



MGM
NEW BOMBAY HOSPITAL, VASHI



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MR. KIRAN BHAGWAN TAWARE
UHID: MGM240017131 IPD : MGMIP2406720
Age/Sex: 56 Years /M/DOA: 05/10/2024
BED: SICU-011 WARD: SICU
DR: DR. PRASHANT ATHALE

Consultant's Name: Dr. Athale
Diagnosis: Jepatitis

UHID

PATIENT AND FAMILY EDUCATION RECORD

To be filled by concerned disciplines, Use Key below

Assessment

Barriers to Learning				Plan to Address Factors			
<input 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 type="checkbox"/> Educate family	
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input 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 type="checkbox"/> Completed By Date <u>17/10</u>	Time <u>8 AM</u>	Nurse Signature: <u>J. Athale</u>					

Learning Record

Needs	Date	Day ___			Date	Day ___			Date	Day ___			Signature
		L	P	O		L	P	O		L	P	O	
Disease	<u>17/10</u>				<u>(a)10</u>				<u>21/10</u>				Doctor
<input type="checkbox"/> Information on Disease / Diagnostics		<u>ODV</u>				<u>ODV</u>				<u>on</u>	-	<u>RR SS</u>	
Treatment		<u>ODV</u>				<u>ODV</u>				<u>on</u>	-	<u>RR SS</u>	
Medications	<u>17/10</u>				<u>19/10</u>								Doctor / Nurse
<input type="checkbox"/> Information on Safe and Effective use of medicines		<u>ODV</u>				<u>ODV</u>				<u>on</u>	-	<u>RR SS</u>	
<input type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		<u>ODV</u>				<u>ODV</u>				<u>on</u>	-	<u>RR SS</u>	
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse / Doctor
<input type="checkbox"/> Pre-Operative Instructions													
<input type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)													
Pain Management													Nurse / Doctor
<input type="checkbox"/> Reporting of pain													
<input type="checkbox"/> Pain Management													
Safe and Effective use of Medical Equipment (If required)													Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques									<u>21/10</u>				Physiotherapist
<input type="checkbox"/> Home Exercises	<u>17/10</u>	<u>D</u>	<u>ODV</u>	<u>V</u>	<u>15/10</u>	<u>D</u>	<u>V</u>	<u>17/10</u>	<u>D</u>	<u>ODV</u>	<u>wk</u>	<u>cl</u>	<u>20/10</u>