



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 A.m</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	
<b>Disease</b>													
<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>Nilanjana</u>
<b>Medications</b>													
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines	<u>10/11</u>	P	OD	✓	<u>11/11</u>	P	OD	✓					<u>Amrapali Patel</u>
<input type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		P	OD	✓		P	OD	✓					<u>Amrapali Patel</u>
<input type="checkbox"/> Discharge Medications									<u>10/11</u>	✓			<u>Kiran Bhagwan Taware</u>
<b>Surgical Instructions</b>													
<input type="checkbox"/> Pre-Operative Instructions													
<input checked="" type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)	<u>10/11</u>	P	OD	✓	<u>11/11</u>	P	OD	✓					<u>Amrapali Patel</u>
<b>Pain Management</b>													
<input type="checkbox"/> Reporting of pain						<u>11/11</u>	P	OD	✓				<u>Amrapali Patel</u>
<input type="checkbox"/> Pain Management						<u>12/11</u>	P	OD	✓				<u>Amrapali Patel</u>
<b>Safe and Effective use of Medical Equipment (If required)</b>													
Name of Equipment													
<b>Rehabilitation Techniques</b>													
<input type="checkbox"/> Home Exercises						<u>11/11</u>	P	OD	V				<u>Kiran Bhagwan Taware</u>