Consultant's Name: DR. Prashant 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
☑ None	☐ Vision / Hearing Limitations	☐ Use of interpreter
☐ Limited Reading Abilities	☐ Physical barriers	☑ Educate family
☐ Religious / Cultural Factors	☐ Language barriers	☑ Simple language
☐ Cognitive Limitations - unable to understand and follow directions	☐ Low motivation / desire to learning	☐ Written instructions
☑ Completed By Date 3|11|~	Time 10 P~	Nurse Signature: Nilm/~~~

Learning Record

Needs	Date	Day__ L	P	O	Date	Day__ L	P	O	Date	Day__ L	P	O	Signature
Disease	6/4	P	OD	V	6/4	P	OD	V	8/4	P	OD	V	Doctor
☑ Information on Disease / Diagnostics													PT PT PT
☑ Treatment		P	OD	V		P	OD	V		P	OD	V	PT PT PT
Medications													Doctor / Nurse
☑ Information on Safe and Effective use of medicines	4|11	P	OD	V	6|11	P	OD	V	8|11~	P	OD	V	✗ ✗ ✗
☑ Information on Drug / Drug and Drug / Food interactions		P	OD	V		P	OP	V		P	OD	V	✗ ✗ ✗
☑ Discharge Medications													
Surgical Instructions													Nurse / Doctor
☐ Pre-Operative Instructions					6|11	P	a						Done
☐ Post-Operative Instructions (Wound/Dressing Care)	4|11	S	cn	V	6|11	P	cn	V	8|11	P	cn	V	Done ~~~
Pain Management													Nurse / Doctor
☐ Reporting of pain													
☐ Pain Management													
Safe and Effective use of Medical Equipment (If required)													Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques					6|11	P			8|11				Physiotherapist
☐ Home Exercises	4|11	P	OD	V		P	O	V		P	O	V	2024 ~~~