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States satisfaction with knowledge of with knowledge of plan.
 No barriers to learning identified

Needs information about

Diagnosis Treatments Procedure
 Diet/Meds Equipment Community Resources _____
 Barriers to learning? yes no
 Physical Cognitive Psychological
 Reading Ability Sensory Language
 Cultural Religious Financial

Other _____

 Other _____

Disciplines Involved in Patient Education

	Date Initiated	PRINT NAME		Date Initiated	PRINT NAME
<input type="checkbox"/> *Cardiac Liaison Nurse			<input type="checkbox"/> Nutrition		
<input type="checkbox"/> *Cardiac Rehab			<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> *Diabetes Liaison Nurse			<input type="checkbox"/> Pastoral Care		
<input type="checkbox"/> Dialysis			<input type="checkbox"/> Peds GI		
<input type="checkbox"/> Discharge Planning			<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> *Enterostomal Therapy			<input type="checkbox"/> Respiratory Care		
<input type="checkbox"/> *Lactation Consultant			<input type="checkbox"/> Social Services		
<input type="checkbox"/> *Neuro Stroke Liaison Nurse			<input type="checkbox"/> Speech Therapy		
<input type="checkbox"/> Nursing			<input type="checkbox"/> Other		

*Charting form in this section. Other disciplines see department section or consultation section.

PART II KEY

CODE	EDUCATION NEEDS	CODE	WHO	CODE	HOW	CODE	RESPONSE
CR	COMMUNITY RESOURCES	F	FAMILY	D	DEMONSTRATION	Q	ASKED QUESTIONS
DIET	MODIFIED DIET	PT	PATIENT	MED	MEDICATION INSTRUCTION SHEET	A	ATTENTIVE VERBAL RESPONSE
D/C	PERTINENT DISCHARGE INSTURCTIONS OF CONTINUING CARE NEEDS	O	OTHER	P	PAMPHLET	DA	DEMONSTRATED ABILITY
F/D	POTENTIAL FOOD/DRUG INTERACTION			V	VERBAL INSTRUCTIONS	REF	OFFERED AND REFUSED TEACHING
Rehab	REHABILITATION TECHNIQUES			TV	VIDEO/TV	R	REQUIRES REINFORCEMENT
RES	RESPONSIBILITIES OF PATIENTS IN THEIR CARE			W	WRITTEN INSTRUCTIONS	DI UL	SEEMS DISINTERESTED UNABLE TO LEARN
EQ	SAFE & EFFECTIVE USE OF EQUIPMENT			O	OTHER	VR	VERBALIZED RECALL/ UNERSTANDING
MED	SAFE & EFFECTIVE USE OF MEDICATIONS						
RX	WHEN & HOW TO OBTAIN FURTHER TREATMENT						
PH	PERSONAL HYGIENE						N/A

DATE	ED. NEEDS	INFORMATION TAUGHT	WHO	HOW	RESPONSE	SIGNATURE/TITLE

