

Provider Assessment of Patient Skill Set



This form is suggested to help assess the teen/emerging young adult's knowledge and skills regarding diabetes and its management. The tool is intended as an aide to help assess the readiness of older teens/emerging young adults in the transition and to be transferred from pediatric to adult diabetes care providers. Note that some questions may not apply to patients with type 2 diabetes or other forms of diabetes.

At the end of this document, please write your name along with discipline and initials, then provide the date along with your initials when each item is assessed.

Basic knowledge of your diabetes:

- Type 1 Type 2 Other Forms

	DATE	INITIALS
<input type="checkbox"/> Describe what insulin does	_____	_____
<input type="checkbox"/> If you take oral medications, describe how they keep blood glucose in range	_____	_____
<input type="checkbox"/> Describe what happens if you don't take your medications	_____	_____
<input type="checkbox"/> Describe the meaning of HbA1c	_____	_____
<input type="checkbox"/> Describe the link between HbA1c level and the risk of diabetes complications	_____	_____
<input type="checkbox"/> Describe how nutrition/diet affects blood glucose and cardiovascular (heart and blood vessel) health	_____	_____
<input type="checkbox"/> Describe the effect of exercise on blood glucose (right after exercising and overnight)	_____	_____
<input type="checkbox"/> Describe how to drive safely	_____	_____
<input type="checkbox"/> Describe how to drink alcohol responsibly and reduce risk of low blood glucose levels	_____	_____
<input type="checkbox"/> Describe importance of excellent blood glucose control before & during pregnancy to support the development of a healthy baby	_____	_____
<input type="checkbox"/> Describe risk for other autoimmune diseases and symptoms to look for (for type 1 patients)	_____	_____
<input type="checkbox"/> Describe the need for and recommended frequency of routine check-ups	_____	_____
<input type="checkbox"/> Describe the need for annual lab work to assess kidney, eye, and cardiovascular health	_____	_____
<input type="checkbox"/> Describe the need for routine dental care exams	_____	_____

Experience in the following skills:

DATE INITIALS

- Accurately measure and give yourself insulin injections (even if you're on insulin pump therapy) _____
- Calculate correct dose of insulin according to both blood glucose level and carbohydrate intake _____
- Monitor blood glucose _____
- Monitor ketone levels (urine or blood) during illness, stressful times or when blood glucose levels are persistently elevated _____
- Log or download blood glucose readings _____
- Be able to state target blood glucose levels/range and goal HbA1c level _____
- Show how to program date/time into blood glucose meter and any other devices you may use _____
- Be able to count/estimate carbohydrates _____
- For those on fixed dosing, state number of carbohydrates to eat at each meal/snack _____
- Describe the reasons for changing/rotating injection/infusion sites _____
- Wear a medical alert identification _____

For those on insulin pump therapy/continuous glucose meter:

- Demonstrate how to insert infusion set _____
- Demonstrate how to check diabetes supplies and when it's time to order new supplies _____
- Demonstrate how to access insulin pump basal and bolus settings and how to alter them _____
- Demonstrate how to download pump/glucose monitor information _____
- Demonstrate how to share pump/glucose monitor information with the diabetes care provide _____
- Demonstrate how to program the pump (date, time, correction dose, carb dose, insulin on board, types of boluses, basal rates and temporary basal rates) _____
- Demonstrate when to use insulin injections and monitor for ketones to prevent diabetic ketoacidosis (DKA) _____

Show ability to arrange for medical care:

- Be able to make 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 maintain prescriptions and obtain medications/supplies before you run out _____
- Identify the name and phone number of pediatric endocrinologist _____
- Identify the name, phone number, and office location of adult endocrinologist _____
- Confirm contact information for urgent issues after office hours, weekends, holidays _____

Describe what to do in emergency situations or when ill:

DATE INITIALS

- Create a list with names and numbers of people who should be contacted _____
- Describe how to reach your doctor's office _____
- Describe when you should be calling your doctor's office _____
- State what information you will need to tell the diabetes care provider _____
- Identify a nearby emergency room/hospital if ever needed _____
- Create an emergency plan for high blood glucose, low blood glucose, and illness _____
- State how to manage high blood glucose levels (insulin, glucose, ketone monitoring, drinking sugar-free liquids/water) _____
- State how to manage low blood glucose levels (carbohydrate intake, low dose glucagon) _____
- State how to manage diabetes when sick (monitoring glucose, insulin adjustments) _____
- Review the significance of vomiting and the need to check glucose and ketone levels, give insulin, and call healthcare team. _____

NAME

INITIALS

DISCIPLINE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN COOPERATION WITH

