

DIABETES SELF MANAGEMENT PROGRAM EDUCATION RECORD

Test Scores	
Pre _____	Post _____
Exercise	
Blood Glucose	
Pre _____	Post _____

Needs Code
1=Needs Instruction    2=Needs review 3=Comprehends key points 4=Demonstrates understanding/competency NC=not covered        N/A=not applicable

Topics Learning Objectives	Assessment		Instruction	Reinforcement	Comments
	Needs Code	Date/Initial	Date/Initial	Date/Initial	
Diabetes disease and treatment process <i>*Define diabetes</i> <i>*Identify own type of diabetes</i> <i>*List 3 options for treating diabetes</i>					
Incorporating nutritional management into lifestyle <i>*Describe effect of type, amount and timing of food on blood glucose</i> <i>*List 3 methods of planning meals</i>					
Incorporating physical activity into lifestyle <i>*State effect of exercise on blood glucose levels</i>					
Using medications safely <i>*State effect of diabetes medicines on diabetes</i> <i>*Name diabetes medication taking, action and side effects</i>					
Monitoring blood glucose, interpreting and using results <i>*Identify recommended blood glucose targets and personal targets</i>					
Prevention, detection, and treatment of acute complications <i>*List symptoms of hyper- and hypoglycemia</i> <i>*Describe how to treat low blood sugar</i> <i>*Describe actions for lowering high blood glucose levels</i>					
Prevention, detection and treatment of chronic complications <i>*Define the natural course of diabetes</i> <i>*Describe the relationship of blood glucose levels to long term complications of diabetes</i>					
Developing strategies to address psychosocial issues <i>*Describe feelings about living with diabetes</i> <i>*Identify support needed and support network</i>					
Developing strategies to promote health/change behavior <i>*Define the ABC's of diabetes</i> <i>*Identify appropriate screenings, schedule and personal plan for screening</i>					



780b

P.T.

MR.#/P.M.

DR.

**Education Needs (check all that apply)**

- Diabetes Disease Process       Acute Complications       Medical Nutrition Therapy
- Chronic Complications       Physical Activity       Goal Setting and Problem Solving
- Medications       Monitoring       Psychological Adjustment
- Preconception Care, Pregnancy, GDM

**Barriers Requiring Special Planning and Consideration**

- Language       Religious / Cultural Issues       Complicating Health Problems
- Emotional Issues       Variable Work Schedule       Financial
- Vision       Motivation / Desire       Learning Problems
- Hearing       None
- Other: \_\_\_\_\_

**Informal Referrals**

- Patient's Physician       Nutritional Counseling       Smoking Cessation
- Ophthalmologist       Exercise Group       Mental Health Agency
- Diabetes Support Group       Stress Management Group       Diabetes Educator
- Podiatrist       Home Care Agency       Psychologist
- Other: \_\_\_\_\_

**Instruction Method**

- Explanation       Demonstration       Audiovisual
- Printed materials       Other \_\_\_\_\_

**Education Plan**

- Individual Assessment       Group Class       Individual session for MNT or Diabetes Education

**Education Materials/Equipment Provided**

- Printed Materials       Meter and supplies
- Other \_\_\_\_\_

**Goal**

\_\_\_\_\_

\_\_\_\_\_

Date/ Initials	
/	Assessment completed. Support person encouraged to attend
/	Patient evaluated the program
/	Follow up form sent/given to patient. Waiting for response
/	Attended Completion Class, see attached follow-up form
/	Did not attend Completion Class, form completed-see attached
/	Did not attend Completion Class, form not completed

