



MGM
NEW BOMBAY HOSPITAL, VASHI



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

Consultant's Name: Abdo sepm3

Diagnosis: 2 Athale

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	23/10				25/10				27/10				Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics		S	on	✓	S	on	✓		S	on	✓		P
Treatment		S	on	✓	S	on	✓		S	on	✓		P
Medications									27/10				Doctor / Nurse
<input type="checkbox"/> Information on Safe and Effective use of medicines		S	on	✓	S	on	✓		S	on	✓		P
<input checked="" type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		S	on	✓	S	on	✓		S	on	✓		P
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse / Doctor
<input type="checkbox"/> Pre-Operative Instructions	22/10	S	on	✓	S	on	✓						P
<input type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)		S	on	✓	21/10	S	on	✓	21/10	S	on	✓	P
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					21/10								Physiotherapist
<input type="checkbox"/> Home Exercises						S	on	✓	27/10	S	on	✓	P