

## ADMISSION

<b>I. Readiness to Learn</b> A = Accepting D = Denying N = No Interest R = Refuse U = Unable	<b>II. Barriers to Learning</b> N = None V = Visual H = Hearing O = Other U = Unable L = Language I = Inability to read	<b>III. Teaching Method</b> V = Verbal O = Other D = Demonstration PC - Phone Call PM = Printed material AV = Audio/Video U = Unable	<b>IV. Response/Outcome</b> V = Patient verbalizes understanding F = Family/SO verbalizes understanding correctly D = Patient demonstrates correctly FD = Family/SO demonstrates correctly N = Needs practice/Follow-up U = Unable
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Date	EDUCATION COMPONENT	Discipline (Circle)	I	II	III	IV	Teaching to (check)		Initials
	<b>Environment / Housekeeping</b>						Patient	Family	
	<input type="checkbox"/> Visitation	NSG							
	<input type="checkbox"/> Family stay	NSG							
	<input type="checkbox"/> Isolation*	NSG							
	<input type="checkbox"/> Patient Information Booklet*	NSG							
	<b>Dialysis</b>								
	<input type="checkbox"/> Schedule	D / NSG							
	<input type="checkbox"/> Fluid Restriction	RD / NSG							
	<b>Fall Prevention</b>								
	<input type="checkbox"/> Fall Program	PT / OT / NSG							
	<input type="checkbox"/> Types of Restraints/Consent	NSG							
	<input type="checkbox"/> Fall Prevention Guidelines*	NSG / PT							
	<b>Medications</b>								
	<input type="checkbox"/> Interactions	NSG / PH / RD							
	<input type="checkbox"/> First Time Dose	NSG / PH							
	<b>Pain Management</b>								
	<input type="checkbox"/> Pain Scale*	NSG							
	<input type="checkbox"/> Pain Medication and Other Means of Delivery	NSG / PH							
	<b>Patient Rights</b>								
	<input type="checkbox"/> Advance Directives*	NSG / CM							
	<input type="checkbox"/> DNR	CM / NSG							
	<input type="checkbox"/> Length of Stay	CM							
	<input type="checkbox"/> Consent to Treat	NSG							
	<input type="checkbox"/> DNR	CM / NSG							

Date	Department Orientation	Screen Completed/Initials	Discipline	Date	Department Orientation	Screen Completed/Initials	Discipline
	<input type="checkbox"/> Cardiopulmonary		CP		<input type="checkbox"/> Physical Therapy		PT
	<input type="checkbox"/> Case Management		CM		<input type="checkbox"/> Occupational Therapy		OT
	<input type="checkbox"/> Dietitian		RD		<input type="checkbox"/> Speech Therapy		ST
	<input type="checkbox"/> Physician Coverage		NSG		<input type="checkbox"/> Wound Care		WM
	<input type="checkbox"/> General Overview of Areas		NSG		<input type="checkbox"/> Pastoral Care		PC
	<input type="checkbox"/> Other				<input type="checkbox"/> Other		



PATIENT LABEL




## CONTINUUM OF CARE

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Date	EDUCATION COMPONENT	Discipline (Circle)	I	II	III	IV	Teaching to (check)	Initials
	<i><b>Physical Therapy</b></i>						Patient    Family	
	<input type="checkbox"/> Gait Training	PT						
	<input type="checkbox"/> Transfer Skills	PT						
	<input type="checkbox"/> Exercise	PT						
	<input type="checkbox"/> Balance	PT						
	<input type="checkbox"/> Bed Mobility	PT						
	<input type="checkbox"/> Home Exercise Program	PT						
	<input type="checkbox"/> Safety Education	PT						
	<input type="checkbox"/> Energy Conservation	PT						
	<i><b>Occupational Therapy</b></i>							
	<input type="checkbox"/> ADL Skills	OT						
	<input type="checkbox"/> Transfer Skills	OT						
	<input type="checkbox"/> Exercise	OT						
	<input type="checkbox"/> Balance	OT						
	<input type="checkbox"/> Bed Mobility	OT						
	<input type="checkbox"/> Home Exercise Program	OT						
	<input type="checkbox"/> Safety Education	OT						
	<input type="checkbox"/> Energy Conservation	OT						
	<i><b>Speech Therapy</b></i>							
	<input type="checkbox"/> Speech/Language Skills	ST						
	<input type="checkbox"/> Swallowing	ST						
	<input type="checkbox"/> Barium Swallow	ST						
	<i><b>Wound Care</b></i>							
	<input type="checkbox"/> Treatments	WM / NSG						
	<input type="checkbox"/> HBO	WM / NSG						
	<input type="checkbox"/> Wound Vac	WM / NSG						
	<input type="checkbox"/> Equipment	WM / NSG						
	<input type="checkbox"/> Ostomy Care	WM / NSG						

DATE	SIGNATURE	INITIALS	DATE	SIGNATURE	INITIALS

	PATIENT LABEL
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## DISCHARGE PLAN OF CARE

I. Readiness to Learn	II. Barriers to Learning	III. Teaching Method	IV. Response/Outcome					
A = Accepting D = Denying N = No Interest R = Refuse U = Unable	N = None V = Visual H = Hearing O = Other U = Unable L = Language I = Inability to read	V = Verbal O = Other D = Demonstration PC - Phone Call PM = Printed Material AV = Audio/Video U = Unable	V = Patient verbalizes understanding F = Family/SO verbalizes understanding correctly D = Patient demonstrates correctly FD = Family/SO demonstrates correctly N = Needs practice/Follow-up U = Unable					
Date	EDUCATION COMPONENT	Discipline (Circle)	I	II	III	IV	Teaching to (check)	Initials
	<b><i>Equipment</i></b>						Patient    Family	
	<input type="checkbox"/> Cardiopulmonary Equipment	CP						
	<input type="checkbox"/> PT Equipment	PT						
	<input type="checkbox"/> OT Equipment	OT						
	<input type="checkbox"/> Wound Equipment	WM / NSG						
	<input type="checkbox"/> Infusion Equipment	NSG						
	<b><i>Case Management</i></b>							
	<input type="checkbox"/> Discharge Planning Disposition	CM						
	<input type="checkbox"/> Arrangements for MME	CM						
	<input type="checkbox"/> Discharge Date:	CM						
	<input type="checkbox"/> Community Resource	CM						
	<input type="checkbox"/> Referral/Schedule Home Health	CM						
	<b><i>Fall Prevention</i></b>							
	<input type="checkbox"/> Home Safety	PT/OT/NSG						
	<b><i>Follow Up Appointments</i></b>							
	<input type="checkbox"/> Schedule with Physician	NSG						
	<input type="checkbox"/> Dialysis	CM						
	<b><i>Medications</i></b>							
	<input type="checkbox"/> Interactions	NSG/PH/RD						
	<input type="checkbox"/>							
	<b><i>Nutrition</i></b>							
	<input type="checkbox"/> Diet	RD						
	<b><i>Physical Therapy</i></b>							
	<input type="checkbox"/>	PT						
	<b><i>Occupational Therapy</i></b>							
	<input type="checkbox"/>	OT						
	<b><i>Speech Therapy</i></b>							
	<input type="checkbox"/>							
	<b><i>Wound Care</i></b>							
	<input type="checkbox"/> Dressing	WM / NSG						
	<input type="checkbox"/> Skin Care	WM / NSG						
	<input type="checkbox"/> Infection Prevention	WM / NSG						

\* Practice needs must be completed prior to discharge.



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