

Type 2 Diabetes- Non-insulin Patient Resource Book

**For current
information about
diabetes, check out
Diabetes Canada
www.diabetes.ca**

Type 2 Diabetes- non-insulin Patient Resource Book

Diabetes Education Centers

Souris & Montague Diabetes Program

Montague Health Centre
407 MacIntyre Ave
Montague, COA 1R0
902-838-0787

Queen East Diabetes Program

Sherwood Business Centre
161 St. Peter's Rd
Charlottetown, C1A 7N8
902- 368-4959

Queen West Diabetes Program

Four Neighborhoods Health Centre
152 St. Peter's Rd
Charlottetown, C1A 7N8
902-569-7562

East Prince Diabetes Program

Harbourside Health Centre
243 Heather Moyse Dr
Summerside, C1N 5R1
902-432-2600

West Prince Diabetes Program

O'Leary Health Centre
14 MacKinnon Dr
O'Leary, COB 1V0
902-859-3929

For current
information about
diabetes, check out
Diabetes Canada
www.diabetes.ca

What is diabetes?

There are different types of diabetes. As of 2015, 5.7 million Canadians are living with diabetes, with 95% having type 2 diabetes.

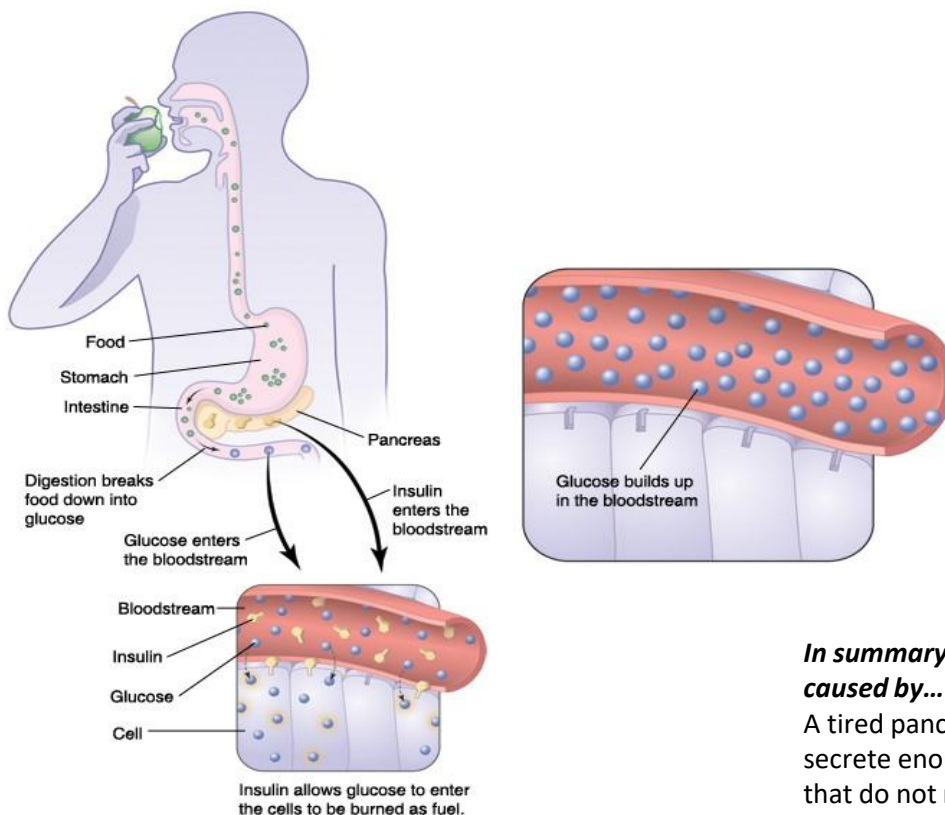
Risk factors for type 2 diabetes

You may have one or more of the following:

- Age 40 or older
- Being overweight
- Having a relative with type 2 diabetes
- Member of a high-risk group (African, South Asian, Indigenous, South Asian)
- Had gestational diabetes (diabetes during pregnancy)
- High blood pressure and/or cholesterol

Type 2 diabetes explained

The pancreas makes insulin. In someone with type 2 diabetes, their pancreas is “tired” and does not make enough insulin. Also, the cells of their body are “tired” and do not recognize the insulin that is being made. The process of cells recognizing insulin in the blood stream is what allows glucose (sugar) to enter the cells. Too much sugar remaining in the blood stream is what causes high blood sugar levels. Another process that causes high blood sugar is a “leaky” liver. This is when the liver releases sugar into the blood stream. A “leaky” liver is common in those with type 2 diabetes.



