



Record Sheet for patients aged 6-7 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					
It is understood that parents/carers are responsible for taking care of their child's diabetes, but that their child may be allowed to assist under their supervision.					
The child should be able to say in their own words:					
That he or she has diabetes.					
That their body needs insulin.					
Where on their body they can inject their insulin or put a cannula.					
When they receive insulin and eat regularly, they feel well and can live like other children.					



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			Goal	Review date	
The child should know that:					
They will always have diabetes.					
Diabetes cannot be caught from other people (not contagious).					
No-one knows for sure why some people get diabetes.					
It is not their fault, nor anybody else's fault, that they have diabetes.					
Food					
The child should know the number of meals they need, and when to eat at school or at nursery.					
They may snack during school breaks or when an adult reminds them.					
The child should start to recognise carbohydrate-containing foods and drinks at mealtimes and start to understand that the carbohydrates in this food are counted.					



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Food					
When sweets are offered, the child should explain that they have diabetes.					
If sweets are offered, the child can either eat a small amount and take the rest home or take them all home.					
The child should know what types of drinks they can have freely without affecting their glucose levels.					
Exercise					
It is understood that it is the parent's responsibility to encourage active play and exercise, and that if the child participates in sports, it is the parent's responsibility to supply extra food or adjust the insulin dose accordingly. Your child's target glucose pre-exercise is 7-10mmol/L. Do not exercise if ketones are above 1.5mmol/L.					
The child should know that:					
Glucose levels should be checked before exercise and active play.					



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Exercise					
If they participate in sports, they understand that it is the responsibility of their parent/carer to supply extra food and adjust the insulin dose if needed.					
It is good if they can explain, in simple words, the relationship between food, exercise and insulin.					
Technology					
Children can read out glucose number on glucose sensors and press buttons on insulin pumps if they feel able, always with adult supervision.					
Children can identify appropriate cannula and sensor sites on rotation.					
Insulin It is understood by all that insulin administration is the parent's responsibility.					
The parent/carer may allow the child to assist in preparing the pen device, pointing out the injection site to be used, then counting to 10 once the insulin is delivered.					



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Insulin					
At this age, the child can be encouraged to inject themselves, but always under supervision.					
The parent/carer should encourage their child to use all available injection/infusion sites and not develop any favourites.					
If the child uses an insulin pump, they may be able to button-push under supervision.					
If the child wears an insulin pump, they are aware it is not a toy.					
Glucose Monitoring					
The child may assist with glucose checking, but only under the supervision of an adult.					
The child should know that glucose checking is an essential part of diabetes management.					
The child should know to tell an adult if they hear a sensor alarm.					
The child should know that the glucose number relates to how much glucose is in their blood (blood glucose reading) or fluid around the cells (sensor reading).					



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Hypoglycaemia or HYPO (Glucose level 3.9mmol/L or less)					
Children who have experienced a low glucose level should be able to describe their symptoms. They should know that:					
They should tell an adult how they feel straight away, so they can get help.					
Their glucose must be checked to confirm that they are hypoglycaemic, sometimes with a finger prick					
They will need to take glucose tablets or a sugary drink.					
Their glucose should be rechecked (by finger prick or sensor reading) 15 minutes later to confirm recovery (20mins sensor).					
They should also take a snack if they are not due to eat a meal or snack, or about to exercise.					
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)					
The child should start to recognise when their glucose numbers are too high.					



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It is understood by parents/carers that they should keep records of the child's glucose levels, by sharing glucose data with HCP. This allows adjustments of insulin doses as required.					
Illness					
The child should know that they must always turn to an adult for help if they feel ill.					
Emotional Wellbeing					
The child should understand that they – and their parents/carers – can get 'fed up' with diabetes at times, or have worries about diabetes.					
The child may experience inquisitive or unkind comments from peers at school. Encourage them to talk about this so they can get support.					
The child should feel supported by a clinical psychologist attached to their team (if available). The child should feel able to speak to parents or HCP in clinic if they are having difficult feelings about diabetes.					

Record any other education provided or notes here:



Authorisation date: Date of next revision

