



**MGM**  
**NEW BOMBAY HOSPITAL, VASHI**



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MR. KIRAN BHAGWAN TAWARE  
UHID MGM240017131IPD .MGMP2406720  
Age/Sex : 56 Years /M DOA : 05/10/2024  
BED : SICU-011 WARD : SICU  
DR : DR.PRASHANT ATHALE

Consultant's Name: Dr. Athale

Diagnosis: Sepsis

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 PM</u> Nurse Signature: <u>[Signature]</u>		

### **Learning Record**

Needs	Date	Day			Date	Day			Date	Day			Signature			
		L	P	O		L	P	O		L	P	O				
<b>Disease</b>	17/10				18/10				21/10				Doctor			
<input type="checkbox"/> Information on Disease / Diagnostics			0	0	0		0	0	0		0	0	0	[Signature]		
<b>Treatment</b>			0	0	0		0	0	0		0	0	0	[Signature]		
<b>Medications</b>	17/10				19/10								Doctor / Nurse			
<input type="checkbox"/> Information on Safe and Effective use of medicines			0	0	0		0	0	0		0	0	0	[Signature]		
<input type="checkbox"/> Information on Drug / Drug and Drug / Food interactions			0	0	0		0	0	0		0	0	0	[Signature]		
<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																
<input type="checkbox"/> Pain Management																
<b>Safe and Effective use of Medical Equipment (If required)</b>													Doctor / Nurse			
<b>Name of Equipment</b>																
<b>Rehabilitation Techniques</b>													Physiotherapist			
<input type="checkbox"/> Home Exercises	17/10		0	0	0	19/10		0	0	0	21/10		0	0	0	[Signature]