In summary, high blood sugar is caused by...

A tired pancreas that doesn't secrete enough insulin, tired cells that do not recognize insulin, a "leaky" liver dumping sugar into the blood.

Healthy living with diabetes



Focus on healthy eating

1. Fill $\frac{1}{2}$ your plate with non-starchy vegetables (i.e., broccoli, green beans, cabbage)
2. Fill $\frac{1}{4}$ of your plate with minimally processed carbohydrates (i.e., whole-grain pasta, brown rice, sweet potato)
3. Fill $\frac{1}{4}$ plate with protein. Limit red meat, and aim for fatty fish (i.e., salmon, trout) at least once per week.
4. In general, minimize eating processed foods; shop on the outer perimeter of grocery stores
5. Minimize drinking sugar sweetened beverages (i.e., juice, pop) and calories; aim for 6-8 glasses of water per day

Sample healthy meal plan

Breakfast

- $\frac{3}{4}$ cup cooked plain oatmeal
- $\frac{1}{4}$ cup unsalted chopped nuts
- 1 cup strawberries
- 1 cup unsweetened soy milk

Lunch/Dinner

- 3 oz. fish
- 1 cup cooked yam
- 2 cups steamed broccoli & spinach
- $\frac{1}{2}$ small mango, sliced

Snacks

- $\frac{1}{3}$ cup hummus & 1 cup raw veggies
- 1 slice whole grain bread & 1 tbs natural nut butter

Physical activity

Improves blood sugar control, lowers blood pressure, aids in weight loss and lowers risk of heart disease and cancer.

- Aim for 150 minutes of cardiovascular exercise every week (i.e., walking, biking, swimming)
- Aim for at least 3 sessions of weight-bearing exercise per week (i.e., weightlifting, Pilates, pushups)
- Add stretching into your regular exercise routine (i.e., stretches, yoga)



Medications for diabetes

Type 2 diabetes is a progressive in nature. Sometimes it can be managed with dietary changes and increasing physical activity/weight loss, but often times people require the addition of medication. There are many different medications that can be prescribed, and your health care provider will choose the right medication or combination of medications for you.

Types of diabetes medications

1. Pills:

| Medication | How it works | Potential side effects |
|--|--|---|
| Metformin (glucophage, glumetza) | Increases insulin sensitivity, reduces glucose released from liver | Stomach upset, diarrhea, nausea |
| Januvia (sitagliptin) Onglyza (saxagliptin) Trajenta (linagliptin) | Stimulates pancreas to release more insulin, reduces glucose released from liver | Stomach upset, diarrhea |
| Diamicron (gliclazide) | Stimulates pancreas to release more insulin | Low blood sugar |
| Invokana (canagliflozin) Forxiga (dapagliflozin) Jardiance (empagliflozin) | Blocks reabsorption of glucose from the kidneys | Yeast and urinary tract infections, risk of dehydration |
| Rybelsus (semaglutide) | Stimulates pancreas to release more insulin, reduces, reduces appetite | Nausea, diarrhea |

- 2. Injectable non-insulin** (i.e., Ozempic (semaglutide), Victoza (liraglutide), Trulicity (dulaglutide)): stimulates the pancreas to release more insulin, reduces appetite, and can reduce the risks of heart and/or kidney disease.

As with all medications, take as prescribed and inform your healthcare provider if you experience any side-effects

Blood glucose monitoring

Blood glucose monitoring, or “checking your blood sugar” may be recommended to you as part of your diabetes self-management routine. Blood sugar monitoring allows you and your healthcare team to determine if your eating habits, lifestyle changes, and medications are working for you.

How often should I check my blood sugar?

