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**Interdisciplinary Patient/Family Education Record**

**Education Provided to be completed by all disciplines. Use key below:**

<b>Learner:</b> Indicate patient, spouse, mother, or father <b>For others state name and relationship</b>	<b>How:</b> O Oral discussion D Demonstration W Written TV Video, TV T Translator G Group, Class	<b>Evaluation:</b> V Verbalized understanding DA Demonstrates ability NR Needs reinforcement NA Not able(explain)	<b>Barriers to Learning:</b> 1. Communication difficulties 2. Physical impairment 3. Cognitive impairment 4. Sensory impairment 5. Cultural barriers 6. Denies, resists 7. Emotional barrier 8. Religious barrier 9. Language 10. Readiness/motivation 11. No barrier
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**Instructions:** In Section 1 enter the letter and number codes from the key above into the corresponding columns. Identify topic taught in objectives column. Place signature/title after each entry.

In Section 2 list any handouts, resources, and interpreters used. Describe barriers and additional comments.

**Section 1:**

Date	Learner	Objectives: The patient/family is able to describe &/or demonstrate knowledge or skills related to:	How	Eval	Barrier	Signature/Title
		<b>1. Disease process, condition &amp;/or health promotion and wellness</b>				
3/7/02	Pt	CHF	O,W	V	11	Brooke Lynn, RN
3/7/02	Pt, wife	Hypertension	O	V	11	Mickey Finn, MD
		<b>2. Treatments, procedures, pain management (e.g. reporting pain, pain scale use)</b>				
3/8/02	Pt	Pain management, pain scale, reporting pain	O,W	V	11	Brooke Lynn, RN
3/9/02	Pt	Abdominal CT scan	O	V	11	Brooke Lynn, RN
		<b>3. Nutrition interventions, and/or modified diets</b>				
3/8/02	Pt, wife	1600 cal ADA diet	O, W	V	11	Sandy Beach, RD
		<b>4. Medications, including drug food interactions</b>				
3/10/02	Pt, son- Mike	Digoxin and Lasix -MT	O,W	V	11	Lisa Condo, RN

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Date	Learner	Objectives: The patient/family is able to describe &/or demonstrate knowledge or skills related to:	How	Eval	Barrier	Signature/Title
		<b>5. Daily activities, safe and effective use of equipment, exercises &amp;/or rehabilitation techniques</b>				
3/9/02	Pt, son-Mike	ADLs, Pacing of activities	O, D	V	11	Paul Bearer, OT
3/11/02	Patient	Supplemental oxygen	O, D	DA	11	Nick Oftime, RT
3/11/02	Patient	Cardiac Rehab Program	O,W	V	11	Harry Carey, PT
		<b>6. Available community resources and access, follow-up, regimen/prescription for continued care</b>				
3/12/02	Patient,wife	Local American Heart Association	O	V	11	Chris Robin, CSW
		Community cardiac support group	O	V	11	Chris Robin, CSW
3/12/02	Patient,wife	NY campus Weight loss class	O	V	11	Sandy Beach, RD

**Section 2:** Explain barrier as needed, identify translator, list resources used and document additional comments below. Sign each entry with title. Use patient education continuation sheet as needed.

Date		Signature/Title
3/8/02	"You and Your CHF"	Brooke Lyn, RN
3/9/02	Pt unwilling to learn about low salt diet - states he "would rather not eat anything than give up salt" Pt counseled about the importance of adhering to the diet. Wife expressed support and interest. Department phone number given as a resource..	Benny Hana, RD
3/11/02	"Cardiac Rehab Program Booklet"	Harry Carey, PT