Future Health and Routine Care					
They should know that annual blood checks are to monitor the effects of having diabetes					
Eating or Sleeping Away from Home					
The child should be able to handle a few days away from home as long as an adult is present to supervise their diabetes care at all times.					
As the child is becoming more socially independent (and may be moving out into different situations), it is advisable for them to carry some form of identification stating that they have been diagnosed with diabetes and require insulin.					
Moving to Secondary School					
The child will be living through a time of change as he or she moves from primary to secondary school.					
The child should discuss how to manage changes in the timetable of their school day with their diabetes team.					
The child should be provided with help to develop independence skills such as using public transport and coping with going to the school cafeteria.					



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Emotional Wellbeing Children should understand that:					
They can get 'fed up' with diabetes at times, or have worries about their diabetes, and that this is quite normal.					
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 diabetes team.					
At least once a year, they will be asked questions about their emotional wellbeing to check whether they need any extra support.					
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.					
They can ask for support from their diabetes team if any aspects of their diabetes care are causing major conflict at home or with friends.					

Record any other education provided or notes here:



Authorisation date: Date of next revision