The frequency of blood sugar monitoring can vary depending on your diabetes treatment plan. According to Diabetes Canada (2018):

| Diabetes Treatment | Blood sugar checks |
|------------------------|---|
| Diet + exercise | Not generally recommended |
| Pills/oral medications | 1-2 times per week |
| Basal insulin | At least as often as insulin is given (typically check sugar before breakfast & before bed) |
| Basal + bolus insulin | At least 4 times per day (before meals + before bed) |

Blood sugar targets

Fasting and before meals → 4 to 7 mmol/L

2 hours after meals → 5 to 10 mmol/L

Meeting the above blood sugar targets will minimize the risks of developing diabetes-related complications

Steps for checking blood sugar

1. Clean hands with soap and water and dry thoroughly.
2. Gather your supplies (meter, lancing device with new lancet, test strip, tissue etc..)
3. Insert test strip into meter.
4. Puncture the side of your finger (3rd or 4th preferred).
5. Gently massage the finger but do not squeeze. If no blood appears, consider increasing the depth on your lancing device and prick a different finger.
6. Apply drop of blood to the test strip.
7. Your blood sugar reading will appear after several seconds (different devices differ in time for result to appear).
8. Consider writing your blood sugars down to recognize patterns and/or for review by your healthcare team.
9. Consider bringing your meter to a lab annually to check accuracy (you will check your sugar right before blood is drawn and then can compare later to the results).

Home Blood Glucose (Sugar) Results

| Name: | | Phone: | | | | | | |
|---------------------|----------------------|---|-----------------|---------------------|------------------|----------------------|---------------------|--------|
| Medication(s) Dose: | | Recommended blood glucose goals: Before meals: 4- 7 mmol/L 1.5 to 2 hours after meals: 5- 10 mmol/L | | | | | | |
| Date | Before Break-fast | 2 hr after Breakfast | Before Lunch | 2 hr after Lunch | Before Supper | 2 hr after Supper | Before Bed Snack | Notes: |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Low blood sugar (hypoglycemia)

Low blood sugar is anything less than 4 mmol/L. It can be caused by too much diabetes medication, taking medication / insulin at the wrong time of day, too little food, more exercise than usual, drinking alcohol.

If you have a low blood sugar, you may have 1 or more of the following symptoms:

- ❖ Dizzy
- ❖ Shaky
- ❖ Hungry
- ❖ Sweaty
- ❖ Confused
- ❖ Sweaty
- ❖ Irritable

If you have any of the above symptoms , follow these steps:

Step 1

Check your blood sugar right away

Step 2

If your blood sugar is less than 4 mmol/L, eat a fast-acting source of sugar:

- 4 glucose tabs (DEX4)
- 2/3 cup of juice or regular soda (not diet)
- 1 tbsp of sugar dissolved in water or honey

Step 3

Recheck blood sugar in 15 minutes, repeat the above steps if blood sugar is still less than 4 mmol/L.

Step 4

Once your blood sugar is above 4 mmol/L, if your next meal is more than an hour away, have a small snack of carbohydrates + protein (i.e., toast with peanut butter, crackers with cheese or hummus).

Step 5

Tell your healthcare provider if you have more than 1 episode of low blood sugar in a week, or if you needed the assistance of another person to provide treatment.

It's important not to over treat low blood sugar. Overtreatment can lead to "rebound highs" (when you blood sugar goes too high after a low) and weight gain.

Medical alert: it is strongly recommended to wear a medical alert bracelet/necklace indicating diagnosis of diabetes. This way, if you're ever unable to respond, healthcare providers will be aware of your condition. Ask your local pharmacy or diabetes education center for more information.

Driving guidelines

Some of the medications used in the management of diabetes can increase the risk of low blood sugar. Therefore, those with diabetes must take extra precautions when driving. Below are the steps recommended by Diabetes Canada (2018).

Driving safely

1. Check your blood sugar before driving and make sure it is 4 mmol/L or higher before you drive.
2. Stop driving if feeling unwell, check blood sugar, and treat if below 4 mmol/L.
3. After treating a low, you must wait till your blood sugar is above 5 mmol/L (you may need up to 40 minutes to fully recover).
4. Check your blood sugar at least every 4 hours on long drives.

Tip: always keep low blood sugar treatment (juice boxes, glucose tabs) and portable snacks (granola bars) handy in the car.

