

# Essential Self-Management Training

Patient Name \_\_\_\_\_ MR/ID# \_\_\_\_\_ Type 1 \_\_\_ Type 2 \_\_\_ IGT \_\_\_ GDM \_\_\_

**Instructions: Please indicate program skill level, teaching method, date and initials**

Education evaluation key: 1 = needs instruction; 2 = needs review/assistance; 3 = verbalizes /demonstrates competence; N/A = not applicable.

Teaching Method: L = lecture/discussion; D = demonstration; AV =AV presentation; R = return demonstration; H = handout.

Topic/Outcome  <i>Verbalizes/demonstrates</i>	Pre-Program  code/init/date	Teaching (codes/initials/dates)			Post-Program  code/init/date	F/U needed & comments
		Initial	Reinforce	Reinforce		
<b>A. Disease process and treatment options</b>						
• Understanding of diabetes in simple terms & problems with high blood sugar						
• Contributing factors and symptoms						
• Type of diabetes, treatment plan and goals						
• Concept of self-care and treatment goals						
• Seriousness of disease and need for regular diabetes education updates and lifelong care						
<b>B. Psychosocial adjustment to daily life</b>						
• Acceptance of disease & affect on lifestyle						
• Effect of stress on BG & healthy coping skills						
• Need for a regular, ongoing system for medical care						
• Where to obtain information & support; knows community resources						
• Role of family or friend or significant other						
<b>C. Nutritional management*</b>						
• Nutrition goals & guidelines for nutrition therapy						
• Effect of timing & amount of food and type of nutrient/food on intake of BG levels						
• Nutrition Facts Labels & grocery shopping						
• Individual meal plan & how to use						
• CVD risk factors & how to reduce (lipids, BP)						
• Cooking & recipe modification techniques						
• Benefits & strategies for weight management						
• Safe use of alcohol						
• Use of meal plan for prepared food purchased away from home (restaurants, fast food, etc.)						
<b>D. Physical activity</b>						
• Benefits for diabetes control & general health						
• Appropriate types of activity & personal goals						
• Guidelines for a safe individualized activity plan						
• Hypoglycemia may occur during or after activity & need to carry a high CHO source (lists examples)						
• Guidelines for adjusting food plan to physical activity plans and test BG before, during, and after activity						

\*denotes survival skills

(over)

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## Essential Self-Management Training, cont.

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<b>E. Medication for therapeutic effectiveness*</b>						
• Insulin name/dose/schedule/action/preparation/injection technique/onset/peak/duration/adjustment/side effects						
• safe storage of insulin & disposal of sharps						
• modification of food/insulin for activity/lifestyle changes, altered meal times, travel, holidays, shift changes						
• pattern management & insulin supplements						
• oral medication name/dose/schedule/action/onset/peak/duration/side effects						
• concerns regarding OTC meds & dietary supplements						
<b>F. Monitoring and use of results*</b>						
<b>Blood glucose</b>						
• purpose and frequency of monitoring						
• accurate use of equipment and log, disposal of lancets, proper storage of strips and quality assurance measures						
• target BG range						
• adjustment of plan based on results & when to call team						
• need for HbA1c & why it is important						
• HbA1c test results and target goals						
<b>Urine ketone testing</b>						
• when, how, and why to test						
• when & how to contact the MD/diabetes team						
• guidelines for action for ketonuria						
<b>G. Preventing, detecting &amp; treating acute complications*</b>						
<b>Hypoglycemia</b>						
• causes, signs, symptoms, treatment, prevention						
• alcohol is a risk factor for hypoglycemia						
• pros/cons of tight BG control & how to achieve						
• when & how to contact MD/diabetes team						
• carries CHO source at all times						
• has access to glucagon (prescription) support person taught _____						
• safe driving practices & need for medical ID use						
<b>Hyperglycemia</b>						
• causes, signs, symptoms, treatment, prevention						
• when/how to contact MD/diabetes team						
• relationship of DKA/HHNK to hyperglycemia						
<b>General</b>						
• effect of illness on BG & guidelines for sick day care						
• patient/family instructed in care of complications						
• need to wear & carry diabetes identification						

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<b>Verbalizes/demonstrates</b>						
<b>H. Preventing, detecting &amp; treating chronic complications</b>						
• understanding of chronic complications, need for early detection, & prevention strategies (eye, foot, kidney, nerve, heart, oral problems, infections)						
• relationship of risk factors to complications (high BG, HTN, smoking, inactivity, diet, weight/BMI)						
• need for regular, ongoing visits to diabetes team						
• need for tests (HbA1c, lipids, microalbumin)						
• need for annual dilated eye (with drops in eyes)						
• need for regular dental visits & proper oral health care						
• need for annual comprehensive lower extremity exam						
• need to remove shoes/socks for foot exam at each medical visit						
• reasons for daily self-inspection of feet, S/S of potential problems & when to contact MD/team						
• how to do self-foot exam & routine foot care/foot wear						
• need for immunizations						
• proper skin care						
• s/s of infection						
<b>I. Goal setting &amp; problem solving</b>						
• patient's role in prevention of complications						
• strategies for changing behaviors						
• personalized goals (BG, HbA1c, lipids, BP, nutrition, weight/BMI, physical activity, kidney function, smoking cessation, etc.)						
<b>J. Preconception care/ pregnancy/gestational</b>						
• (for pre-existing diabetes) need for pre-pregnancy counseling & good BG control prior to conception						
• relationship between BG control and pregnancy outcomes						
• risks of maternal and fetal complications						
• need for increased monitoring and care when pregnant						
• (for gestational) need for f/u testing for diabetes after pregnancy & need to reduce risk factors						

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Initials	Signature	Initials	Signature

**Post Program Education Follow-up Plan:**

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Initials: \_\_\_\_\_ Date: \_\_\_\_\_