



MGM
NEW BOMBAY HOSPITAL, VASHI



MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMP2406720
Age/Sex : 56 Years / M DOA : 05/10/2024
BED : SW-518 WARD : MWU
DR : DR. PRASHANT ATHALE

Consultant's Name: Dr. Prashant Athale

Diagnosis: Sepsis

UHID

PATIENT AND FAMILY EDUCATION RECORD

To be filled by concerned disciplines, Use Key below

Assessment

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing Limitations	<input type="checkbox"/> Use of interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input checked="" type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input checked="" type="checkbox"/> Simple language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learning	<input type="checkbox"/> Written instructions
<input checked="" type="checkbox"/> Completed By Date <u>10/11/24</u> Time <u>6 Am</u> Nurse Signature: <u>Nilanjan</u>		

Learning Record

Needs	Date	Day			Date	Day			Date	Day			Signature
		L	P	O		L	P	O		L	P	O	
Disease													Doctor
<input type="checkbox"/> Information on Disease / Diagnostics	10/11	P	OD	V	12/11	P	OD	V					<u>[Signature]</u>
Treatment		P	OD	V	P	OD	V						<u>[Signature]</u>
Medications													Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines	10/11	P	OD	V	12/11	P	OD	V					<u>[Signature]</u>
<input checked="" type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		P	OD	V	P	OD	V						<u>[Signature]</u>
<input checked="" type="checkbox"/> Discharge Medications									P	OD	V		<u>[Signature]</u>
Surgical Instructions													Nurse / Doctor
<input type="checkbox"/> Pre-Operative Instructions													
<input checked="" type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)	10/11	P	OD	V	12/11	P	OD	V					<u>[Signature]</u>
Pain Management													Nurse / Doctor
<input type="checkbox"/> Reporting of pain					12/11	P	OD	V					<u>[Signature]</u>
<input type="checkbox"/> Pain Management					12/11	P	OD	V					<u>[Signature]</u>
Safe and Effective use of Medical Equipment (If required)													Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques					12/11								Physiotherapist
<input type="checkbox"/> Home Exercises						P	OD	V					<u>[Signature]</u>