



MGM
NEW BOMBAY HOSPITAL, VASHI



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MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years /MDQA : 05/10/2024
BED : SICU-010 WARD : SICU
DR : DR. PRASHANT ATHALE

Consultant's Name: Dr. Athale

Diagnosis: Appendicitis

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>21/10/24</u> Time <u>8 AM</u> Nurse Signature: <u>Kelbilen</u>		

Learning Record

Needs	Date	Day				Date	Day				Date	Day				Signature
		L	P	O			L	P	O			L	P	O		
Disease	11/10					12/10					13/10				Doctor	
<input type="checkbox"/> Information on Disease / Diagnostics		S	on	W		S	on	-		S	on	-				
Treatment		S	m	W		S	m	-		S	m	-				
Medications															Doctor / Nurse	
<input type="checkbox"/> Information on Safe and Effective use of medicines		S	m	W		S	on	W		15/10	S	on	W			
<input type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		S	m	W		S	on	W		S	on	W				
<input type="checkbox"/> Discharge Medications																
Surgical Instructions															Nurse / Doctor	
<input type="checkbox"/> Pre-Operative Instructions	10/10	S	on	W		12/10	S	on	W							
<input type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)	11/10	S	on	W		13/10	S	on	W		15/10	S	on	W		
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															Physiotherapist	
<input type="checkbox"/> Home Exercises	11/10	O	O	W						15/10	P	O	W			

CLERK CLERK
Page 1 to 2