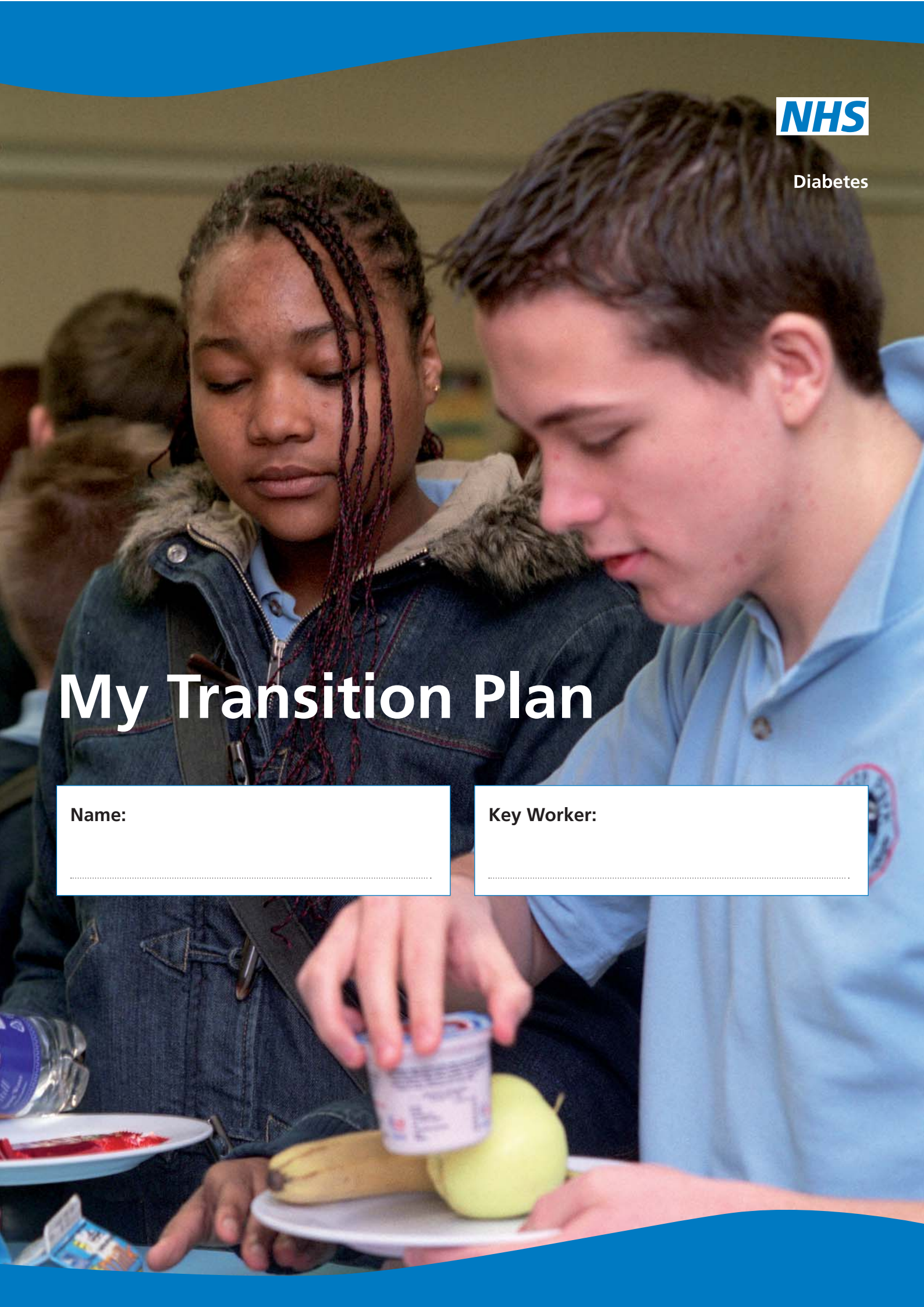


My Transition Plan

Name:

Key Worker:



SOUTHAMPTON
Children's Hospital

Ready Steady Go programme developed by the transitional steering group led by Dr Arvind Nagra, clinical lead for transitional care and consultant paediatric nephrologist, Southampton Children's Hospital, University Hospital Southampton NHS Foundation Trust.
Website: www.uhs.uk/readysteadygo

Adapted for diabetes by Salford Royal NHS Foundation Trust.

Transition Plan



Name

DOB

NHS number

Hospital number

Transition start date

School/college name

Home telephone number

Mobile number

e-mail

Diagnosis:

Target date for transfer to young adult service

Resources and date given:

Transition leaflet for young people

Transition leaflet for parents

Other literature: please specify

Offer of copy of clinic letters.

