



**MGM**  
**NEW BOMBAY HOSPITAL, VASHI**  
 Plot No. 35, Sector 3, Vashi,  
 Navi Mumbai - 400703. Tel: (022) 5066 6777



JCI ACCREDITED

MR KIRAN BHAGWAN TAWARE  
 UHID MGM240017131/PD MGM/P2406720  
 Age/Sex: 56 Years / M / DOA 05/10/2024  
 BED TICU-006 WARD TIC  
 DR DR PRASHANT ATHALE

Consultant's Name: Dr. Prashant Athale

Diagnosis: Intestinal perforation

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 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 checked="" type="checkbox"/> Completed By Date <u>5/10/24</u> Time <u>1:30 p</u> Nurse Signature: <u>Rg</u>		

### Learning Record

Needs	Date	Day			Date	Day			Date	Day			Signature
		L	P	O		L	P	O		L	P	O	
<b>Disease</b>													Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics	5/10/24	0	00	✓	7/10	0	00	✓	9/10	0	00	✓	R L L
Treatment		0	00	✓		0	00	✓		0	00	✓	✓ -
<b>Medications</b>													Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines	5/10/24	P	00	-		0	00	-		0	00	-	8 8 L
<input checked="" type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		P	00	✓		0	00	✓		0	00	✓	8 8 L
<input type="checkbox"/> Discharge Medications													
<b>Surgical Instructions</b>													Nurse / Doctor
<input type="checkbox"/> Pre-Operative Instructions													
<input type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)													
<b>Pain Management</b>													Nurse / Doctor
<input type="checkbox"/> Reporting of pain	5/10/24	P	00	✓	7/10								
<input type="checkbox"/> Pain Management													
<b>Safe and Effective use of Medical Equipment (If required)</b>													Doctor / Nurse
Name of Equipment													
<b>Rehabilitation Techniques</b>													Physiotherapist
<input type="checkbox"/> Home Exercises													