

SUBJECT: EDUCATION OF PATIENT AND FAMILY	REFERENCE #1001
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- The patient and/or, when appropriate, his or her family are provided with appropriate education and training to increase knowledge of the patient’s illness and treatment needs and to learn skills and behaviors that promote recovery and improve function.
 - The assessment considers cultural and religion practice, emotional barriers, drive and motivation to learn, physical and cognitive limitations, language barriers and the financial implications of care choices
- Based on the patient’s/family’s assessed learning needs, education may include the following:
 - Instruction on patient rights and responsibilities
 - Explanation of the patient’s plan of care, treatment and services
 - When called for by the age of the patient and length of stay, the hospital assesses and provides for patients academic education needs
 - Instruction in preventive health practices and safety issues
 - Infection control measures shall be reviewed with the patient and/or family, when appropriate, as soon as possible upon patient’s entrance into the hospital, but no later than 24 to 48 hours after the patient enters the hospital.
 - Infection control measures to be reviewed with the patient and family, as appropriate, include hand hygiene, respiratory hygiene, contact precautions.
 - The safe and effective use of medication, including side effects and reporting these side effects, in accordance with legal requirements and patient needs, when applicable
 - Instruction in pain assessment, management, methods and the risk for pain
 - Information on risks associated with procedures, treatment plans and what to “look out for” after specific procedures or courses of care; to report any concerns immediately to healthcare providers; encourage the patient and family to ask questions

PATIENT/FAMILY EDUCATION RECORD ANTICOAGULATION THERAPY

Patient Name: _____ MR#: _____

Learning Barriers Identified:

Date		Date		Date	
	<input type="checkbox"/> No Learning Barriers Identified		<input type="checkbox"/> Impaired Vision		<input type="checkbox"/> Impaired Hearing
	<input type="checkbox"/> Emotional/Psychological		<input type="checkbox"/> Language Barrier		<input type="checkbox"/> Impaired Thought Process
	<input type="checkbox"/> Reading Ability		<input type="checkbox"/> Seems Disinterested in Learning		<input type="checkbox"/> Not Receptive to Learning

Date	Information Taught	Who Was Taught*	How Taught**	Patient/Family Understanding/Response***	Initials	Comments
	Rationale for the anticoagulant therapy					
	Safe and effective use of anticoagulant and other medications					
	Anticoagulant Instruction Sheet					
	The importance of filling all prescriptions at the same pharmacy to prevent medication errors					
	Telling the physician and Home Health nurse if any doses were missed, or an extra dose was taken					
	Instructing the patient/family to tell the patient's physician and the Home Health nurse if he/she has received the flu vaccine, and when					
	Diet					
	Signs and symptoms of over/under anticoagulation					
	Reporting of above signs and symptoms to physician and Home Health nurse					
	Importance of blood work and keeping appointments to have blood drawn					

SUBJECT: MEDICAL EQUIPMENT EDUCATION	REFERENCE #1047
DEPARTMENT: HOSPITALWIDE	PAGE: 1
	OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

_____ Hospital shall provide information to, and education for, patients/families in the safe and effective use of medical equipment.

PROCEDURE:

- All patients will be assessed for their ability to receive information and actively participate in the educational process. Variables such as belief and value systems, literacy, level of education, language, communication, physical or cognitive limitations and barriers, as well as the financial implications of treatment will be considered during the patient learning needs and readiness assessment.
- Every patient may not require or benefit from education related to medical equipment, however the educational assessment and ordering of medical equipment (if no equipment is ordered and patient does not use equipment in the home environment, no education is necessary) indicates to the healthcare provider if medical equipment education is required.
- General education regarding equipment operational use, risks, benefits and expected outcomes from use, etc., will be provided by the direct patient care provider (registered nurse or, as appropriate, licensed practical/vocational nurse) during routine patient care.
- If the direct patient care provider finds that a more detailed education plan related to the equipment ordered for the patient is required, a formal consultation will be requested, as appropriate, to the clinical condition and the equipment ordered from:
 - The Physical Therapy/Rehabilitation Department (education provided by Physical Therapist)
 - The Cardiopulmonary Department (education provided by Respiratory Therapist)
 - Approved personnel from the patient’s outside healthcare providers that will visit the patient in the home environment, or that provide specialized durable medical equipment

WHAT YOU NEED TO KNOW ABOUT CENTRAL LINE INFECTIONS (CLI)

A Fact Sheet for Patients and their Family Members

Patients who need frequent intravenous (IV) medications, blood, fluid replacement and/or nutrition may have a central venous catheter (or “line”) placed into one of their veins. This line can stay in place for days and even weeks.

Catheter-related bloodstream infections (CR-BSI):

Lines are often very helpful. But sometimes they cause infections when bacteria grow in the line and spreads to the patient’s bloodstream. This is called a “catheter-related bloodstream infection” (CR-BSI). It is very serious and 20 percent (or 1 out of 5) of patients who get CR-BSI die from it.

A bundle of 5 care steps to prevent CR-BSI:

Doctors and nurses can help prevent CR-BSI by using a bundle of 5 “care steps.” Hospitals find that when all 5 of these steps are done that there are almost no cases of CR-BSI. The bundle of care steps are:

- Using proper hand hygiene. Everyone who touches the central line must wash their hands with soap and water or an alcohol cleanser.
- Wearing maximal barrier precautions. The person who inserts the line should be in sterile clothing - wearing a mask, gloves, and hair covering. The patient should be fully covered with a sterile drape, except for a very small hole where the line goes in.
- Cleaning the patient’s skin with “chlorhexidine” (a type of soap) when the line is put in.
- Finding the best vein to insert the line. Often, this is the subclavian vein (in the chest) which is not as likely to get an infection as veins in the arm or leg.
- Checking the line for infection each day. The line should be taken out only when no longer needed and not on a schedule.

How patients and family members can help:

- Watch the hospital staff to make sure they wash their hands before and after working with the patient. Do not be afraid to remind them to wash their hands!
- Ask the doctors and nurses lots of questions before you agree to a line.
- Questions can include: Which vein will you use to put in the line? How will you clean the skin when the line goes in? What steps are you taking to lower the risk of infection?
- Make sure the doctors and nurses check the line every day for signs of infection. They should only replace the line when needed and not on a schedule.

<http://www.ihi.org/IHI/Programs/Campaign/Campaign.htm>