Learning objectives

This list identifies the goals for the **minimum skills and knowledge** required to perform the care appropriate to your child. You and the healthcare team may use it as a guide and checklist for learning.

Instructions: When the learning is satisfactory to the nurse and to the parent, both will write their initials in the table and put their name and signature at the end where indicated.

The family/caregiver (and child, if appropriate) **know**:	**Date**	**Initials Nurse**	**Initials Parent**
advice on the activities of daily living (clothing, nutrition, hydration, bathing, sleep, activities and transportation)			
the equipment necessary for stoma care			
the cleaning of the stoma and skin around it			
the type of collection device (bag and skin barrier)			
the indications and the frequency of emptying of the bag and of changing the collection device			
the steps to empty the bag of the collection device			
the steps to change the collection device			
potential problems and recommended solutions			
reasons for consulting the enterostomal therapy and/or healthcare team			
Comments:			

The family/caregiver (and child, if appropriate) safely and competently **master**:	**Date**	**Initials Nurse**	**Initials Parent**
the cleaning of the stoma and skin around it			
the steps to empty the bag of the collection device			
the steps to change the collection device			
Comments:			

The family/caregiver (and child, if appropriate) **take into consideration**:	**Date**	**Initials Nurse**	**Initials Parent**
the preparation of the child, the parent/caregiver and the environment before beginning the care			
the pediatric approach for the required care			
the degree of the child's autonomy in participating in care			
the need to readjust methods of care as necessary			
the support necessary to the child before, during and after the care			
Comments:			

The family/caregiver (and child, if appropriate) **have received and understand** the following information:	**Date**	**Initials Nurse**	**Initials Parent**
access information for distributors of necessary equipment and materials			
financial support and coverage for the equipment and materials (private insurance, RAMQ, etc.)			
resources available for them and for the child			
the date and place for the next appointment if required			
access information for resource people, as needed			
the number to call in case of emergency			
Comments:			

Name of the nurse:	**Signature:**	**Initials:**
Name of the nurse:	**Signature:**	**Initials:**
Name of the nurse:	**Signature:**	**Initials:**
Name of the nurse:	**Signature:**	**Initials:**

Name of the parent:	**Signature:**	**Initials:**
Name of the parent:	**Signature:**	**Initials:**