

**PATIENT /FAMILY EDUCATION RECORD
(INTERDISCIPLINARY)**

ASSESSMENT

PART I

This assessment was NOT able to be completed on admission because:

pts medical condition disoriented unresponsive other _____

Signature _____ Date/Time _____

TO BE COMPLETED BY HEALTH CARE STAFF, PATIENT OR FAMILY

Patient and family education is an important part of your care here at Peninsula Regional. Please take a few minutes to answer these questions. Your answers will help us identify how you would like to learn and what you need to know about your care before you go home.

Before this admission, how would you describe your health? _____

Do you like to learn about new things by:

reading videotapes doing the skill yourself listening to others

The last school you attended was: grade school high school college

Do you require: glasses for vision aid for hearing an interpreter for (specify language or sign) _____

While you are in the hospital, on what subjects would you like information? _____

Is there anyone else who needs to be included in your teaching? _____

Any special cultural or spiritual practices that you would like to continue while in the hospital? _____

Information in Part I was given by: patient family member other _____

PART II

STAFF TO COMPLETE:

Describe the patient's/learner's readiness to learn motivated too anxious not interested denial

Patient may have difficulty reading: no yes

Additional comments: _____

ADVANCE DIRECTIVE; Do you have Advance Directives?

Yes, place with chart

Yes, patient instructed to bring copy in within 24hrs. The intent of their advance directive is _____

No, give information to the patient and sign off on the back of this form



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Staff Signature: _____ Date/Time _____

EDUCATIONAL NEEDS TO BE ADDRESSED (check only those which will be addressed on this record)

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Disease Process | <input type="checkbox"/> ADLS |
| <input type="checkbox"/> Wound Care | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Mobility | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Tobacco Education | <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Discharge Plans | <input type="checkbox"/> other _____ |

- Check Status: Inpatient
 Outpatient

For each entry include: Department, Signature/Title, and Codes (as listed below)

Teaching Date(s)	Time	Department	Learner Code	Learning Needs/Topic	Method Codes	Evaluation Code	Signature/Title
		Nursing		Patient Rights			
		Nursing		Advance Directives			
		Nursing		Patient Satisfaction			
		Nursing		Pain and Pain relief measures			
		Nursing		Clinical Pathway <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Nursing		Teaching Guide(s) if yes, specify: <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Nursing		Tobacco Education			
		Nursing		Healthy Heart Habits			
		Nursing		Pt. Safety Video Offered			
		Nursing		Pt. Safety Card Given			
		Pt. Care Management		Discharge Plan			
		Pediatrics		Medications			
		Pediatrics		Pediatric Security Policy			
Follow up Referrals (Includes Community Resources):							

Learner Codes

- PT = Patient
 Sp = Spouse
 P = Parent
 S/O = Significant Other
 F = Family
 C = Child

Method Codes

- V = Videotape
 T = One to one
 D = Demonstration
 H = Handout
 G = Group
 L = Language specific material
 B = Braille material

Evaluation Codes

- 1) Verbalizes understanding
 2) Demonstrates successfully
 3) Needs reinforcement or needs to repeat demonstration
 4) Unsuccessful
 5) Refuses to learn
 6) Not able to assess at this time
 7) Pre and Post test