Alcohol

With diabetes, alcohol can increase the risk of having a low blood sugar (hypoglycemia) Therefore, if you wish to drink alcohol, please discuss with your healthcare provider to learn how to stay safe and minimize risks.

The following are the general recommendations:

Women: 2 standard drinks per day, or less than 10 standard drinks per week

Men: 3 standard drinks per day, or less than 15 standard drinks per week

What is a standard drink?

12 fl. oz regular beer = 8–9 fl. oz malt liquor in a 12 oz. glass = 5 fl. oz table wine = 1.5 fl. oz shot 80-proof spirits hard liquor—whisky, gin, rum, vodka, tequila, etc.



about 5% alcohol about 7% alcohol about 12% alcohol about 40% alcohol

References

Canadian Centre on Substance Abuse and Addiction (2022). *Canada's low-risk alcohol drinking guidelines*. Retrieved from: <https://www.ccsa.ca/canadas-low-risk-alcohol-drinking-guidelines-brochure>

Diabetes Canada Clinical Practice Guidelines Expert Committee. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*. Can J Diabetes. 2018;42(Suppl 1):S1-S325

Government of Canada (2022). *Canada's food guide*. Retrieved from: <https://food-guide.canada.ca/en/>

Health PEI (2022). *Diabetes Program*. Retrieved from: <https://www.princeedwardisland.ca/en/information/health-pei/diabetes-program>

Health PEI (2022). *Diabetes Drug Program*. Retrieved from: <https://www.princeedwardisland.ca/en/information/health-pei/diabetes-drug-program>

Health PEI Referral Provincial Diabetes Program

| | |
|--|--|
| Reason for referral to the Provincial Diabetes Program: <input type="checkbox"/> New diagnosis <input type="checkbox"/> Re-referral <input type="checkbox"/> Change of treatment <input type="checkbox"/> Insulin Start | Date _____ |
| Name _____ (last) _____ (first) _____ (initial) | PHN _____ |
| Mailing Address _____ (postal code) _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pregnant |
| Telephone _____ (home) _____ (work) _____ (cell) | Date of Birth ____ / ____ / ____ (____) dd / mm / yy Age |
| Contact Person _____ | Individual informed of referral <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Referred by: <input type="checkbox"/> Family Physician/NP <input type="checkbox"/> Physician Specialist <input type="checkbox"/> Self <input type="checkbox"/> Other (name) _____ (title) _____ | Family Physician/NP _____ |

| | |
|---|---|
| Type of diabetes (see back for diagnostic criteria) <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 Symptoms of diabetes + casual plasma glucose (PG) value ≥ 11.1 mmol/L OR two fasting plasma glucose (FPG) ≥ 7.0 mmol/L OR PG 2hr sample of 75g OGTT ≥ 11.1 mmol/L OR A1C $\geq 6.5\%$ (type 2 only)*. *In the absence of unequivocal hyperglycemia with acute symptoms, a second test on a different day must be done for confirmation of diagnosis. <input type="checkbox"/> Prediabetes (see back for diagnostic criteria) <input type="checkbox"/> GDM (50g OGTT ≥ 11.1) (see back for diagnostic criteria explanation) <input type="checkbox"/> Other _____ | Current Treatment <input type="checkbox"/> Nutritional management <input type="checkbox"/> Physical activity <input type="checkbox"/> Oral agent(s)/injectable (drug, strength, dosing/frequency) _____ _____ <input type="checkbox"/> Insulin (type/frequency) _____ <input type="checkbox"/> Other Medications _____ _____ |
|---|---|

