

HOSPITAL
EDUCATION DOCUMENTATION FORM

Baseline Information: (See admission database for initial learning needs assessment)

1. Preference for learning: One-to-one instruction Group instruction Video/TV Reading Material
 Demonstration
2. Cultural or religious beliefs and practices that may impact on teaching/learning: _____ None
3. Physical, age related (including emotional, cognitive), or financial issues that may impact on teaching/learning/compliance: _____ None
4. Language: English Spanish Other _____
 Able to read: No English Other _____ Able to write: No English Other _____

| | DATE | DATE | DATE | DATE | Discharge Disposition |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|
| Sign full name in ("signature" section) at end of form | Initials | Initials | Initials | Initials | Initials |
| Identify person(s) educated (by relationship if other than patient): | (Circle) Patient/Other | (Circle) Patient/Other | (Circle) Patient/Other | (Circle) Patient/Other | (Circle) Patient/Other |
| Readiness to learn: P = Participates R = Refused N = Not able (see notes) | | | | | |
| Teaching method(s) used: V = Audio/Visual E = Explanation D = Demonstration H = Handout (List audio/visual and/or handouts on back) | | | | | |

| Knowledge Deficit Issues | Topics to be Taught (Key Words) | Outcome | | | | Discharge Disposition (If "1" see notes) |
|--|--|--|--|--|--|--|
| | | Key: 1 = Needs Reinforcement 2 = Learning Achieved (Indicate outcome key (1 or 2) below) | | | | |
| Disease/Procedures/Surgery/Treatments/ | 1. Safety Precautions 2. _____ 3. _____ 4. _____ 5. _____ | | | | | |
| Safe and Effective Use of medications Pharmacy Consult called | 1. _____ 2. _____ 3. _____ 4. _____ 5. Discharge medications | | | | | |
| Food/Drug Interactions Pharmacy Dietitian | 1. _____ 2. _____ 3. _____ | | | | | |
| Safe and Effective Use of Medical Equipment | 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ | | | | | |