

Pediatric Diabetes Education Classes at USF

Thank you for your interest in attending the Pediatric Diabetes Education classes at the University of South Florida Diabetes Center. We expect you will find the information helpful in managing your child's diabetes.

The classes are offered in four sessions of 2 1/2 hours each, during consecutive weeks, on Tuesdays. Your child must attend the classes with you. You are invited to bring with you others who help with your child's diabetes management. Due to limited space, you will need to tell the scheduler at the time you schedule your classes how many people, including your child, will be attending. **There may be 5 total people per family, including your child with diabetes.**

What to bring to class:

1. The enclosed assessment form, completed before the first class.
2. The blood glucose meter you are using and result records. If you do not have a meter, please contact your insurance to learn which brand of meter is covered (all classes).
3. The Wizdom Kit you should have received free from the American Diabetes Association. If you have not yet called for it, please contact Joanne Vaccaro-Kish, Coordinator of Diabetes Education and she will explain how to receive this kit. Her contact number is 813-974-5734. The kit is required for each class.

If you have not yet done so, you should confirm insurance coverage prior to the appointment date, as some insurance companies do not pay for this service.

Our program is recognized by the American Diabetes Association and meets the recommendations of the Florida Practice Guidelines for Diabetes. We appreciate that you have chosen us to be your diabetes educators and look forward to meeting with you soon.

All classes begin at 3:00 pm and end at 5:30 pm. Your appointment dates are as follows:

Class 1 _____ Class 2 _____ Class 3 _____ Class 4 _____

Sincerely,

The Diabetes Education Team

USF Diabetes Center

John I. Malone, M.D. and Anthony D. Morrison, M.D., Co-Directors

Pediatric Diabetes Education Classes
Tuesdays, 3:00 pm - 5:30 pm
Children's Medical Services Building

Classes are held on consecutive Tuesdays and must be attended in order. Ideally, it would be best to attend all four classes in one month, however sometimes this is not possible. So you can attend sessions, as your schedule permits, that is attend one session a month for four months, or two sessions in the first month and not again for a few months, or some other alternate schedule. We ask only that you schedule the classes in order, i.e. class 1, first; class 2, second; class 3, third and class 4, fourth. If you schedule a class and are unable to attend, please contact the Scheduling Department at 813-974-2201 to cancel and reschedule your class.

Reminder: Please bring blood glucose meter and log and Wizdom Kit with you to each class.

- Class 1/Week 1: Assessment, Pre Test
 Pathophysiology
 Meds
- Class 2/Week 2: Nutrition
 Psychosocial/Family Issues
- Class 3/Week 3: Monitoring/Pattern Management
 School Issues
 Acute/Sick Days
 Pregnancy Planning (if appropriate to group)
 Use of Healthcare System, Resources, Med ID
- Class 4/Week 4: Staying Fit/Physical Activity
 Personal Care
 Long Term Concerns/Complications
 Goal Setting, Post Test

USF Diabetes Center

DIABETES PEDIATRIC EDUCATION ASSESSMENT RECORD

(To be completed by the parent/guardian for the child with diabetes)

General Information:

Date: _____

Physician Name: _____

Physician Address: _____

Child's Name: _____ Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H _____ W _____ Other _____

Date of Birth: _____ Age: _____ Sex: M _____ F _____

Ethnic Group: African American

Hispanic

Caucasian

Asian/Oriental

Other

School: _____ Grade: _____

How do you/your child learn best?

Discussion

Reading materials

Lecture

Video/T.V.

Do you/your child have any problems with reading/learning? Y _____ N _____

What are they? _____

Barriers? Visual _____ Hearing _____

Diabetes History:

Type 1 _____ Type 2 _____

Date of Diagnosis: _____ Age at Diagnosis: _____

How is the diabetes managed?

Diet only: _____ Pills: _____ Insulin: _____

Is there a family history of diabetes?

Who? _____ Which type? _____

Insulin: Type _____ Amount _____

_____ Amount _____

When taken _____ Injection Sites used: _____

Storage _____ Devices _____

How often and when do you test your blood glucose?

What meter? _____ Average results _____

Do you test for ketones? Y _____ N _____

If yes, did you have ketones _____ or ketoacidosis _____

If yes, how was it treated _____

Do you ever have low blood glucose/hypoglycemia Y _____ N _____

If yes, time of day _____ and how do you treat it _____

Do you wear medical ID? Y _____ N _____

General Health Status:

Ht: _____ Wt: _____ BP: _____ Allergies: _____

Other medical conditions

Other medications you take

How do you rate your overall health at this time?

Poor **1 2 3 4 5 6 7 8 9 10** Very Good

Most recent lab work and (if known)

HbA1c _____ Hgb _____ Hct _____ T4 _____ TSH _____

Cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: _____

Does your child have a current meal plan/diet? Y _____ N _____

of calories: _____ Any restrictions/special needs: _____

Has your child's weight changed in the past year? Y _____ N _____

If yes, Lost _____ lbs Gained _____ lbs

How often does your family eat out a week? _____

What are your biggest challenges to healthy eating? _____

Meal Times: Breakfast: _____ Mid AM snack: _____
Lunch: _____ Mid PM snack: _____
Supper: _____ Bedtime snack: _____

Exercise Habits:

Does your child get regular exercise/PE at school? Y _____ N _____

Type _____ How often? _____

How long? _____ Barriers to exercise: _____

Risk Factors:

Date of last eye exam: _____ Results: _____

Date of last urine protein test: _____ Results: _____

High Blood Pressure: Y _____ N _____

Hypoglycemia: Y _____ N _____

Frequent Infections: Y _____ N _____

Ketoacidosis: Y _____ N _____

Last dental exam: _____

Foot Problems: Y _____ N _____

Results: _____

Results: _____

Time of day: _____

Type: _____

When: _____

Results: _____

Type: _____

Has your child been hospitalized?

Hospitalizations

Date:

Reason:

Alcohol: Y _____ N _____

Cigarettes: Y _____ N _____

Recreational Drugs: Y _____ N _____

Drinks per week: _____

per day: ____ How long? _____

Explain: _____

Diabetes Education History and Health Beliefs, Goals, Attitudes:

Previous diabetes education Y _____ N _____ When _____

Who will attend class? _____

Educational concerns, questions, goals _____

Social/Emotional Aspects:

Please answer each of these questions which describe how diabetes has affected your attitudes and lifestyle.
(circle one)

| | | |
|--|---|---|
| I find it hard to believe that my child really has diabetes | Y | N |
| Paying for diabetes care is a problem | Y | N |
| I have difficulty managing my child's diabetes | Y | N |
| I feel unhappy/depressed because my child has diabetes | Y | N |
| My child seems unhappy/depressed because he/she has diabetes | Y | N |
| All things considered I feel satisfied with my life | Y | N |
| All things considered my child seems satisfied with his/her life | Y | N |

Does your culture influence or affect your decisions about diabetes?
Y _____ N _____ How _____

Who would you consider your support person(s)? _____

How would you rate the level of stress/tension in your life?

Low Moderate High Very High

What are your stressors? _____

How do you cope with stress? _____

What do you see as your individual strengths to help you deal with your child's diabetes? _____

Signature of parent/Guardian _____

Signature of educator _____