



MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMIP2406720

Age/Sex : 56 Years /M/DOA : 05/10/2024

BED : SW-518 WARD : MWU

DR : DR.PRASHANT ATHALE

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		
<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 checked="" type="checkbox"/> Educate family			
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input checked="" 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 checked="" type="checkbox"/> Completed By Date <u>10/11/24</u>	Time <u>6 AM</u>	Nurse Signature: <u>Nilanjana</u>			

Learning Record

Needs	Date	Day__			Date	Day__			Date	Day__			Signature
		L	P	O		L	P	O		L	P	O	
Disease													Doctor
<input type="checkbox"/> Information on Disease / Diagnostics	<u>10/11</u>	P	OD	V	<u>12/11</u>	P	OD	V					<u>Prashant Athale</u>
Treatment		P	OD	V		P	OD	V					<u>Prashant Athale</u>
Medications													Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines	<u>10/11</u>	P	OD	✓	<u>12/11</u>	P	OD	✓					<u>Prashant Athale</u>
<input checked="" type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		P	OD	✓		P	OD	✓					<u>Prashant Athale</u>
<input checked="" type="checkbox"/> Discharge Medications										P	OD	✓	<u>R</u>
Surgical Instructions													Nurse / Doctor
<input type="checkbox"/> Pre-Operative Instructions													
<input checked="" type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)	<u>10/11</u>	P	OD	✓	<u>12/11</u>	P	OD	✓					<u>Prashant Athale</u>
Pain Management													Nurse / Doctor
<input type="checkbox"/> Reporting of pain													
<input type="checkbox"/> Pain Management													<u>Prashant Athale</u>
Safe and Effective use of Medical Equipment (If required)													Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques													Physiotherapist
<input type="checkbox"/> Home Exercises													<u>Z</u>