



Record Sheet for patients aged 8-9 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 be able to say in their own words					
That they have diabetes.					
That their body needs insulin.					
Where on their body they can administer insulin.					
That they can live like other children and feel well when they eat regularly, take insulin and keep their glucose level steady.					
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					



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Food The child should:					
Know the number of meals and snacks they need at school and after school, and when food should be eaten.					
Start to recognise carbohydrate-containing foods and drinks and that grams of carbohydrates must be counted.					
Know how many portions of fruit and vegetables they should eat per day.					
Recognise types of drinks they can drink freely without affecting 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. ISPAD recommends your child's target glucose pre-exercise is 7-10mmol/L. Although tighter targets may be used. 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.					
Exercise and sports require more food and possibly less insulin.					



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Technology					
Children can read out glucose numbers from glucose sensors and press buttons on insulin pumps, always with adult supervision.					
Children can identify appropriate cannula and sensor sites on rotation.					
Children can help with cannula and / or sensor insertion if they feel able.					
Insulin Insulin administration is the parent's responsibility.					
Parents/carers may encourage the child to assist by allowing them to prepare the pen device and point out the injection site to be used.					
At this age, the child can be encouraged to inject themselves, but always under supervision. The child should know that they receive 2 different types of insulin everyday, if on injections.					
If using an insulin pump, the child can start to button-push under supervision.					



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Insulin:					
The parent/carer should supervise good injection/infusion site care including the rotation of injection/ infusion sites.					
The child should understand that the amount of insulin they have during the day will vary depending on how much carbohydrate they eat.					
The child should know that they may need a pen injection occasionally incase of pump failure.					
Glucose Monitoring					
The child should know that the glucose number relates to how much glucose is in the blood (blood glucose meter) or fluid around the cells (sensor reading).					
The child should be able to perform their own blood glucose check with a finger prick and a glucose meter.					
The child should recognise sensor alarms and what the arrows mean (if applicable).					
The parents/carers should evaluate and act on these results.					
Children should know their own target for HbA1c value and their time in range.					



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Glucose Monitoring					
Parents / carers should keep records or know how to share glucose and insulin data with HCPs					
The parent/carer must keep records of the child's glucose readings and current insulin doses.					
Hypoglycaemia or HYPO (Glucose level 3.9mmol/L or less) The child should know:					
Their own symptoms of low glucose level and know how much glucose (or other appropriate treatment) they need to correct the situation.					
They have to tell an adult how they feel straight away.					
Their glucose may need to be checked to confirm that they are hypoglycaemic, sometimes with a finger prick.					
They have to take glucose tablets or a sugary drink.					
They may need a snack if they are not due to eat a meal or snack or if they are about to exercise.					



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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) 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 or insulin doses as required.					
The child should know when the glucose level is reading too high and inform an adult.					
They should realise the importance of checking for ketones at this time.					
Illness					
The child should know that they must always turn to an adult for help if they feel ill.					
Eating or Sleeping Away from Home It is understood by all that the insulin doses and when to inject are still the parent's or carers responsibility.					
The child can now inject insulin by themselves, always under supervision.					
When the child is away from home, correctly instructed adults must be there to supervise at all times.					



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Eating or Sleeping Away from Home					
Parents/carers must give guidance to these adults regarding suitable foods and drinks.					
As the child is becoming more socially independent (and may be moving out into different social situations), it is advisable that they have ID stating they have type 1 diabetes.					
The child should know that parents can monitor glucose values remotely, if they are using the relevant technology.					
Emotional Wellbeing					
Children 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 in school and have some guidance on strategies to support them					
They should feel supported by a clinical psychologist attached to the team. The child should feel able to speak to parents / carers or HCP in clinic if they feel sad, angry or frustrated about diabetes.					



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Emotional Wellbeing					
The child should receive a psychological assessment of their emotional and mental health each year.					

Record any other education provided or notes here:



Authorisation date:

Date of next revision

