

CORTISOL DEPENDENT CHECKLIST

Date: _____	Time: _____
Name: _____	Date of Birth: _____
Medical Record #: _____	HT: _____ WT: _____
Assessment : _____	

Learners: _____

Relationship to patient: _____

At the end of the training session the learner (parent/guardian/patient) will be able to: (check where appropriate)

1. ___ Verbalizes knowledge of illness and why on medication.
2. ___ Identifies "stress" and when to give stress dose of medication (illness, fever >38°C).
3. ___ Verbalizes knowledge of signs and symptoms of cortisol deficiency (fever, dizziness, restlessness, pale skin, lethargy, vomiting, weakness, dehydration).
4. ___ Able to give cortisol replacement by mouth (knowledge of dose and schedule).

Drug: _____ Dose: _____

5. ___ Verbalize ability to give stress dose of cortisol (knowledge of stress dose).

Stress dose: _____

6. ___ Knowledge of what to do when patient has vomiting, diarrhea and/or fracture/trauma.

___ a) give cortisol IM as ordered by physician

___ b) call doctor

___ c) call 911/bring to ER

7. ___ Demonstrates ability to give injection (IM cortisol) Dose: _____

8. ___ Received cortisol dependent handouts/booklet.

9. ___ Other: _____

Follow-up appointment: _____

Comments: _____

Time discharged: _____

Date: _____

RN signature: _____

Learner's signature: _____