



MGM
NEW BOMBAY HOSPITAL, VASHI

Plot No. 35, Sector 3, Vashi,
Navi Mumbai - 400703. Tel: (022) 5066 6777



NABH ACCREDITED

JCI ACCREDITED

MR KIRAN BHAGWAN TAWARE	
UHID	MGM240017131PD
Age/Sex	56 Years /M/POA
BED	TICU-006
DR	DR PRASHANT ATHALE
WARD	TIC
IC	

Consultant's Name: Dr Bhawna 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 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>5/10/24</u>	Time <u>1:30 p</u>	Nurse Signature: <u>R.S.</u>	

Learning Record

Needs	Date	Day			Date	Day			Date	Day			Signature
		L	P	O		L	P	O		L	P	O	
Disease					2/10				9/10				Doctor
<input type="checkbox"/> Information on Disease / Diagnostics	5/10/24	0	0	✓		0	0	✓		0	0	✓	<u>R.S.</u>
Treatment		0	0	✓		0	0	✓		0	0	✓	<u>—</u>
Medications													Doctor / Nurse
<input type="checkbox"/> Information on Safe and Effective use of medicines	5/10/24	✓	0	0	—	0	0	—	6/10	✓	0	0	<u>S.</u>
<input type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		0	0	✓		0	0	✓		0	0	✓	<u>—</u>
<input type="checkbox"/> Discharge Medications													
Surgical Instructions													Nurse / Doctor
<input type="checkbox"/> Pre-Operative Instructions	5/10/24	0	0	✓									
<input type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)		0	0	✓		0	0	✓		0	0	✓	<u>DR.</u>
Pain Management													Nurse / Doctor
<input type="checkbox"/> Reporting of pain	5/10/24	0	0	✓									
<input type="checkbox"/> Pain Management		0	0	✓									
Safe and Effective use of Medical Equipment (If required)													Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques													Physiotherapist
<input type="checkbox"/> Home Exercises									9/10	✓	0	0	