

## Diabetes Patient Education Record

LEARNERS	BARRIERS TO LEARNING	READINESS TO LEARN	TEACHING METHOD	RESPONSE					
<b>P</b> = Patient <b>F</b> = Family <b>O</b> = Other	<b>0</b> = No barriers <b>1</b> = Physical <b>2</b> = Language <b>3</b> = Cognitive <b>4</b> = Cultural/religious <b>5</b> = Emotional <b>6</b> = Pain	<b>Y</b> = Yes, ready to learn <b>N</b> = No If no, document barrier.	<b>E</b> = Explanation <b>H</b> = Handout <b>V</b> = Video <b>D</b> = Demonstration	<b>1</b> = Verbalizes understanding <b>2</b> = Returns demonstration <b>3</b> = Needs review <b>4</b> = Learning needs completed					
<b>LEARNING NEEDS AND EXPECTED OUTCOMES</b> Patient/family/significant other will be able to:		LEARNER	BARRIER	READINESS	METHOD	RESPONSE	COMMENTS	Teaching Begun <hr/> Date and Initial	Outcome Achieved <hr/> Date and Initial
DIABETES DISEASE PROCESS (DAY 1)									
<input type="checkbox"/> Describe diabetes. <input type="checkbox"/> Discuss treatment options. <input type="checkbox"/> Discuss patient's type of diabetes, 1 or 2. <input type="checkbox"/> Other _____ .							Pages 1, 3 Provide patient with "Survival Guide"	____/____/____ DATE	____/____/____ DATE
								_____ INITIAL	_____ INITIAL
HYPERGLYCEMIA (DAY 1)									
<input type="checkbox"/> State causes. <input type="checkbox"/> Describe signs and symptoms. <input type="checkbox"/> Discuss prevention and treatment. <input type="checkbox"/> Other _____ .							Pages 25-27 Videos on Channel 56, English at 1300 & 1800 Spanish at 1330 & 1830	____/____/____ DATE	____/____/____ DATE
								_____ INITIAL	_____ INITIAL
HYPOGLYCEMIA (DAY 1)									
<input type="checkbox"/> State causes. <input type="checkbox"/> Describe signs and symptoms. <input type="checkbox"/> Discuss prevention and treatment. <input type="checkbox"/> Other _____ .							Pages 25-27	____/____/____ DATE	____/____/____ DATE
								_____ INITIAL	_____ INITIAL
STRESS RELIEF (DAY 1)									
<input type="checkbox"/> Describe effect of stress on diabetes. <input type="checkbox"/> Discuss ways to manage stress. <input type="checkbox"/> Identify sources of support. <input type="checkbox"/> Other _____ .							Page 22	____/____/____ DATE	____/____/____ DATE
								_____ INITIAL	_____ INITIAL
MONITORING BLOOD SUGAR (DAY 2)									
<input type="checkbox"/> Describe rationale for monitoring blood sugar. <input type="checkbox"/> State target blood sugar. <input type="checkbox"/> Describe safe lancet and syringe disposal. <input type="checkbox"/> State purpose of A1C test. <input type="checkbox"/> Other _____ .							Pages 23, 24 Page 3 Page 21 Arrange for home glucometer, if needed.	____/____/____ DATE	____/____/____ DATE
								_____ INITIAL	_____ INITIAL
NUTRITION (DAY 2)									
<input type="checkbox"/> Describe "right food." <input type="checkbox"/> Discuss importance of meal timing/consistency. <input type="checkbox"/> Discuss importance of managing body weight. <input type="checkbox"/> Other _____ .							Pages 4-6	____/____/____ DATE	____/____/____ DATE
								_____ INITIAL	_____ INITIAL
PHYSICAL ACTIVITY (DAY 2)									
<input type="checkbox"/> State relation between exercise and blood sugar. <input type="checkbox"/> Discuss "exercise guidelines." <input type="checkbox"/> Describe needed lifestyle changes. <input type="checkbox"/> Other _____ .							Pages 7-9	____/____/____ DATE	____/____/____ DATE
								_____ INITIAL	_____ INITIAL
SMOKING CESSATION (DAY 2)									
<input type="checkbox"/> Discuss health risks of smoking. <input type="checkbox"/> Discuss importance of quitting smoking. <input type="checkbox"/> Describe "best way to stop." <input type="checkbox"/> Other _____ .							Pg 10	____/____/____ DATE	____/____/____ DATE
								_____ INITIAL	_____ INITIAL

