

Your
Hospital's
Logo
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DIABETES TEACHING FORM

PATIENT IDENTIFICATION

NURSING DIAGNOSIS: LACK OF KNOWLEDGE REGARDING HEALTH / ILLNESS STATE.

EXPECTED OUTCOME: PATIENT / FAMILY / SIGNIFICANT OTHER / WILL VERBALIZE DEMONSTRATE UNDERSTANDING OF DIABETES MANAGEMENT SKILLS.

PLAN VALIDATION: WITH PATIENT __Yes __No*
WITH FAMILY / SIGNIFICANT OTHER __Yes __No*

* If "No", Explain: _____

Date Started Initials	TOPIC	METHOD / LEARNER	DATE REINFORCED	DATE GOALS ACHIEVED
	<u>MEDICATION:</u> ↓ Name type, dose & frequency of insulin / oral agent. ↓ Insulin self-administration - Demonstrates drawing up & injection - States importance of site rotation			
	<u>ACUTE COMPLICATIONS:</u> ↓ Identifies signs and symptoms, treatment and prevention of hypoglycemia ↓ Identifies signs and symptoms, treatment and prevention of hyperglycemia			
	<u>SELF-BLOOD GLUCOSE MONITORING:</u> ↓ Demonstrates self-blood glucose monitoring ↓ States frequency of self-blood glucose monitoring ↓ Documents results in log book			
	<u>STATES DIABETES FOOT AND SKIN CARE RULES:</u>			
	<u>STATES IMPORTANCE OF EXERCISE & BLOOD GLUCOSE CONTROL:</u>			
	<u>VERBALIZES SICK DAY RULES</u>			
	<u>VERBALIZES UNDERSTANDING OF PRESCRIBED DIET:</u>			

CODE FOR METHOD

D = Discussion **DE** = Demonstration **F** = Film **H** = Handout **IV** = Closed Circuit

Patient / Family / Significant Other has received:

- DIABETES INFORMATION BOOKLET
 DIABETES OUTPATIENT EDUCATION PROGRAM