

Child's Name:

Date:

| Diabetes Check List * | Yes | No | N/A |
|---|------------|-----------|------------|
| Blood Glucose Meter Use | | | |
| Can the family show you how to use the blood sugar meter correctly? (If using a continuous glucose monitor, go to other supplies section) | | | |
| Are the correct date and time set? | | | |
| Is the child the only one using the meter? | | | |
| Are the meter supplies (test strips) in date? | | | |
| If the child is using only a meter for blood glucose checks, does the meter history show 4 blood sugar checks per day? | | | |
| Insulin | | | |
| Are current pens/or vials that are opened within their expiration date? | | | |
| Are unused vials kept in refrigerator and within their expiration date? | | | |
| Are there unopened pen needles for insulin pens and unused syringes for insulin vials? | | | |
| Emergency Supplies | | | |
| Is there an emergency glucagon kit within the expiration date (glucagon injection pen, Baqsimi nasal spray, GVOKE prefilled pen)? | | | |
| Are there urine ketone test strips within their expiration date? | | | |
| Other Supplies | | | |
| Is the patient wearing a continuous glucose monitor (Dexcom or Libre)? | | | |
| Has the family been sharing their continuous glucose monitor data with their Diabetes provider? | | | |
| Does the family know where to obtain the supplies for the continuous glucose monitor? | | | |
| Is the patient receiving insulin through an insulin pump delivery system? | | | |
| Does the family have back up pump supplies in case of pump failure (infusion sets, insulin cartridges, and reservoirs)? | | | |

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| Does the family have long-acting insulin available if the pump system fails? | | | |
| Does the family have knowledge of the following? | | | |
| Do they have contact information for the Endocrinologist/Diabetes office? | | | |
| Does the family have an action plan for emergency highs or emergency lows? | | | |
| Do they have the medical supply company and/or pharmacy number? | | | |
| Do they know when they last gave school diabetes supplies (insulin should be replaced monthly)? | | | |
| Do they know the current insulin plan for meals and fixed dosing? | | | |
| Do they know how to count carbohydrates accurately? Or have use resources to do so (book, app, or handouts)? | | | |
| Do they know how to describe signs and symptoms of low blood sugar? | | | |
| Do they know how to describe signs and symptoms of high blood sugar and how to test for ketones? | | | |
| Do they have a responsible person supervising blood sugar checks and insulin dosing? | | | |
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Reference: Fox, L. A., Pfeffer, E., Stockman, J., Shapiro, S., & Dully, K. (2018). Medical Neglect in Children and Adolescents with Diabetes Mellitus. *Journal of child & adolescent trauma*, 13(3), 259–269. <https://doi.org/10.1007/s40653-018-0215-y>.