

Scottish Paediatric Endocrine Group (SPEG)

Summary Transition checklist

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SPEG
Transition checklist

This checklist has been designed for the medical and nursing team to support the young person and their families / carers as they begin their transition journey to adult services.

Knowledge	Yes	Requires extra help/ advice	Comment
Has the young person/ family/ carers been informed of the transition process well in advance of the process beginning e.g. from around age 12?			
Provide written information leaflet.			
Is the information provided in a language that is understandable to the young person and their family?			
Set the scene with the young person and their family, e.g. aims for evolving self-management.			
Does the young person look after their own medication?			
Knowledge	Yes	Requires extra help/ advice	Comment
Considering age and development maturity, has the young person been involved in the planning of a predicted timescale for transition and their preferences considered?			
Is there a clear individualised written plan/ pathway for the young person to transition?			
Provide the young person and family with a copy.			
Identify adult care provider willing to take young person on prior to transfer			
Provide named contact / co-ordinator for transition process			
Ensure one appointment after transfer fixed in anticipation			
Knowledge	Yes	Requires extra help/ advice	Comment
Is there the opportunity to have joint clinics with both paediatric and adult services for the young person and their family to meet the new medical team?			
Offer option to see alone/ lone consulting - talk about this as an option in preparation			
Ensure GP kept informed of transition process			
Discuss differences between paediatric and adult services with young person and their family			
Discuss risk behaviours, healthy lifestyles and their influence on health			