

Educational Needs Assessment/Barriers to Learning Educational/Goals

Patient Name: _____ MRN: _____ Date: _____

Educational Needs Assessment / Barriers to Learning						
Communication Needs:	<input type="radio"/> Communication Board <input type="radio"/> Language Interpreter <input type="radio"/> Translated Education Materials					
Level of Consciousness:	<input type="radio"/> Alert and Oriented <input type="radio"/> Coma <input type="radio"/> Disoriented/Confused <input type="radio"/> Lethargic <input type="radio"/> Obtunded <input type="radio"/> Agitated <input type="radio"/> Stupor					
Completed Level of Education:	<input type="radio"/> 8 th Grade <input type="radio"/> Some High School <input type="radio"/> High School <input type="radio"/> College <input type="radio"/> Post Graduate School					
Vision Impairment:	<input type="radio"/> None <input type="radio"/> Blind <input type="radio"/> Contacts <input type="radio"/> Glasses					
Hearing Impairment:	<input type="radio"/> None <input type="radio"/> Deaf <input type="radio"/> Hearing Aid <input type="radio"/> Lip Reader <input type="radio"/> Sign Language					
Preferred Language:				Physical Disability	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Support System Involvement:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Cultural / Religious Practice:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Emotional Disability	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
How do you Learn Best	<input type="radio"/> Explain/Verbal <input type="radio"/> Demonstration <input type="radio"/> Video <input type="radio"/> Written					
Willingness & Readiness to Learn	<input type="radio"/> Able to Follow Simple Commands <input type="radio"/> Responds Appropriately to Questions <input type="radio"/> Cannot Follow Simple Commands <input type="radio"/> Does not Respond Appropriately to Questions					

Educational Goals			
Short Term Goals:		Long Term Goals:	
	Patient wound status will improve/maintain without exacerbation, infection, or deterioration.		Patient/Caregiver understands need for continued care when health problems are identified.
	Patient/Caregiver will have knowledge of disease process and skills necessary for self care.		Patient/Caregiver will have knowledge to live a healthy lifestyle.
	Patient/Caregiver will have knowledge of the treatment options.		Patient/Caregiver will have knowledge of risk factors, and interventions to address.
	Patient/Caregiver will have the self-management skills necessary to maintain the individual plan of care.		Hyperbaric Oxygen therapy will continue for the prescribed time and treatments without any untoward effects.
	Patient/Caregiver will have the ability to make healthcare treatment decisions.		
	Patient/Caregiver promotes and maintains optimal pain control.		
	Patient/Caregiver will be able to identify reportable signs & symptoms of infection.		

Notes: _____

Signatures: _____ / _____ Date: _____