| | | |
|---|--|--|
| Diagnostic Laboratory testing Fasting glucose _____ mmol/L Random glucose _____ mmol/L A1C _____ % Confirmatory test: (2nd test on a different day) Fasting glucose _____ mmol/L Random glucose _____ mmol/L A1C _____ % Glucose tolerance test: _____ g Glucose 1 hour _____ mmol/L 2 hour _____ mmol/L | Recommended clinical tests/screening: (Indicate if completed) A1c <input type="checkbox"/> Yes <input type="checkbox"/> No Fasting lipid profile <input type="checkbox"/> Yes <input type="checkbox"/> No Creatinine <input type="checkbox"/> Yes <input type="checkbox"/> No Urine microalbumin (i.e. ACR) <input type="checkbox"/> Yes <input type="checkbox"/> No Retinopathy screen <input type="checkbox"/> Yes <input type="checkbox"/> No Resting ECG, if > 40 yrs of age or diabetes duration > 15 yrs <input type="checkbox"/> Yes <input type="checkbox"/> No TSH (Type 1 diabetes) <input type="checkbox"/> Yes <input type="checkbox"/> No ALT, CK (for statin therapy) <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Insulin (type/frequency) _____ <input type="checkbox"/> Other Medications _____ _____ |
|---|--|--|

Problems that may affect learning: language barrier: primary language _____ physically challenged
 mentally challenged literacy unsuitable for group education - Reason: _____
 due to financial/social/emotional problems and/or attitude towards diabetes, this person would benefit from psychosocial counselling

| | |
|-------------------------|---|
| Date of diagnosis _____ | Referral sent by: _____ (print name) _____ (signature) |
|-------------------------|---|

Forward a copy of this referral via fax or mail to the following:

- 1) Provincial Diabetes Program for diabetes education and support (location of patient's choice), see below for contact information
- 2) Family physician's/NP office (where applicable)

Original copy to remain on patient's chart at referral source

| | | | | |
|---|---|--|---|---|
| East Prince Diabetes Program Harbourside Family Health Centre 243 Heather Moysie Drive Summerside, PE C1N 5R1 Tel: 902-432-2600 Fax: 902-432-2610 | West Prince Diabetes Program O'Leary Health Center 15 MacKinnon Drive O'Leary, PE C0B 1V0 Tel: 902-859-0388 Fax: 902-859-3922 | Queens West Diabetes Program Four Neighbourhoods Health Centre 152 St. Peters Road Charlottetown, PE C1A 7N8 Tel: 902-569-7562 Fax: 902-368-6936 | Queens East Diabetes Program Sherwood Business Centre 161 St. Peters Road Charlottetown, PE C1A 7N8 Tel: 902-368-4959 Fax: 902-894-0321 | Kings Diabetes Program Montague Health Centre PO Box 877 407 MacIntyre Avenue Montague, PE C0A 1R0 Tel: 902-838-0787 Fax: 902-838-0986 |
|---|---|--|---|---|

Diagnosis of Diabetes

1. Symptoms of diabetes plus “casual” plasma glucose (PG) value ≥ 11.1 mmol/L. Casual is defined as any time of the day without regard to time since last meal. The classic symptoms of diabetes include fatigue, polyuria, polydipsia, and unexplained weight loss.
OR
2. A fasting plasma glucose (FPG) ≥ 7.0 mmol/L. Fasting is defined as no calorie intake for at least 8 hours.
OR
3. The PG value in the 2-hour sample of the 75g OGTT is ≥ 11.1 mmol/L.
OR
4. A1C $\geq 6.5\%$.

Confirmatory Test

In the absence of unequivocal hyperglycemia with acute symptoms, values above these criteria must be confirmed by a second test on a different day.

Glucose levels for diagnosis

| Category | A1C | FPG mmol/L | PG 1 hr after 75g glucose load mmol/L | PG 2 hr after 75 g glucose load, mmol/L |
|-----------------------------|-----------------------|---------------|---------------------------------------|---|
| Prediabetes | 6.0 - 6.4% | 6.1-6.9 (IFG) | N/A | 7.8-11.0 (IGT) |
| Diabetes Mellitus (DM) | $\geq 6.5\%$ (type 2) | ≥ 7 | N/A | ≥ 11.1 |
| Gestational Diabetes (GDM)* | | ≥ 5.3 | ≥ 10.6 | ≥ 9.0 |

*Screen at 24 to 28 weeks gestation with a 50g oral glucose challenge (earlier in high risk patients). Include A1C at first antenatal visit for high risk patients to identify undiagnosed type 2 diabetes

- If > 11.1 mmol/L, GDM is present and the 75g OGTT is unnecessary.
- If 7.8-11.0 mmol/L, a 75g OGTT is recommended. If one of the following values is met or exceeded (with a 75g OGTT), GDM is present.
- FPG > 5.3
- 1 hr PG ≥ 10.6
- 2 hr PG > 9.0

Targets for Good Diabetes Control

Glycated Hemoglobin (HbA1c): Measure every 3 to 6 months, preferably every 3 months if not at target. Target for most patients: $\leq 7.0\%$
 Alternate target (consider for patients in whom it can be achieved safely) $\leq 6.5\%$
 Glycemic targets should be individualized based on age, duration of diabetes, risk of hypoglycemia, life expectancy and history of cardiovascular disease.

