外科住院患者健康教育评价单

**姓名： 科室： 床号： 诊断：**

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| **项目** | | **宣教** | | | | | | | **评价** | | | | | |
| **日期/时间** | **护士**  **姓名** | **方式** | | | **对象** | | **日期/时间** | **护士**  **姓名** | **复述** | | **回示** | |
| **讲解** | **书面** | **示范** | **患者** | **家属** | **能** | **不能** | **能** | **不能** |
| **入**  **院** | **1、病区环境及安全措施** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3、责任护士、主管医生** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3、作息制度、陪护制度** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4、讲解戒烟酒的重要性** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5、讲解主要药物的作用和特殊注意事项** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6、指导病人合理饮食** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **术前** | **7、讲解手术相关知识及重要性** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8、讲解术前检查目的和注意事项** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9、指导患者术前个人卫生，做好手术区域的皮肤准备** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10、示范有效咳嗽方法并教会其配合** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11、训练床上排便** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12、讲解术前禁食、水的时间及意义** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13、指导术中清醒患者特殊体位训练，配合术中、术后体位的要求。** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14、指导肢体功能训练（根据手术部位和方式）** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15、讲解麻醉的相关知识** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **术后** | **16、讲解术后禁食、进食的时间及注意事项** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17、指导术后卧位舒适安全，指导早期适量活动** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18、指导患者及家属保护伤口，造（瘘）口及各种留置管道的方法** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **19、解释主要用药的作用、副作用及注意事项** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **20、根据患者病情及手术方式，指导患者功能训练** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **出院指导** | **21.有明确的出院用药方法及注意事项** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **22、示范指导疾病自我监测及预防的方法。** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **23、有复诊时间、地点、咨询电话** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **备注：如评价病人或家属为不能达到，请接着23以后记录** | | | | | | | | | | | | | | |