

Pediatric Endocrinology & Metabolism

Phone: (204) 787-7435

TEACHING CHECKLIST FOR GROWTH HORMONE STARTS

Patient Name :	Birth Date :	Hospital # :	
Brand/ Device:	Dose: mg		
Cartridge/vial:	Needle Size:		
Todays Height:cm	Weight:kg		
Pharmacy Name:	_ Phone:	Fax:	_ Script given Y/N or Fax Y/N
Participants/Learners:			
Demonstration & discussion by RN and pa	rent/patient (check	as completed):	
 Reconstitution of cartridge/vi 	al if applicable AND e	expiration date	
2 Review of aseptic technique			
3 Review of maintaining sterilit	y of needles/ cartridg	ges/vials	
Preparing injection (loading c	artridge, dialing up d	ose /drawing up syri	nge)
5 Priming (purging of air from c	artridge) if applicable	<u> </u>	
6 Injection site preparation and	locations		
7 Practice injection administrat	ion into practice med	lium	
8 Rotation of injection sites/ on			
9 Plan for management of dose versus waste/last dose			
10 Timing of injections/schedule	management		
11 Safe disposal of sharps			
12 Storage/refrigeration of medi	ication and injection o	device	
13 Review of growth hormone p			
14 Obtain insurance renewal lett			
15 Provide consent for post mar	keting data base stud	y registry if applicab	le
16 Travel letter	_		
17. Proper transport of growth he	ormone while travelli	ng	
18. Parent/patient verbalized a g	ood comfort level wit	:h GH device/admin.	
19. Parent/patient demonstrated competency in giving injection			
20. Parent/patient verbalized the	y have discussed risk	s/ benefits with End	o MD
			
Nurse review of acute complications/side	effects of growth ho	rmone therapy (Che	eck once reviewed)
	udo tumor cerebri		
Leaking at injection siteBru			
Defective pen or medication	, , , , , , , , , , , , , , , , , , ,		
Child's f/u Endocrine visit planr	ned for		
Learners printed name:	Signatur	e:	Date:
Nurses printed name:	Signatur	e:	Date:

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