

ENDOCRINOLOGY & DIABETES UNIT

Endocrine Clinic

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<http://endodiab.bcchildrens.ca>



DATE: _____

TEACHING CHECKLIST: GROWTH HORMONE (PENS)

Brand / Device: _____ **Dose:** _____

Cartridge Strength: _____ **Pen Needle Size:** _____

Learners (include relationship to patient): _____

1. _____ Obtain baseline measurements
2. _____ Review supplies, storage before and after reconstitution, and expiration dates
3. _____ Practice reconstitution of growth hormone product
4. _____ Practice loading cartridge into pen device and priming the device
5. _____ Practice injection administration with pen device
6. _____ Review injection rotation sites
7. _____ Review safe disposal of needles
8. _____ Review procedure for giving last dose in cartridge and cartridge changes
9. _____ Discuss medication schedule and charting
10. _____ Review growth hormone product-specific patient support services
11. _____ Review procedure for injection pen replacement

Documents and Supplies

1. _____ Product-specific education materials / sharps disposal / injection sites
2. _____ Product-specific patient support program documents
3. _____ Consent for study registry
4. _____ Travel letter
5. _____ Cooler

Date of 1st Follow-up Clinic Visit: _____

Follow-up Plan: _____

Date: _____

RN Signature: _____