



Consultant's Name: Abdo sepm3

Diagnosis: Sathale

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 type="checkbox"/> Completed By Date <u>23/10</u>	Time <u>9 AM</u>	Nurse Signature: <u>Kirano</u>	

### Learning Record

Needs	Date	Day__			Date	Day__			Date	Day__			Signature
		L	P	O		L	P	O		L	P	O	
Disease	<u>23/10</u>				<u>25/10</u>				<u>27/10</u>				Doctor
<input type="checkbox"/> Information on Disease / Diagnostics		<u>3 PM</u>	<u>V</u>			<u>5 PM</u>	<u>V</u>			<u>5 PM</u>	<u>V</u>		<u>P</u> <u>P</u> <u>8</u>
Treatment		<u>2 PM</u>	<u>V</u>			<u>3 PM</u>	<u>V</u>			<u>3 PM</u>	<u>V</u>		<u>P</u> <u>P</u> <u>8</u>
Medications									<u>27/10</u>				Doctor / Nurse
<input type="checkbox"/> Information on Safe and Effective use of medicines		<u>5 PM</u>	<u>V</u>			<u>5 PM</u>	<u>V</u>			<u>5 PM</u>	<u>V</u>		<u>P</u> <u>1</u> <u>8</u>
<input type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		<u>5 PM</u>	<u>V</u>			<u>5 PM</u>	<u>V</u>			<u>5 PM</u>	<u>V</u>		<u>8</u>
Discharge Medications													
Surgical Instructions													Nurse / Doctor
<input type="checkbox"/> Pre-Operative Instructions	<u>22/10</u>	<u>10 AM</u>	<u>V</u>			<u>5 PM</u>	<u>V</u>						<u>P</u>
<input type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)		<u>Q AM</u>	<u>V</u>		<u>21/10</u>	<u>5 PM</u>	<u>V</u>		<u>21/10</u>	<u>5 PM</u>	<u>V</u>		<u>21/10</u> <u>5 PM</u>
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													<u>C</u> <u>8</u>