## Diabetes Patient Education Record (cont)

LEARNERS	BARRIERS TO LEARNING	READINESS TO LEARN	TEACHING METHOD	RESPONSE					
<b>P</b> = Patient <b>F</b> = Family <b>O</b> = Other	<b>0</b> = No barriers <b>4</b> = Cultural/religious <b>1</b> = Physical <b>5</b> = Emotional <b>2</b> = Language <b>6</b> = Pain <b>3</b> = Cognitive	<b>Y</b> = Yes, ready to learn <b>N</b> = No If no, document barrier.	<b>E</b> = Explanation <b>H</b> = Handout <b>V</b> = Video <b>D</b> = Demonstration	<b>1</b> = Verbalizes understanding <b>2</b> = Returns demonstration <b>3</b> = Needs review <b>4</b> = Learning needs completed					
<b>LEARNING NEEDS AND EXPECTED OUTCOMES</b> Patient/family/significant other will be able to:		LEARNER	BARRIER	READINESS	METHOD	RESPONSE	COMMENTS	Teaching Begun  Date and Initial	Outcome Achieved  Date and Initial
<b>MEDICATIONS (DAY 3)</b>									
<input type="checkbox"/> State name, dosage, timing of oral DM meds. <input type="checkbox"/> State side effects/precautions of oral DM meds. <input type="checkbox"/> State name, onset, peak, duration of insulin. <input type="checkbox"/> List "important things to remember" about insulin. <input type="checkbox"/> Demonstrate how to prepare/draw up insulin. <input type="checkbox"/> Discuss site selection and rotation for insulin. <input type="checkbox"/> Demonstrate administration of insulin. <input type="checkbox"/> Other _____ .							Pg 13 thru 20	____/____/____ DATE	____/____/____ DATE
								____/____/____ INITIAL	____/____/____ INITIAL
<b>AVOIDING COMPLICATIONS (DAY 3)</b>									
<input type="checkbox"/> Discuss things to do daily. <input type="checkbox"/> Describe things to do at each visit with doctor. <input type="checkbox"/> State things to do yearly to avoid complications. <input type="checkbox"/> Describe appropriate diabetic foot care. <input type="checkbox"/> Other _____ .							Pg 32 Pg 28, 29 "Diabetes Complications" on TV	____/____/____ DATE	____/____/____ DATE
								____/____/____ INITIAL	____/____/____ INITIAL
<b>SICK DAY CARE (DAY 3)</b>									
<input type="checkbox"/> Describe plan for "sick day." <input type="checkbox"/> Discuss diet during illness. <input type="checkbox"/> Other _____ .							Pg 30, 31	____/____/____ DATE	____/____/____ DATE
								____/____/____ INITIAL	____/____/____ INITIAL
<b>LIFESTYLE CHANGES (DAY 3)</b>									
<input type="checkbox"/> Identify lifestyle behaviors that need to change. <input type="checkbox"/> Discuss motivation to change. <input type="checkbox"/> Discuss personal goal(s). <input type="checkbox"/> Other _____ .								____/____/____ DATE	____/____/____ DATE
								____/____/____ INITIAL	____/____/____ INITIAL
<b>OTHER LEARNING NEEDS ADDRESSED</b>									
								____/____/____ DATE	____/____/____ DATE
								____/____/____ INITIAL	____/____/____ INITIAL
INITIAL	SIGNATURE					INITIAL	SIGNATURE		