Your Hospital's Logo Here

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		**A.** Call light, bed controls, telephone, bathroom, meal times, no smoking policy, personal hygiene (including oral), valuables **B.** Patient Rights (see board): >> right to choose medical treatment >> right to make decisions about their care >> right to expect confidentiality & privacy **C.** Patient Responsibilities: >> providing accurate history >> treatment compliance >> accepting non-compliance responsibility >> asking Tx & Rehab Plan questions >> understanding financial obligation				
2. Disease / Condition		What is Congestive Heart Failure (CHF)?, Reason for Admission, Signs/Symptoms and Treatments, * Falls Precautions				
3. Medications		**A.** Currently ordered medications including dosages, administration time, and actions ☐ IV Lasix ☐ IV Bumetanide (Bumex) ☐ Zaroxolyn ☐ Aldactone ☐ Administer Natrecor per protocol ☐ Beta Blocker ☐ Ace Inhibitor ☐ SQ Heparin ☐ Digoxin ☐ Potassium Supplement ☐ Nitrates				

* 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
3. Medications (Continued)		***For 2-S, 6-S & ICU:*** 400 mg Dopamine in 250 ml D5 W 500 mg Dobutamine in 250 ml D5 W				
		C. Discharge Medication Review				
		D. Other: ☐ Natrecor ☐ Inotropes ☐ Aspirin ☐ Aldosterone				
4. Activity		☐ OOB as tolerated ☐ Participates with ADL's ☐ Ambulate in Hall as tolerated (Day 3 & 4)				
5. Nutrition		☐ Nutritional Assessment / Screening ☐ Restricted Fluids as ordered ☐ 2gm Na Diet				
		☐ Instruction & Diet Principles as needed				
6. Treatments / Safe use of Equipment		☐ Admission Weight before Dieuretic Therapy, then ☐ Daily Weights				
		☐ Ox by Nasal Cannula as indicated				
		☐ Breath sound auscultation q 4 Hrs				
		☐ Cardiac Auscultation				
		☐ Accurate I & O				
		☐ Peripheral Edema				
		If Indicated: ☐ Cardiac Monitoring (if Pt presents with Chest Pain or unexplained CHF) ☐ Foley Catheter				
7. Pain Management		**A.** Patient Rights & Responsibilities for Pain Management				
		B. Brochure given / content discussed				
		C. Pain Scale explained				
		D. Relief Measures discussed				
8. Discharge		**A.** Follow-up Visits with Physician discussed				
		B. Social Service / Community Referrals / Home Health Referrals				
		C. Equipment				

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

PART OF THE MEDICAL RECORD