

PATIENT EDUCATION RECORD - DIABETES

Instruction	Date/ Signature	Progress, Plan, and Evaluation
1. Patient has received teaching materials on Diabetes Mellitus		
2. Dietitian notified on dietary instructions		
3. Glucose Monitoring and Demonstration A. Verbalization by patient B. Interpretation and recording of results		
4. Patient is shown films: flip chart A. B. C.		
5. Nurse explains and demonstrates procedure on administration of Insulin		
6. Return demonstration on administration of insulin by patient		
7. Patient tells Nurse what "Diabetes" means		
8. Patient tells Nurse the importance of personal hygiene and proper foot care		
9. Patient tells Nurse the effects of physical activity on the balance of sugar and Insulin		
10. Patient tells Nurse signs and symptoms of ketoacidosis and hypoglycemia		
11. Patient tells Nurse what to do if symptoms of ketoacidosis, hypoglycemia or other illness that may occur		
HOME CARE INSTRUCTIONS:	<input type="checkbox"/> Program Completed <input type="checkbox"/> Discharged <input type="checkbox"/> Discharge Planning Notified <input type="checkbox"/> Other _____	
	_____ /RN Signature Date	

Procedure For Injection of Heparin/Lovenox Using Tubex Syringe (continued)

- Discuss importance of giving injection at same time each day and also keeping some written record to prevent giving more than one injection per day. (i.e., mark the calendar, etc.)
- Discuss importance of follow-up blood tests.
- Refer the patient to the information in the "Anticoagulant Therapy" booklet.
- Patient should give the next scheduled dose of Heparin/Lovenox to himself/herself with supervision from the primary nurse or patient teacher.
- Give handout to patient - "Preparing Subcutaneous Injection of Heparin/Lovenox."

Procedure For Injection of Heparin/Lovenox Using Multiple Dose Vial and Disposable Syringe

- Gather vial (sterile water), disposable syringe, alcohol wipe, and orange. Place on a small tray.
- Explain the purpose of your visit to the patient.
- Introduce the equipment and explain how to draw up correct dosage:
 - Wipe rubber cap with alcohol wipe.
 - Remove needle cover and pull back on plunger to desired dose, filling syringe with air.
 - Inject air into bottle to equalize pressure.
 - Withdraw correct dose of Heparin/Lovenox.
- Discuss site for injection, i.e., fat pad over iliac crest or lower abdominal fat pad.
- Demonstrate injection into orange.
- DO NOT draw back on plunger.
- Wipe area gently with alcohol wipe after injection.
- Have patient return demonstration of the procedure.

DERMATITIS GUIDELINES

General Information

"Dermatitis" is the word physicians use in general to describe an inflammation of the skin. When the condition is caused by something you touch (or that touches you), the term to reach for is "contact dermatitis." In other cases, dermatitis may be due to contact with an agent to which the patient responds allergically, such as poison ivy, poison oak, mango, ragweed, and so forth.

Several factors may decrease skin resistance to these irritating substances: excessive sweating, prolonged exposure to soap and water, age (older people and very young people are less resistant), heredity, and others.

Irritant Dermatitis

- This occurs when the skin comes into contact with something that irritates it. The way your skin reacts depends on:
 - The strength and amount of the irritant
 - The condition and sensitivity of the skin
- Strong irritants such as acid and lye can cause blisters, ulcers, and inflammation within minutes. Weaker ones (including many found in soaps, cosmetics, and medications) may not cause a problem until weeks of exposure.
- Conditions of high humidity make it easier for irritants to penetrate the skin.
- Fair and/or young skin is more prone to dermatitis than older and/or darker skin.
- Primary irritants commonly responsible for dermatitis include soaps, detergents, hand cleaners, solvents, waxes and polishes, acids, and alkalies.

Allergic Dermatitis

Red, itchy skin signals the irritation, but the source may not be obvious. In fact, the process of finding what you're allergic to is usually one of trial and error. Typically, your physician will apply a small amount of the suspected allergen to your skin, then cover it with a patch and wait 48 hours. If redness or blistering develops, the test is considered positive. If there is no allergic reaction, the test is repeated using other possible allergens.

CAST CARE GUIDELINES

Points To Remember

- Keep a plaster cast dry at all times. Moisture will soften the cast and keep it from properly supporting and protecting the injury. You can use plastic wrapping (i.e., plastic bag) or purchase waterproof shields to keep the cast dry while you shower or bathe.
- Keep the inside of your cast dry. While a fiberglass or plastic cast is more water resistant than plaster, the cast padding is not. Damp padding next to the skin can cause irritation.
- Keep dirt, sand, and powder away from the inside of the cast.
- Do not pull out the cast padding.
- Do not stick objects inside the cast to scratch itching skin. If itching persists, contact your physician.
- Do not break off rough edges of the cast or trim the cast before asking your physician.
- Inspect the skin around the cast. If it becomes red or raw, or you notice a bad odor from the cast, contact your physician.
- Inspect the cast regularly. If it becomes cracked or develops soft spots, contact your physician.

Warning Signs

- **If you experience any of the following warning signs, contact your physician immediately:**
 - Increased pain, which may be caused by swelling or by too much pressure from the cast
 - Numbness and tingling in your casted hand or foot, which may be caused by too much pressure on the nerves
 - Burning and stinging, which may be caused by too much pressure on the skin
 - Excessive swelling below the cast, (which may mean the cast is inhibiting blood circulation)

Program Objective

The Patient and Family Education Teaching Program on Hypertension is provided to give basic information about hypertension so that the patient will be able to follow his/her prescribed medical treatment.

Behavioral Objectives

After completion of the Patient and Family Education Teaching Program on Hypertension, the patient and/or significant other will be able to:

- Define hypertension
 - Describe signs and symptoms associated with hypertension
 - State reasons for prescribed treatment and possible side effects
 - Identify complications of hypertension
 - State measures to be taken to avoid complications
 - Describe risk factors
 - State what to do if complications do occur
 - Describe plan for home care
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Patient Education Materials

- Film: "Hypertension"
 - Pamphlets
 - Brochures
 - Videotapes
 - Audiotapes
 - Education Checklist
 - Resource Material
 - Handouts
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Evaluation Criteria

- Verbal return of information