



Consultant's Name: Dr. K. Rajmohan.

Diagnosis: AEC

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>31/01/24</u>	Time <u>2pm</u>	Nurse Signature: <u>Deepti IN3501</u>	

Learning Record

Needs	Date	Day 1			Date	Day 2			Date	Day 3			Signature
		L	P	O		L	P	O		L	P	O	
Disease													Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics	<u>31/01/24</u>	P	OD	V	<u>31/01/24</u>	8	OD	V					<u>Deepti IN3501</u>
Treatment		P	OD	V		9	OD	V					<u>Deepti IN3501</u>
Medications													Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines	<u>31/01/24</u>	P	OD	V	<u>31/01/24</u>	7	OD	V					<u>Deepti IN3501</u>
<input checked="" type="checkbox"/> Information on Drug / Drug and Drug / Food interactions		P	OD	V		8	OD	V					<u>Deepti IN3501</u>
<input type="checkbox"/> Discharge Medications						9	OD	V					<u>Deepti IN3501</u>
Surgical Instructions													Nurse / Doctor
<input type="checkbox"/> Pre-Operative Instructions													
<input type="checkbox"/> Post-Operative Instructions (Wound/Dressing Care)													
Pain Management													Nurse / Doctor
<input checked="" type="checkbox"/> Reporting of pain		P	OD	V									<u>Deepti IN3501</u>
<input type="checkbox"/> Pain Management													
Safe and Effective use of Medical Equipment (If required)													Doctor / Nurse
Name of Equipment													
Rehabilitation Techniques													Physiotherapist
<input type="checkbox"/> Home Exercises													