

**University Hospital  
Patient Education Documentation Form**

# DIABETES MELLITUS

PAGE 1

Patient Identification

**READINESS TO LEARN ASSESSMENT**  
Evaluates the patient's/family's/significant other's  
desire to learn  
(Must be present to proceed with teaching)

**BARRIERS TO LEARNING**

- | CODE | CATEGORY   |
|------|--|
| 1    | Physical (med. Condition, pain, paralysis)                   |
| 2    | Cognitive (education level, mental retardation, memory loss) |
| 3    | Language (unable to comprehend, speak or read English)       |
| 4    | Aphasia  |
| 5    | Sensory - Visual   |
| 6    | Sensory - Auditory   |
| 7    | Age related issues   |
| 8    | Motivation   |
| 9    | Psychological State (anxiety, psychiatric illness)           |
| 10   | Cultural   |
| 11   | Religious  |
| 12   | Financial  |
| 13   | Other  |
| 14   | None   |

**LEARNING NEEDS**

- | CODE   | CATEGORY   |
|--------|--|
| M/C    | Medical Condition                                  |
| SI     | Surgical/Invasive Procedure                        |
| PREOP  | Post-op instructions                               |
| POSTOP | Post op instructions                               |
| MED    | Safe & effective use of medications                |
| E      | Safe & effective use of equipment                  |
| F/D    | Potential food & drug interaction                  |
| DIET   | Nutrition counseling                               |
| REHAB  | Rehabilitative Techniques                          |
| CR     | Community Resources                                |
| RX     | When & how to obtain further treatment             |
| D/C    | Pertinent discharge instruction (cont. care needs) |
| C      | Other  |
| PM     | Pain Management                                    |

**HOW**

- | CODE | CATEGORY                     |
|------|------------------------------|
| D    | Demonstration                |
| P    | Pamphlet                     |
| TV   | Video/TV                     |
| V    | Verbal instruction           |
| W    | Written instruction          |
| MED  | Medication instruction sheet |
| GW   | Group Work                   |
| O    | Other                        |
| N/A  | Not applicable               |

**RESPONSE**

- | CODE | CATEGORY                           |
|------|------------------------------------|
| VR   | Verbalized understanding           |
| Q    | Asked questions                    |
| DA   | Demonstrated ability               |
| R    | Restless, difficulty understanding |
| DI   | Seems disinterested                |
| DR   | Denial/resistance                  |
| NR   | Needs reinforcement                |
| NA   | Not applicable                     |

- WHO**
- | CODE | CATEGORY |
|------|----------|
| PT   | Patient  |
| F    | Family   |
| O    | Other    |

Date	Who	Readiness to Learn (Y or N)	Barriers to Learning (list all that apply)	Learning Needs	Information Taught	How	Response	Follow-up Action Needed	Signature/Title
				MC	Definition of Diabetes The body's inability to make or properly use insulin (a hormone that lowers the blood glucose (BS))	VP			
				MC	Signs and symptoms (S&S) of hypoglycemia (BS <70) you can have S&S of hypoglycemia Weakness      Pallor Trembling      Sweating Hunger	VP			
				MC	How to treat hypoglycemia Check blood sugar (BS), write down. If it is <70 or if you feel any of the above signs, take ONE of these 1. Drink 1/2 cup juice or 1/2 can or regular soda pop or 1 cup skim or low fat milk 2. Wait 15 minutes. Check BS again 3. If BS is still below 70 or if you do not feel better, repeat treatment in #1 4. When you feel better, eat 1/2 sandwich and 1/2 glass of milk, or if less than 1 hour before meal time, eat your meal 5. Call your doctor if you do not feel better after 30 minutes, or if your BS stays < 70 6. Call your doctor if this happens more than once a week 7. If you are on Acarbose (Precose) treat hypoglycemia	VP			

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					with dextrose. *Glucose tabs or gel is best. Table sugar or fruit juice will not be effective *Glucose tabs or gel can be bought at any drug store				
				MC	S&S of Hyperglycemia ( BG is >200) blurry vision headache dizzy muscle cramps, aches N/V tired, weak urinating often	VP			
				MC	How to treat hyperglycemia 1. Test BS every 4hours if BS is $\geq$ 200 2. Drink 8oz of liquids without sugar each hour 3. Follow usual meal plan as closely as possible 4. Continue to take insulin shots or diabetes pills 5. If you have type 1 diabetes and if your BS is $\geq$ 200-250 or if you are sick test your urine for ketones 6. Call your doctor if your BS stays $\geq$ 250 for 24 hours				