Blood glucose: Optimal glucose control in adults and children over age 12

- Fasting or AC 4-7mmol/L
- 1 or 2 hour PC 5-10 mmol/L (5-8 mmol/L for optimal control)

Lipids: Measure fasting at diagnosis and repeat every 1 to 3 years as clinically indicated

Primary target LDL-C ≤ 2.0 mmol/L

ECG at baseline and every 2 years in patients:

- Age > 40 years • Duration of diabetes > 15 years and age > 30 years. • End organ damage • Cardiac risk factors

Blood pressure: Measure at diagnosis and every 3 to 4 months thereafter unless otherwise indicated

- BP in people with DM $< 130/80$

Screening for Diabetic Nephropathy using a random urine albumin to creatinine ratio

- Type 1 diabetes - annually after puberty in those with diabetes of ≥ 5 years' duration
- Type 2 diabetes - at diagnosis and then annually
- Serum creatinine levels (should be measured) and a GFR annually in those patients with diabetes without albuminuria and at least every 6 months in those with albuminuria

Annual foot examination for all people with diabetes, starting at puberty. Those at higher risk for foot problems (previous ulceration, neuropathy, structural deformity, peripheral vascular disease and/or microvascular complications) may require more frequent foot examinations.

- Type 1 diabetes - annually after 5 years duration of Type 1 in post-pubertal individuals
- Type 2 diabetes - annually

Retinal Eye examination

- Type 1 diabetes - annually 5 years after the onset of diabetes in individuals ≥ 15 years of age
- Type 2 diabetes - at diagnosis and then every 1 to 2 years

Fax requests to (902) 368-4905 OR mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

| SECTION 1 - REGISTERED HEALTH PRACTITIONER INFORMATION | SECTION 2 - PATIENT INFORMATION | |
|---|---------------------------------|------------------------------|
| NAME AND MAILING ADDRESS | PATIENT (FAMILY NAME) | PATIENT (GIVEN NAME) |
| | DATE OF BIRTH (YYYY/MM/DD) | PERSONAL HEALTH NUMBER (PHN) |
| Please Identify Profession: <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Dietitian <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Other: | PATIENT'S MAILING ADDRESS | |
| PHONE NUMBER (INCLUDE AREA CODE) | | |
| FAX NUMBER (INCLUDE AREA CODE) | | |

SECTION 3 - DIAGNOSIS CERTIFICATION

I CERTIFY THAT THE PATIENT IDENTIFIED IN SECTION 2 HAS BEEN DIAGNOSED AS HAVING DIABETES BY A MEDICAL PRACTITIONER OR NURSE PRACTITIONER*.
 *THE SUBMISSION OF SPECIAL AUTHORIZATION REQUESTS MAY BE REQUIRED FOR MEDICATION COVERAGE.

CONFIRMATION OF DIABETES TYPE (REQUIRED):
 Type I or Type II Diabetes Mellitus Gestational Diabetes Mellitus (temporary 10 month registration)

ELIGIBILITY LIMITATIONS

A person is not eligible to receive benefits under the Diabetes Drug Program, if the person is entitled to those benefits:

- (a) under the Workers Compensation Act;
- (b) from the Royal Canadian Mounted Police;
- (c) from the Department of National Defence;
- (d) from Veterans Affairs Canada;
- (e) under the Non-Insured Health Benefits Program for First Nations and Inuit;
- (f) under any other enactment or Act of the Parliament of Canada; or
- (g) under any statute of any jurisdiction either within or outside of Canada.

