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# INTERDISCIPLINARY PATIENT EDUCATION & PLAN OF CARE

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## 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 Initial	Need Met Date / Init'l
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		Clinical Pathway Initiated <input type="checkbox"/> Y <input type="checkbox"/> N Signs / symptoms and treatments * Falls Precautions				
3. Medications		A. Drug name (brand & generic)				
		B. Indications for use / expected action				
		C. Dosing time or schedule				
		D. Method of administration / route				
		E. Side-Effects / Contraindication(s)				
		F. Drug-drug & Drug-food Interaction(s)				
		G. Storage & Handling				

**\* CODE FOR KNOWLEDGE LEVEL**  
 G = Good  
 F = Fair  
 P = Poor

**\*\*\* CODE FOR METHOD**  
 V = Video  
 R = Role Play  
 E = Explain  
 D = Demonstration  
 H = Handout / Manual  
 TV = Closed Circuit  
 P = Poster / Flip Chart

**\*\*\*\*\* RESPONSE CODES**  
 PT = PATIENT TAUGHT  
 FT = FAMILY TAUGHT  
 1. Poor Attention Span  
 2. Refusal  
 3. Asked Questions  
 4. Partial Comprehension  
 5. Verbalized Recall of New Knowledge  
 6. Demonstrated Ability / Recall  
 7. Anxious  
 8. Needs Follow-Up Reinforcement

## PART OF THE MEDICAL RECORD

Learning Needs	Knowledge Level *	CONTENT Teaching Material Used	Method ***	Response ****	Date / Dept Initial	Need Met Date / Init'l
4. Safe and Effective Use of Equipment						
5. Pain Management		A. Patient rights & responsibilities for pain management B. Brochure given / consent discussed C. Pain scale explained D. Relief measures discussed				
6. Discharge Planning		Plan of home care, diet, activity				
		A. Follow-up visits with physician discussed				
		B. Social Work / Community Referrals / Home Health Referrals				
7. Pre / Post - Op Care		C. Equipment				
		A. Procedure				
		B. Pre-Op Routine				
		C. Activity / Exercise				
		D. TCDB				
	E. Diet / Activity					
	F. Wound Management					
8. Nutrition / Modified Diet						

  

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

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