MDT involvement:

Youth worker

Social worker

Psychology

Specialist Nurse

Specialist Dietitian

Other

Young Persons Team contact

Transition Plan

R S G

K KNOWLEDGE

1. Describes condition, effects and prognosis
2. Understands medication purpose and effects
3. Understands treatment regimes purposes and effects
4. Knows key team members and their roles

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S SELF ADVOCACY

1. Part / whole clinic appointment on their own
2. Knows how to make appointments / alter appointments
3. Understanding of confidentiality
4. Orders repeat prescriptions
5. Takes some / complete responsibility for medication / other treatment
6. Knows where to get help

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H HEALTH AND LIFESTYLE

1. Understands importance of diet / exercise / dental care
2. Understands impact of smoking / alcohol / substance use
3. Understands sexual health issues / pregnancy / STDs

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A ACTIVITIES OF DAILY LIVING

1. Self care / meal preparation
2. Independent travel / mobility
3. Trips / overnights / away from home
4. Benefits

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Transition Plan

R S G

V VOCATIONAL

1. Current and future education /impact of condition on career plans
2. School attendance and performance
3. Work experience and how to access careers advice
4. Outside activities and interests
5. Disclosure to school / employer

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P PSYCHOSOCIAL

1. Self esteem / self confidence
2. Body / self image
3. Peer relationships / bullying
4. Support networks / family / disclosure to friends
5. Coping strategies

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T TRANSITION

1. Understands concept of transition
2. Agrees transition plan
3. Attends transition clinic
4. Visits adult unit (if appropriate)
5. Sees GP independently

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Transition Plan

Ready Steady Go Pathway



Name

DOB

Key date started

Please tick and date when addressed, details to be recorded in free text section giving code eg. K2, A3

Date	Section number	Progress notes / goals

The Ready Steady Go transition plan - GETTING READY

The team aim to support you as you grow up and gradually help you develop the confidence and skills to take charge of your own healthcare.

Name:

Start date:

Dates when plan reviewed:



Knowledge and skills:	Yes I can do this on my own and don't feel I need any extra advice	I would like some extra help and advice with this	Date discussed
Knowledge:			
I can tell you "What is Diabetes?"			
I know who is in the diabetes team.			
Speaking up for yourself(Self Advocacy)			
I feel I am ready to start to be seen alone for part of the clinic visit in the future.			
I am able to ask my own questions in the clinic.			
Moving on to Young Adult Services			
I understand the meaning of "transition" and how this will happen.			
Health and Lifestyle			
I understand it is important to exercise for my health and my diabetes.			
I understand what healthy eating means for my health.			
I am aware that growing up and going into puberty can affect my diabetes.			
I understand the risks of alcohol and drugs on my health and my diabetes.			
I know where and how I can access reliable and accurate information about sexual health.			

The Ready Steady Go transition plan - GETTING READY



Knowledge and skills:	Yes I can do this on my own and don't feel I need any extra advice	I would like some extra help and advice with this	Date discussed
Daily Living			
I can make my own snacks and meals.			
I am able to be away from home overnight.			
School and your future			
I know what I want to do when I leave school.			
I am able to manage my diabetes at school e.g. checking my blood glucose, giving my insulin etc.			
My friends understand about my diabetes.			
Leisure			
I can use public transport and access my local community e.g. shops, leisure centre, cinema.			
I see my friends outside school hours.			
Managing your emotions			
I know how to deal with unwelcome comments/ bullying.			
I know how to deal with emotions such as anger or anxiety.			
I know someone I can talk to when I feel sad /fed up.			
I am comfortable with the way I look.			

Please list anything else you would like help or advice with:

Thank You

The Ready Steady Go transition plan - STEADY

The team aim to support you as you grow up and gradually help you develop the confidence and skills to take charge of your own healthcare.

Name:

Start date:

Dates when plan reviewed:



Knowledge and skills:	Yes I can do this on my own and don't feel I need any extra advice	I would like some extra help and advice with this	Date discussed
Knowledge:			
I can tell you "What is Diabetes?"			
I understand the effect of insulin and food on my blood glucose levels.			
I am responsible for taking my own blood glucose levels and insulin at home and school.			
I understand the differences between children's and adult health care.			
I know what each member of the diabetes team can do for me.			
I know about resources that offer support for young people with diabetes e.g. Diabetes UK.			
Self Advocacy (speaking up for yourself)	Copyright of Southampton Children's Hospital		
I feel confident to be seen on my own for part or all of the clinic visit in the future.			
I understand my right to privacy and responsibilities in decision making, consent and confidentiality.			
Moving on to Young Adult Services			
I am happy with my transition plan and feel I am making a significant contribution to it.			
Health and Lifestyle			
I exercise regularly and have an active lifestyle.			
I understand the importance of healthy eating and carbohydrate counting in relation to my health and diabetes.			
I understand the risks of alcohol and drugs on my overall health and my diabetes.			
I understand the implications of my condition and its treatment on pregnancy.			
I know where I can access reliable accurate information about sexual health e.g. contraception.			

