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# GASTRIC BYPASS SURGERY INTERDISCIPLINARY PATIENT EDUCATION & PLAN OF CARE FORM

## PATIENT IDENTIFICATION

**SPECIAL LEARNING NEEDS:**       Language Barrier       Emotional State       Cultural / Religious Differences  
 Hearing / Visual Impairments       Ability to Comprehend       None

**EDUCATION GOALS:**

Patient will be prepared for the following level of self-care:       Minimal       Moderate       High

Patient will describe his / her disease process: (State diagnosis) \_\_\_\_\_

Patient Teaching Manual issued:       Yes       No

Plan of care discussed with patient:       Yes       No      with family:       Yes       No      \_\_\_\_\_ Initial / Date

LEARNING NEEDS:	KNOWLEDGE LEVEL	CONTENT / FOCUS	METHOD ****	RESPONSE ****	DATE DEPT Date / Initial	NEED MET Date / Initial
1. Admit Orientation		<b>A.</b> Call light, bed controls, telephone, bathroom, meal times, no smoking policy, personal hygiene (including oral), valuables <b>B.</b> Patient Rights (see board): >> right to choose medical treatment >> right to make decisions about their care >> right to expect confidentiality & privacy <b>C.</b> Patient Responsibilities: >> providing accurate history >> treatment compliance >> accepting non-compliance responsibility >> asking Tx & Rehab Plan questions >> understanding financial obligation				
2. Disease / Condition		Signs / symptoms & Treatments * FALLS PREVENTION				
3. Medications		<b>A.</b> Currently ordered medications, incl. dosages, administration time & actions.				
		<b>B.</b> Drug / Food Interactions				
		<b>C.</b> Discharge Medication Review				
		<b>D.</b> Anti-Thrombolytic Therapy 1. Fragmin				
		<b>E.</b> Anti-Emetic				
		<b>F.</b> Antibiotic				
		<b>G.</b> Anti-Platelet: Dextran 40				

COMMENTS:	<b>* CODE for KNOWLEDGE LEVEL</b> G = GOOD F = FAIR P = POOR	<b>*** CODE for METHOD</b> V = VIDEO R = ROLE PLAY E = EXPLAIN D = DEMONSTRATION H = HANDOUT/MANUAL TV = CLOSED CIRCUIT P = POSTER/FLIP CHART	<b>**** RESPONSE CODES</b> PT = PATIENT TAUGHT FT = FAMILY TAUGHT 1 = POOR ATTENTION 2 = REFUSAL 3 = ASKED QUESTIONS 4 = PARTIAL COMPREHENSION 5 = VERBAL RECALL OF NEW INFO 6 = DEMONSTRATED RECALL / ABILITY 7 = ANXIOUS 8 = NEEDS FOLLOW UP REINFORCEMENT
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## PART OF THE MEDICAL RECORD

LEARNING NEEDS:	KNOWLEDGE LEVEL	CONTENT TEACHING MATERIAL USED	METHOD ****	RESPONSE ****	DATE DEPT Date / Initial	NEED MET Date / Initial
4. Safe and Effective Use of Equipment		A. Incentive Spirometry B. Compression / TEDs C. OTHERS:				
5. Pain Management		A. Patient Rights & Responsibilities for pain management				
		B. Brochure given / content discussed				
		C. Pain Scale explained				
		D. Relief measures discussed				
		E. Pain Medications, side effects, dosage, frequency, effectiveness & evaluation				
6. Discharge Planning		A. Follow-up visits with physicians discussed				
		B. Social Service / Community Referrals / Home Health Referrals				
		C. Equipment				
7. Pre & Post OP Care		A. Procedure				
		B. Pre-OP Routine				
		C. Activity / Exercise				
		D. TCDB				
		E. Wound Management				
8. Nutrition / Modified Diet		A. NPO until after gastrografin UGI series is done & result is negative B. Start with water over 15-45 min; if tolerated, start with clear liquids 30-50 ml over 15-45 min				

Initial	Clinician's Signature / Title	Date	Initial	Clinician's Signature / Title	Date

**PART OF THE MEDICAL RECORD**

