

# Physician and Care Team Assessment of Patient Skill Set

BY THE ENDOCRINE SOCIETY

*This form can be used to help assess the teen/emerging young adult's knowledge and skills regarding pituitary hormone deficiencies and their management. The tool is intended as an aide to help assess the readiness of older teens/emerging young adults in the transition from pediatric to adult endocrinology care providers. Note that some questions may not apply to all patients. At the end of this document, please write your name along with discipline and initials, and then provide the date along with your initials when each item is assessed.*

## **BASIC KNOWLEDGE OF YOUR MEDICAL HISTORY AND DIAGNOSES:**

## **DATE AND INITIAL**

- Recount what hormone deficiencies you have \_\_\_\_\_
- Recount your medical history (ages and dates of any surgeries, radiation treatments, and/or other medical treatments) related to your pituitary condition \_\_\_\_\_
- Recount the names and doses of the medications you are taking \_\_\_\_\_
- Describe the symptoms of inadequate hormone replacement \_\_\_\_\_
- Describe the need for periodic lab work to assess adequacy of hormone replacement \_\_\_\_\_
- Describe the need for and recommended frequency of routine check-ups \_\_\_\_\_

## **FOR PERSONS WITH GROWTH HORMONE DEFICIENCY:**

- Describe storage conditions required for your medication \_\_\_\_\_
- Accurately measure and give yourself hormone injections \_\_\_\_\_
- Describe the reasons for changing/rotating injection sites \_\_\_\_\_
- Describe the benefits of growth hormone treatment for bone health, cholesterol, and general well-being \_\_\_\_\_
- Describe what to do if doses are missed \_\_\_\_\_

## **FOR PERSONS WITH ADRENAL INSUFFICIENCY:**

- Describe when to take 'stress' doses of your cortisol ("steroid") replacement \_\_\_\_\_
- Recount the 'stress' doses of your cortisol replacement \_\_\_\_\_
- Describe when the emergency injection of cortisol replacement would be necessary \_\_\_\_\_
- Describe the consequences of not taking 'stress' doses of cortisol replacement when needed \_\_\_\_\_
- Identify a person that can provide the emergency cortisol injection when needed \_\_\_\_\_
- Identify when emergency health systems should be activated and persons who could activate the systems for you \_\_\_\_\_
- Wear a MedicAlert™ identification \_\_\_\_\_

**FOR PERSONS WITH THYROID HORMONE DEFICIENCY:**

**DATE AND INITIAL**

- Describe what to do if doses are missed
- Describe what substances can interfere with absorption of the medication
- Recognize the need for frequent assessment of thyroid hormone levels in pregnancy

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**FOR PERSONS WITH DIABETES INSIPIDUS:**

- Identify when it may be appropriate to dose or hold your ddAVP/desmopressin to avoid dehydration or water overload
- Describe how to drink alcohol responsibly and reduce risk of dehydration or water overload
- For those without an intact thirst, describe how to monitor output and adjust fluid intake

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**FOR PERSONS THAT REQUIRE SEX HORMONE (ESTROGEN OR TESTOSTERONE HORMONE) REPLACEMENT:**

- If using transdermal (through the skin) or injections to administer medication, describe how to administer the medication
- Describe the possibility of skin transfer of transdermal testosterone to others, the consequences, and how to prevent transfer of medication to others
- Describe the importance of hormones to sexual function
- Describe the importance of keeping bones strong
- Describe the potential need for change in medical treatment when/if fertility is desired

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**SHOW ABILITY TO ARRANGE FOR MEDICAL CARE:**

- Be able to make an appointment
- Identify what insurance you have now
- Identify what insurance you will have when you are over 18 years of age
- Be able to keep track of insurance claims and co-pays
- Be able to know prescriptions and obtain medications/supplies before you run out
- Identify the name and phone number of your pediatric endocrinologist
- Identify the name, phone number, and office location of your internist endocrinologist
- Confirm contact information for urgent issues after office hours, weekends, and holidays

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**DESCRIBE WHAT TO DO IN EMERGENCY SITUATIONS OR WHEN ILL:**

**DATE AND INITIAL**

- Create a list with names and numbers of people who should be contacted
- Describe how to contact your doctor's office
- Describe when you should be calling your doctor's office
- State what information you will need to tell the care provider
- Identify a nearby emergency room/hospital if ever needed
- Create an emergency plan for illness

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NAME	INITIALS	DISCIPLINE



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