



NAME: _____

MR#:

N.S.

SERVICE/DOCTOR

AFFIX LABEL OR COMPLETE

DIAGNOSIS: _____ **AGE:** _____

LEARNING NEEDS ASSESSMENT [CHECK ANY OF THE FOLLOWING THAT IMPACT TEACHING / LEARNING]:

- **PHYSICAL DISABILITY** ☐ • **EMOTIONAL STATE** ☐ • **MOTIVATIONAL LEVEL** ☐
 • **RELIGION** ☐ • **LANGUAGE** ☐ • **FINANCES** ☐
 • **COGNITIVE CHANGES** ☐ • **CULTURE** ☐ • **NONE** ☐

DATES	EDUCATIONAL ASSESSMENT AND TEACHING NEEDS								INITIALS	
LEARNING BEHAVIORS / OUTCOMES The Patient / Family is able to:		TEACHING/REINFORCEMENT IN PROGRESS R=Receptivity (1=GOOD, 2=Fair, 3=POOR)						PATIENT OUTCOME ACHIEVED		
								YES	•NO	N/A
		DATES & INITIALS	R	DATES & INITIALS	R	DATES & INITIALS	R	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS
State disease process, cause and symptoms										
Describe medical regimens and treatments										
State action, dose, route and time of medication(s) List Medications										
State side effects of medication(s)										
State potential drug-food interactions										
State diet and importance of adherence										
Demonstrate safe and proper transfers										
Demonstrate wheelchair management										
Demonstrate range of motion exercises										
State ambulation restrictions										
State postoperative limitations										
Demonstrate deep breathing exercises										
Demonstrate correct use of incentive spirometer										
Demonstrate correct use of hand held nebulizer										
INTRAVENOUS THERAPY										
State need for I.V. therapy										
State need for pump (if applicable)										
State need for activity and bathing restrictions										
State signs and symptoms of infection, infiltration & phlebitis										
PRE AND POST OPERATIVE REGIMENS										
State preoperative procedures										
State purpose of dressing /drainage tubes										
Demonstrate active foot and leg exercises										
Demonstrate technique for changing positions										
State purpose of antiembolism stockings after surgery										

* IF THE PATIENT AND/OR FAMILY CANNOT BE TAUGHT, INDICATE ALTERNATIVE PLANS IN



LEARNING BEHAVIORS / OUTCOMES The Patient / Family is able to:	TEACHING/REINFORCEMENT IN PROGRESS R=Receptivity (1=GOOD, 2=Fair, 3=POOR)						PATIENT OUTCOME ACHIEVED					
	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS		R	YES	NO	N/A
PAIN MANAGEMENT	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS
State understanding of pain management program & goals												
State awareness of pain management options												
Describe pain using an age-specific scale: adult 0-10												
Demonstrate use of pain control equipment												
State side effects/adverse effects of medications												
State relationship between relaxation and effective pain management												
State discharge pain management goals and plans												
SAFETY MEASURES	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS
Describe measures to prevent falls in the hospital and home												
Describe alternative measures to restraints												
Describe reason and purpose of physical restraints												
Describe behaviors which will result in discontinuance of restraint measures												
DISCHARGE PLANNING NEEDS	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS
Describe long term care placement												
Describe home care options												
State purpose of support groups												
Demonstrate safe & effective use of equipment supplies												
DISCHARGE INSTRUCTIONS	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS
State how to prevent complications												
State signs and symptoms of complications												
Describe good personal hygiene/health practices/oral hygiene												
Demonstrate care of affected site												
Describe physical activities after discharge												
State when and how to call the physician												
State resources available in the community												
OTHER	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS		R	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS

Educational Materials Given: _____

Teaching Methods and Aids Used:

ONE-TO-ONE TEACHING			GROUP TEACHING CLASS		AUDIOVISUAL		C.C.T.V.		DEMONSTRATION		
DATES & INITIALS	DATES & INITIALS	DATES & INITIALS	TITLE OF CLASSES	DATES & INITIALS	TITLE OF VIDEOS	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS	DATES & INITIALS

Educational Referrals (Please date and initial when referrals are made):

Family Members or Significant Other Included in Teaching / Learning Activities (Indicate their names and relationship to the patient with a date and initial):

ALL DISCIPLINES MUST SIGN AND INITIAL BELOW							
PRINT NAME AND TITLE	SIGNATURE	INITIALS	SERVICES	PRINT NAME AND TITLE	SIGNATURE	INITIALS	SERVICES

* IF THE PATIENT AND/OR FAMILY CANNOT BE TAUGHT, INDICATE ALTERNATIVE PLANS IN THE PROGRESS NOTES.