SECTION 4 - REGISTERED HEALTH PRACTITIONER CERTIFICATION

I am applying on behalf of the patient noted in Section 2 for registration into the Diabetes Drug Program. I understand that PEI Pharmacare may require additional documentation or information to support this Patient Registration Request, or at any time the Patient is registered in the Diabetes Drug Program, to determine the need for ongoing registration in the Program. Personal information is collected under Prince Edward Island's Health Information Act as it relates directly to and is necessary for providing services under the Diabetes Drug Program. Any questions should be directed to the Program Office at 902-368-4947 or to the address at the top of the form.

To the best of my knowledge, I certify that the above patients is eligible for benefits under the Diabetes Drug Program.

REGISTERED HEALTH PRACTITIONER COLLEGE REGISTRATION NUMBER (REQUIRED): _____

REGISTERED HEALTH PRACTITIONER SIGNATURE (REQUIRED): _____

DATE: _____

**On the first business day of receipt of the completed registration form, a Patient will be registered in the Diabetes Drug Program.
 In order to be eligible, a patient must be a PEI resident as defined by the *Drug Cost Assistance Act*.**

FORMS WITH INFORMATION MISSING WILL BE RETURNED FOR COMPLETION.

MEDICATIONS NOT IDENTIFIED AS COVERED UNDER THE DIABETES DRUG PROGRAM IN THE FORMULARY WILL NOT BE COVERED.

Health PEI

Diabetes Teaching Checklist

Level of understanding

U - Understanding indicated
 R - Repeat
 N/A - not applicable

| Topics | Date | Name | Eval | Topics | Date | Name | Eval |
|--|--------|--------|--------|---|--------|--------|--------|
| Diabetes Education Package - type <input type="checkbox"/> Insulin <input type="checkbox"/> Non-Insulin | Date 1 | Name 1 | Eval 1 | Importance of site rotation for insulin injection | Date 1 | Name 1 | Eval 1 |
| | Date 2 | Name 2 | Eval 2 | | Date 2 | Name 2 | Eval 2 |
| What is diabetes? | Date 1 | Name 1 | Eval 1 | Sharps Disposal <input type="checkbox"/> Single use needles | Date 1 | Name 1 | Eval 1 |
| | Date 2 | Name 2 | Eval 2 | | Date 2 | Name 2 | Eval 2 |
| Hypoglycemia/ Hyperglycemia <input type="checkbox"/> Signs & Symptoms <input type="checkbox"/> Management | Date 1 | Name 1 | Eval 1 | Blood Glucose Monitoring <input type="checkbox"/> Meter / Test strip <input type="checkbox"/> Purpose <input type="checkbox"/> Frequency <input type="checkbox"/> Target Values <input type="checkbox"/> Lancets | Date 1 | Name 1 | Eval 1 |
| | Date 2 | Name 2 | Eval 2 | | Date 2 | Name 2 | Eval 2 |
| Medication Administration <input type="checkbox"/> Oral medication <input type="checkbox"/> Use of Pen/Syringe | Date 1 | Name 1 | Eval 1 | General Information <input type="checkbox"/> Complications, management and prevention | Date 1 | Name 1 | Eval 1 |
| | Date 2 | Name 2 | Eval 2 | | Date 2 | Name 2 | Eval 2 |
| Insulin <input type="checkbox"/> Types & actions <input type="checkbox"/> Storage | Date 1 | Name 1 | Eval 2 | Nutrition <input type="checkbox"/> Consult Dietician | Date 1 | Name 1 | Eval 1 |
| | Date 2 | Name 2 | Eval 2 | | Date 2 | Name 2 | Eval 2 |
| Insulin Injection <input type="checkbox"/> location of sites <input type="checkbox"/> needle length | Date 1 | Name 1 | Eval 1 | <input type="checkbox"/> Refer to Provincial Diabetes Program | Date 1 | Name 1 | Eval 1 |
| | Date 2 | Name 2 | Eval 2 | | Date 2 | Name 2 | Eval 2 |
| Identified Family Goals: _____ _____ | | | | Videos/Books | Date | | |
| Identified Learning Barriers: _____ _____ | | | | | | | |
| Comments: _____ _____ | | | | | | | |

Upon completion, fax copy of this teaching record along with referral to the Provincial Diabetes Program (see referral form for fax #s)

February 01, 2014_V2