ENDOCRINOLOGY & DIABETES UNIT

BC CHILDREN'S HOSPITAL

Endocrine Clinic Phone: 604-875-2117

Toll-free: 1-888-300-3088, x2117

Fax: 604-875-3231 http://endodiab.bcchildrens.ca

DATE:					

TEACHING CHECKLIST: HYPOTHYROIDISM

Assessmen 	t: Include diagnostic information, familiarity with medications.								
Learners (i	nclude relationship to patient):								
Medication	: Dose:								
1.	Obtain baseline measurements.								
	Obtain parental heights if possible.								
	_ For infants demonstrate:								
A	pill cutter								
B	pill crusher								
C	oral syringe								
4									
5	Discuss incompatibility of L-thyroxine (Synthroid®, Eltroxin®, Euthyrox®) with soy products and iron.								
6	Advise against accepting medication in suspension form.								
	Review <i>Hypothyroidism</i> booklet and give copy to family.								
	_ Ensure first follow-up appointment is arranged.								
9	_ Ensure parents have requisition and knows timing for bloodwork.								
10	Ensure patient/parent has medication prescription.								
Follow-up I	Plan:								
Date:	RN Signature:								