

PATIENT ID

Patient/Family/Caregiver Teaching Checklist for Diabetes Education

Date/Time	RN/Tech Initials	Topic	Who was taught	Instruc. method	Evaluation of learning	Barriers to learning
/		Overview of Diabetes				
		Definition (incl. hyperglycemia), type 1 vs. type 2, complications	Notes:			
/		Blood Glucose Testing				
		Meter training, frequency/times, BG target ranges, recording	Notes:			
/		HgbA1c				
		Pt.'s A1c (if known), recommended target	Notes:			
/		Hypoglycemia				
		Signs/symptoms, treatment for ("Rule of 15"), prevention	Notes:			
/		Dietary Guidelines				
		Well-balanced meals, portion control, food labels, carb basics	Notes:			
/		Oral/Injectable Diabetes Medications (non-insulin)				
		Patient's dose, timing, mechanism of action, side effects	Notes:			
/		Insulin (explanation)				
		Need for, onset/ duration, dose/dose adjustment, when to hold	Notes:			
/		Insulin Administration				
		Supplies, technique, site selection/rotation, needle disposal, storage	Notes:			
/		Sick Day Management				
		Medication instructions, food to eat, ketone testing, when/who to call	Notes:			
/		Follow-Up				
		When to see provider, topics to discuss, DM education follow-up	Notes:			
/		Other:				
		Details:	Notes:			

CDE/RN/Tech	_____/_____ Initials Signature	_____/_____ Initials Signature	CODES	P: patient	V: verbal	U: verbalized understanding	C: cognitive
	_____/_____ Initials Signature	_____/_____ Initials Signature		F: family member	M: Edu. material provided	R: returned demo.	L: language
	_____/_____ Initials Signature	_____/_____ Initials Signature		CG: other caregiver	D: demonstration	N: needs reinforcement	E: emotional
						Ph: physical	Ds: distraction
						X: declines	