

TRANSITION CHECKLIST FOR YOUNG PEOPLE WITH CYSTIC FIBROSIS	Date Achieved
<p><u>Stage One: - 12 and 13 Years</u></p> <p>Independent Health Care Behaviours: Transition discussed with patient and family. Patient has a basic understanding of their condition and its management. ie. Patient can give basic explanation of CF. Patient can give basic history of their condition. Patient can start to understand & interpret their own lung function Patient can name the medication they are taking. Patient introduces concept of seeing the doctor and interacting with all members of the CF team on their own for part of clinic visit. Patient takes responsibility for own care some of the time – starts taking responsibility for daily medications and treatments. Patient is linked to GP for primary care. Patient is aware of the importance of infection control measures.</p> <p>Physio: Patient introduced to self management issues. Patient is using some independent techniques Starts taking responsibility of own physiotherapy</p> <p>Dietitian: Patient takes some responsibility for administration of enzymes. Patient is taking some responsibility for maintenance of weight.</p> <p>Education: Visit to secondary school accepted: Yes / No Discuss restrictions (real or imagined) on educational or recreational activities. Discuss strengths at school for later subject choices.</p> <p>Sexual Health: Discuss puberty changes, differences from peers and the impact of puberty on their CF. Discuss where the young person and parents can obtain information about sexuality and puberty.</p> <p>Recreation: Patient is engaging in regular physical activity. Patient is able to list interests.</p> <p>Social Security: Patient benefits and entitlements reviewed.</p>	



	Date Achieved
<p><u>Stage One: - 12 and 13 Years (Continued):</u></p> <p>Emotional/Psychosocial : Discuss issues of body image, concerns with dieting, exercise, weight gain/weight loss. Talk to the young person about social activities, peer involvement and supportive relationships. Discuss external support options with the young person (ie: peer support, internet, support organisations)</p> <p>Parents/ Carers Aware of transition process. Aware of need to encourage adolescent to take some responsibility for care. Provide parents with the opportunity to discuss their feeling about loss of control, concerns about the future.</p> <p>Health and Lifestyle: Ask about smoking, use of alcohol and street drugs. Discuss the impact of above behaviours on health and general well being.</p>	



CHECKLIST	Date Achieved
<p><u>Stage Two: - 14 - 16 Years:</u></p> <p>Independent Health Care Behaviours: Patient has a good understanding of their disease and its management. Patient can explain what CF is. Patient can give an accurate history of their condition. Patient can describe the symptoms of an exacerbation. Patient can interpret their own lung function. Patient can name their medications, dosages and effects. Patient takes responsibility for their own care most of the time.</p> <p>Self Advocacy: Direct questions to the young person. Discuss strategies to access support and information about their condition and treatments. Discuss when, how and from whom to seek emergency/medical help. Discuss increasing independence at home – ie taking own medications, making own appointments etc. Patient is seeing the doctor by themselves for some of the clinic visit. Patient is able to speak directly with the medical team about concerns. Patient is linked to a GP for primary care. Patient understands the importance of infection control measures.</p> <p>Physio: Patient is seen on own in clinic some of the time or when appropriate. Patient assuming more independence with techniques. Patient is able to monitor effectiveness of techniques and initiate appropriate changes. Patient knows how to care for and maintain own respiratory equipment.</p> <p>Dietitian: Patient is seen on own in clinic some of the time or when appropriate. Patient is able to implement strategies to maintain weight. Patient knows how to care for and maintain own nutrition equipment.</p> <p>Education and Vocational Planning: Patient is able to verbalise education/vocational goals/employment/ study. Encourage visits to school counsellors to talk about career preparation courses.</p>	



Checklist continued	Date Achieved
<p><u>Stage Two: - 14 - 16 Years (Continued):</u></p> <p>Recreation: Patient is able to list hobbies and interests, encourage leisure activities. Patient is engaging in regular exercise.</p> <p>Health and Lifestyle: Discuss plans for driving Discuss issues of body image Discuss ways to deal with social pressure.</p> <p>Social Security: Patient's benefits and entitlements reviewed.</p> <p>Emotional Needs: Patient appears to have age and situation appropriate responses Able to appropriately discuss fears/desires. Identifies support systems outside the family and how to access psychological support if required.</p> <p>Parents/Carers: Have increasing limited responsibility for care. Are aware of the transition process and their role in that process. Allows the young person to take on ownership of their health care.</p> <p>Sexual Health: Encourages young person to ask questions to clarify the impact of their condition and /or medications on sexuality. Aware of FPA (the old Family Planning Association) website.</p>	