The Ready Steady Go transition plan - STEADY



Knowledge and skills:	Yes I can do this on my own and don't feel I need any extra advice	I would like some extra help and advice with this	Date discussed
Daily Living			
I can make my own snacks and meals.			
I am able to be away from home overnight and manage my diabetes.			
I am responsible for particular household jobs.			
School and your future			
I know what I want to do when I leave school.			
I am able to manage my diabetes at school e.g. checking my blood glucose, giving my insulin etc.			
My friends understand about my diabetes.			
I have had work experience.			
Leisure			
I can use public transport and access my local community e.g. shops, leisure centre, cinema.			
I see my friends outside school hours.			
Managing your emotions			
I know how to deal with unwelcome comments/ bullying.			
I know how to deal with emotions such as anger or anxiety.			
I know someone I can talk to when I feel sad /fed up.			
I am comfortable with the way I look.			

Please list anything else you would like help or advice with:

Thank You

The Ready Steady Go transition plan - GO

The team aim to support you as you grow up and gradually help you develop the confidence and skills to take charge of your own healthcare.

Name:

Start date:

Dates when plan reviewed:



Knowledge and skills:	Yes I can do this on my own and don't feel I need any extra advice	I would like some extra help and advice with this	Date discussed
Knowledge:			
I am confident in my knowledge of diabetes and its management.			
I understand about the long term problems which may be associated with diabetes.			
I am responsible for taking my own blood glucose levels and insulin at home and school.			
I order and collect my own repeat prescriptions and book all my own appointments.			
I call the diabetes team myself if there are any questions about my condition.			
Speaking up for yourself (Self Advocacy)			
I feel confident to be seen on my own for all of the clinic visit.			
I understand my right to privacy and responsibilities in decision making, consent and confidentiality.			
Moving on to Young Adult Services			
I know and have been involved in the plan for my future care when I am an adult.			
Health and Lifestyle			
I exercise regularly and have an active lifestyle.			
I understand the importance of healthy eating and carbohydrate counting in relation to my health and diabetes.			
I understand the risks of alcohol, smoking and drugs on my overall health and my diabetes.			
I understand the implications of my condition and its treatment during pregnancy.			
I know where I can access reliable accurate information about sexual health eg contraception.			

The Ready Steady Go transition plan - GO



Knowledge and skills:	Yes I can do this on my own and don't feel I need any extra advice	I would like some extra help and advice with this	Date discussed
Daily Living			
I can make my own snacks and meals.			
I can or am learning to drive and know about the regulations on driving with diabetes.			
I know how to plan ahead for being away from home, overseas.			
School and your future			
I know what I want to do when I leave school.			
I am able to manage my diabetes at school e.g. checking my blood glucose, giving my insulin etc.			
My friends understand about my diabetes.			
I have had work experience.			
Leisure			
I can use public transport and access my local community e.g. shops, leisure centre, cinema.			
I see my friends outside school hours.			
Managing your emotions			
I know how to deal with unwelcome comments/bullying.			
I know how to deal with emotions such as anger or anxiety.			
I know someone I can talk to when I feel sad /fed up.			
I am comfortable with the way I look to others.			

Please list anything else you would like help or advice with:

Thank You

Parent / carer's transition plan



Name of parent:

Name of young person:

Start date: Review 1; Review 2; Review 3.

Internet access YES

NO

This transition plan is designed to help parents and carers feel confident about their knowledge and skills during the period of transition. Over the next few years we aim to equip your son/daughter with the necessary skills to manage their condition and hopefully increase your confidence and that of your son/daughter to transfer to the young person's service). We also aim to promote healthy lifestyles and ensure that they are able to manage their diabetes in all aspects of their life.

Knowledge and skills

Yes No N/A

I understand the meaning of transition.

I know who is in the team, and their respective roles.

I know about resources that offer support for parents/carers of young people with my son/daughter's condition.

I understand what is likely to happen in the future regarding my son/daughter's condition.

I understand the changes (physical and emotional) which occur during adolescence and how their condition potentially affects and is affected by this development.

I am confident my son/daughter is knowledgeable about their conditions and it's management.

I feel confident in teaching my son / daughter to become responsible for their own medication at home.

Parent / carer's transition plan

Encouraging independence

Yes No N/A

I encourage my son/daughter to be responsible for a particular household chore at home.

I encourage my son/daughter to be independent at home - preparing meals etc.

I feel confident for my son/daughter to be seen on their own in clinic for part or all of clinic visits.

I understand my son/daughter's rights to information, privacy and confidentiality.

I know how to advise my son/daughter's about financial support.

Healthy Life Style

I understand the importance of a healthy diet for young people.

I understand the effects of smoking, drugs and /or alcohol on my son/daughter's condition and general health.

I know where and how I can access providers of reliable / accurate sexual health information for young people and their parents.

I encourage my child to regularly exercise. I am aware of any restrictions my son/daughter may have.

Preparation for Young Persons Services

I feel confident in teaching my son/daughter how to contact the hospital themselves and to organise their repeat prescriptions.

I understand the difference between children and adult diabetes care.

I know the plan for my son/daughter's diabetes care when he/she is an adult.

Please list any other things you may have concerns about or would like extra help advice with: _____

Thank you for taking the time to complete this plan. Please take time to look at the literature in the clinic area which is available for young people and parents to take away.