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				<b>DIET</b>	<b>Nutritional guidelines</b> 1. Nutritional consult 2. Knows nutritional guidelines	<b>VW</b>			
				<b>MC,E</b>	<b>Home Glucose Monitoring</b> 1. Already does home monitoring. Name of monitor _____ 2. Home glucose monitor arranged Name of monitor _____ Insurance will arrange 3. Able to perform fingersticks accurately 4. Knows what time (s) of day to test BS 5. Knows target range for BS is: _____ (fill in)				
				<b>MC</b>	<b>Foot Care</b> 1. Checks feet daily for open areas 2. Washes feet and uses moisturizer daily 3. Wears clean, supportive socks and shoes 4. Uses podiatrist to cut nails				
				<b>MC</b>	<b>Exercise</b> 1. Talk to your doctor before you start any exercise program 2. Try to get some exercise every day 3. Exercise lowers your BS and helps your diabetes pills or insulin to work better 4. Always have some kind of sugar with you such as glucose tabs or gel, or hard candy in case your BS goes $\leq 70$ or a range identified to you by your doctor				

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				<b>MED</b>	<p><b>Medications</b>  <b>Oral medications</b>            1. Knows about oral medication(s)            List medication(s)            _____            _____</p> <p>2. Knows correct time of day to            Take medication(s)            ____AM ____PM ____HS</p> <p><b>Insulin</b>            1. Type(s) of insulin            _____ # of units _____            _____ # of units _____</p> <p>2. Able to draw up insulin correctly            and inject self</p> <p>a. wash hands</p> <p>b. if you are using "cloudy"            insulin roll it between your            hands to mix it</p> <p>c. clean the top of the insulin            bottle with a cotton ball dipped            in alcohol or an alcohol swab</p> <p>d. measure _____ units of air in            the syringe and put in the            insulin bottle</p> <p>e. leave the needle in the insulin            bottle and turn the bottle            upside down</p> <p>f. draw up _____ units of insulin</p> <p>g. Take the needle out of the            bottle. Pinch up skin of your            upper stomach or thigh, or arm            and give the shot straight in            (90 degree angle). Rotate            sites</p> <p>2. See booklet for instructions on            how mix and give 2 insulins.</p>	<b>DVW</b>	<b>VR,DA</b>		
				<b>MC</b>	<p><b>Sick Day</b></p> <p>1. Test blood sugar every 4            hours. Call MD if stays &gt;            240.</p> <p>2. Drink plenty of sugar-free            liquids.</p> <p>3. Take medications as            ordered</p> <p>4. Drink regular fruit juice or            jello if unable to eat solid            food</p> <p>5. Call Dr. for fever, can't keep            down liquids, elevated            ketones, any questions</p>				
				<b>D/C</b>	Follow up appointments with physician				

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**PURPOSE**

1. To provide a summary for Patient Education activities.

**GENERAL GUIDELINES**

1. All health care professionals responsible for Patient Education will use this form to document patient education activities.
2. The form serves as a documentation tool for assessment of learning needs and the provision of patient education. Therefore, all sections of the form will be completed irrespective of the patient's, family's, or significant other's readiness to learn.

**INSTRUCTIONS FOR USE**

1. Stamp the form with the patient's ADDRESSOGRAPH plate in the upper right-hand corner.
2. Assess the patient's/family's/significant other's readiness to learn by evaluating their desire to learn (must be "yes" to proceed with teaching).
3. Record the date of assessment/teaching in the **Assessment Date** column.
4. Record who was assessed in the **Who** column by entering the applicable code(s).
5. Record identified barriers to learning in the **Barriers to Learning** column by listing the applicable code(s).
6. Record the identified learning need(s) that is being addressed/targeted in the **Learning Needs** column by entering the applicable code(s). Record NA if patient or significant other not ready to learn.
7. Describe specific information addressed in the **Information Taught** column. Record NA if patient or significant other not ready. Refer to Patient Education Teaching Protocols when available.
8. Record the method of teaching in the **How** column by entering the applicable code(s). Record NA if patient or significant other is not ready to learn.
9. Record the response to teaching in the **Response** column by entering the applicable code(s). Record NA if patient or significant other is not ready to learn.
10. Document follow-up actions/comments of assessment finding and teaching process in the **Follow-up Actions/Comments** column. Document additional information in the progress notes of the Medical Record if necessary.
11. Place signature and title in the last column of the form.
12. Place the Patient Education Documentation Form behind the Patient Education Tab in the Medical Record.