CHECKLIST	Date Achieved
<p><u>Stage Three: 17 and 18 years</u> <u>(or one year prior to discharge)</u></p> <p>Young person prepares to leave the paediatric team with confidence into the adult system.</p> <p>Independent Health Care Behaviours: Patient takes increasing responsibility for own health Patient is introduced to adult team and facility (given adult clinic book and tour of adult facilities. Patient has own GP for primary care Patient has a good understanding of their condition and management <ul style="list-style-type: none"> • Patient knows how and when to seek medical attention • Patient understands lab results and their meanings • Patient understands significance and interpretation of lung function • Patient is aware of management plan Patient knows how to obtain new supplies of equipment and medications. Patient can identify actual / potential problems in adhering to treatment plan. Patient understands the importance of infection control measures Patient is able to resource team members if problems arise: <ul style="list-style-type: none"> le: contact Physio if PEP mask breaks contact CNC re: illness concerns Patient is able to maintain CF health record book – keeps track of appointments, medications and treatment details. Pre – transition survey is given to the young person</p> <p>Physio: Patient has an established and effective self management routine Patient is able to monitor effectiveness of techniques and make appropriate changes Patient is able to maintain own equipment</p> <p>Dietitian: Patient is able to initiate strategies to maintain weight Patient is able to titrate enzymes to fat intake Patient is able to maintain own equipment</p> <p>Education: Patient has realistic goals Patient is aware of educational supports and how to access them Discuss employment or vocational options</p>	



	Date Achieved
<p><u>Stage Three: - 17 and 18 Years (Continued):</u></p> <p>Sexual Health and Drugs: Discuss: Genetic risks Sexually transmitted infections Fertility issues</p> <p>Use of alcohol, smoking & street drugs – their interactions with medications and impact on CF</p> <p>Recreation: Patient takes steps to reach future goals Patient is engaging in regular exercise</p> <p>Social Security: Patient is aware of Centrelink, how to access facility.</p> <p>Emotional Needs: Patient appears to have age and situation appropriate responses Able to appropriately discuss fear / desires. Initiates discussion about mental health issues – ie depression</p> <p>Parent/Carers: Understands the need for the patient to take as much responsibility as possible for their own health care. Discuss parents changing role as support person rather than main caregiver. Meeting with adult CNC attended. Encourage parent feedback re: issues around transition process.</p> <p>ADULT CLINIC:</p> <p>Initial appointment made. Check list and referral complete. Summary of paediatric care given to patient, GP and adult clinic.</p> <p>Post transition survey will be given out 6 months post transfer to adult clinic to assess transition process.</p>	



CYSTIC FIBROSIS FINAL TRANSITION CHECK LIST

- | | | |
|---|---|-------|
| 1. Transition discussed at Combined meeting | _____ | _____ |
| 2. Transition Clinic: | Written Information of Adult CF Service | _____ |
| | Tour of Adult Clinic, ward, lab | _____ |
| | Appointment procedure to Adult clinic explained and 1 st appointment made. | _____ |
| 3. Transition referral letter completed by | Medical Summary | _____ |
| | Nursing Summary | _____ |
| | Physiotherapy Summary | _____ |
| | Dietitian Summary | _____ |
| | Social Work Summary | _____ |
| 4. referral letter sent to | Adult CNC | _____ |
| | Physician | _____ |
| | G.P | _____ |
| 5. Additional medical referral completed (if necessary)
(ie Gastroenterology, Endocrinology) | | _____ |
| 6. Copies of following for summary file:- | Recent Chest x-ray | _____ |
| | Recent Sputum result | _____ |
| | Recent Lung Function | _____ |
| | Genetic report | _____ |
| | Sweat test result | _____ |
| | Current medication list | _____ |
| 7. Patient has met staff from adult clinic:- | Doctor | _____ |
| | CF Nurse | _____ |
| | Physiotherapy | _____ |
| | Dietitian | _____ |
| | Social Worker | _____ |
| 8. Patient has contact number for adult clinic. | | _____ |
| 9. Patient understands all following admissions will be to the adult facility. | | _____ |
| 10. Adult Clinic Policies and Procedures discussed. | | _____ |
| 11. Infection Control measures discussed and reinforced. | | _____ |
| 12. Transition Complete. | | _____ |
| 13. Date: | _____ | |

