Internal medicine inpatient health education evaluation form

**Name: Department: Bed number: Diagnosis:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **project** | | **Mission** | | | | | | | | **Evaluation** | | | | | |
| **day**  **period** | **nurse**  **Name** | **the way** | | | | **Object** | | **Evaluation**  **date** | **nurse**  **Name** | **repeat** | | **Return** | |
| **explain** | **written** | **demonstration** | **Video** | **patient** | **Family** | **can** | **Can not** | **can** | **Can not** |
| **Admission notice** | **1. Environmental and safety measures in the ward** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2. Work schedule and accompanying system** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3. Responsible nurse, doctor in charge** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Disease related knowledge** | **4. Knowledge about the disease and explain the impact of bad living habits on the disease** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5. Explain the importance of quitting smoking and alcohol, guide patients to eat properly, and keep stools smooth.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6, explain the meaning of oxygen absorption, ECG monitoring, turning over the back and notes** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7, explain the role of major drugs and special considerations** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8, explain the precautions for specialist examinations or tests: (blood sugar, b-ultrasound, gastroscope, bronchoscope.)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9. Explain the precautions for therapeutic operation: (fasting, oxygen inhalation, nasal feeding, intravenous maintenance medication, chemotherapy, intervention)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10. Guidance or demonstration activities and methods of rehabilitation** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11, according to the condition to guide the comfortable position** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Discharge guidance** | **12, guide the discharge of medication methods and precautions** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13. Inform the disease self-monitoring and prevention methods.Establish a good mental state and healthy behavior** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14, tell the time, location, consultation phone** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |