

ASSESSMENT MODULES

HomecareNet Mobile

Access Device Central

Module 500

Access Device Central

Brand: Broviac

Lumens: 1

Insertion Date:

Reaccess Date:

Tunneled: Yes No

Site Location: Left Internal Jugular

Site Condition:

Dry & Intact Pain Red

Swollen: At Site

Drainage

Type: Sanguinous

Amount: Moderate

Encounter-WM

Access Device Central

Blood Return: Yes No

Temp Change: Ecchymotic

Warm MD Contacted

Hot

Cool

Other:

Peripheral, IV Start/Restart

Module 501 (1/3)

Peripheral, IV start/restart

Insertion Date:

Reaccess Date:

Catheter Brand:

Arrow

Additional Catheter - Specify

Not Selected

Length: 1/2"

Gauge: 18

Attempts: 2

Site Location:

Right Antecubital Fossa

Module 501 (2/3)

Peripheral, IV start/restart

Site Condition:

Dry & Intact Pain Red

Swollen: Not Selected

Drainage

Type: Serosanguinous

Amount: Moderate

Temp Change:

Warm Hot Cool

MD Contacted

Module 501 (3/3)

Peripheral, IV start/restart

Ecchymotic Phlebitis:

Palpable Cord

+1

+2

+3

Other:

Access Device Port

Module 502(1/3)

Access Device Port

Access Date: Unknown

Access By: Nurse

De-Access Date:

Re-Access Date:

Single Diaphragm Double Diaphragm

Huber Needle Size: Straight Angled

Gauge: 19

Length: 1"

Site Location:

Left Anterior Chest

Module 502(2/3)

Access Device Port

IV Dressing Change

Extension Set Changes

Cap Change Pump Dose Change

Site Condition:

Dry & Intact Pain Red

Swollen: Below Site

Drainage

Type:

Amount:

Ecchymotic Palpable Cord

Module 502(3/3)

Access Device Port

Temp Change: MD Contacted

Warm

Hot

Cool

Other:

Implanted Pump

Module 503 (1/2)

Implanted Pump

Last Refill Date: 04/04/08

Reservoir Volume: 30 ML

Amount aspirated: 1 ML

Low Reservoir Alarm Vol(ml): 1

Cycle:

Simple Continuous

Single Bolus

Complex Continuous

Number of Steps:

Flex Pattern

Pump Stopped

Next

Module 503 (1/2)

Implanted Pump

Last Refill Date: 04/04/08

Reservoir Volume: 30 ML

Amount aspirated: 1 ML

Low Reservoir Alarm Vol(ml): 1

Cycle:

Simple Continuous

Single Bolus

Complex Continuous

Number of Steps:

Flex Pattern

Pump Stopped

Next

Module 503 (2/2)

Implanted Pump

Next Refill Date: None

Alarm Date: None

Medication:

Morphine

Other:

Clinician may add finding here

Prev

Done

Access Device PICC/Midline

Module 504 (1/4)

Access Device PICC/Midline

PICC Midline Home Insertion

Insertion Date: None Unknown

Lumens: 2

Brand: Bard-PICC

Lot #: 12345

Internal Length: 44 CM

External Length: 14 CM

French: 2

Attempts: 1

Mid-arm circumference: 36 CM

Site Location: Left Basilic

Cancel Next

Module 504 (2/4)

Access Device PICC/Midline

Catheter Removed

Tip Intact: Yes No N/A

Difficult Line Removal: Yes No

Length of PICC: 58 cm

IV Dressing Change

Extension Set Changes

Cap Change

Pump Dose Change

Prev

Next

Module 504 (3/4)

Access Device PICC/Midline

Site Condition:

Dry & Intact Pain Red

Swollen: Above Site

Drainage

Type: Serous

Amount: Scant

Ecchymotic Palpable Cord

Temp Change:

Warm Hot Cool

MD Contacted

Prev

Next

Module 504 (4/4)

Access Device PICC/Midline

Phlebitis: +1 +2 +3

Other:

Clinician may add finding here

Prev

Done

Access Device SubQ/Epidural

Module 505

Access Device Subq/Epidural

SubQ Inf Needle Epidural Catheter

Other: Re-access

Interventions:

SubQ Site Removal SubQ Site Rotation

SubQ Site Insertion

Medication: Insulin

Site Location: Left Hand

Brand: B Braun

Size: 23 Gauge

Epidural external length: CM

Cancel

Next

Module 505 (2/3)

Access Device Subq/Epidural

Site Condition:

Dry & Intact Pain Red

Swollen:

Drainage

Type: Not Selected

Amount: Not Selected

Ecchymotic

Palpable Cord

Prev

Next

Module 505 (3/3)

Access Device Subq/Epidural

Temp Change: MD Contacted

Warm

Hot

Cool

Other:

Clinician may add finding here

Prev

Done

Flushing

Module 506 (1/3)

Access/Interventions/Flush

Flushes

Resistance Met: Yes No

Blood Return: Yes No

Lumens: 1

Flush With Sterile Water

3mL

Pre Infusion

Post Infusion

Other:

Next

Module 506 (2/3)

Access/Interventions/Flush

Flush With: Sterile Water

3mL

Pre Blood Draw Post Blood Draw

Other:

Medication Administered

Heparin Flush

Not Selected

10 units/ml

100 units/ml

1000 units/ml

Other: units/ml

Back

Next

Module 506 (3/3)

Access/Interventions/Flush

Heparin Administered:

For line maintenance

Post Blood Draw

Post Infusion

Other:

Additional Information:

Clinician may add finding here

Back

Done

Labs

Module 507 (1/2) ⏪ ⏩ 🔍

Vanco Peak

Bloodwork
Culture and Sensitivity
Vanco Peak

Add Remove

Comments:
Clinician may add finding here

Next

Module 507 (2/2) ⏪ ⏩ 🔍

Lab Specimen

Access device:
Lookup Broviac

Peripheral Stick

Number of Attempts: Select 1

Labs taken to: Lookup
Lilliput Labs

Specimen labeled with two identifiers with Pt/Cg present.

Prev Done

Medication Administration

Module 509 ⏪ ⏩ 🔍

Medication Administration

Medication(s) Administered:
Medication Administered
Vancomycin HCl Intravenous Solution Rec...

Admin Med Remove Edit Admin Details...

Med Info Done

Module 509 (1/3) ⏪ ⏩ 🔍

Vancomycin HCl Intravenous Solution Recons..

Delivery Method:
 IV Push Pump Gravity
 Other: _____

Pump in use: Lookup SideKick Plus 100
 Two patient identifiers checked prior to medication administration
 Pump dose changed
 Pump settings confirmed
 Medication Mixed
 Hospital hookup initiated on: None
 Infusion to titrate

Next

Module 509 (2/3) ⏪ ⏩ 🔍

Vancomycin HCl Intravenous Solution Recons..

Therapy administered by:
 Nurse Patient Caregiver
 Other: _____
 Pt/CG independent with take down

Adverse Reaction (explain):
Clinician may add finding here

Anaphylaxis Kit in home expiration date:
04/14/08
 Discard Anaphylaxis Kit after infusion

Tolerated Well: Yes No

Back Next

Module 509 (3/3) ⏪ ⏩ 🔍

Vancomycin HCl Intravenous Solution Recons..

Outcome:
Clinician may add finding here

Back Done

TPN

Module 515 (1/2) ⏪ ⏩ 🔍

TPN Assessment

Patient receiving TPN exhibits:

<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ascites
<input checked="" type="checkbox"/> Dyspnea	<input checked="" type="checkbox"/> Swelling Hand
<input checked="" type="checkbox"/> Constipation	<input checked="" type="checkbox"/> Swelling Feet
<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Tingling in hands
<input type="checkbox"/> Dehydrated	<input checked="" type="checkbox"/> Tingling in feet
<input type="checkbox"/> Nausea	<input type="checkbox"/> Weight Loss
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Weight Gain
<input type="checkbox"/> Confusion/Memory Loss	
<input type="checkbox"/> Hypoglycemia	
<input type="checkbox"/> Hyperglycemia	

Cancel Next

Module 515 (2/2) ⏪ ⏩ 🔍

TPN Assessment

Other Observations/Symptoms:
Clinician may add finding here

Pt/CG Need additional teaching
 Pt/CG demonstrated skills & knowledge in aseptic prep & admin of TPN
 Pt/CG Independent with prep & admin of TPN

Actions/Teaching Taken:
Clinician may add teaching here

Prev Done

Tube Assessment

Module 513 (1/4) ⏪ ⏩ 🔍

Tube Assessment

Type of Tube:
 NG G Tube J Tube G/J
 Nephrostomy Tube JP Drain
 Decompression Biliary
 Cecostomy
 Other: _____

Mark or external length of tube _____

Formula: _____

Via: Select Not Selected
Amount of formula: _____
Length of time formula administered: _____

Next

Module 513 (2/4) ⏪ ⏩ 🔍

Tube Assessment

Tube flushed with: Select Sterile Saline
Amount: _____ ml N/A
Method: Select Auto
Frequency of flushes: Lookup
As Needed

Site Location: Lookup
Left Upper Abd Quadrant

Site Condition:
 Dry & Intact Pain Red
 Swollen:

Back Next

Module 513 (3/4) ⏪ ⏩ 🔍

Tube Assessment

Drainage
Type: Select Serous
Amount: Select Small

Dressing Change:
 Open to Air N/A

Frequency of Change: Lookup
Not Selected

Cleanse/Irrigate/Rinse with:

Apply/Cover/Secure with:

Back Next

Module 513 (4/4) ⏪ ⏩ 🔍

Tube Assessment

Teaching:
 PT/CG needs additional teaching related to (Specify): _____
 PT/CG independent with all Tube/Drain Care
 PT/CG demonstrated skills and knowledge to independently care for Tube/Drain
 PT/CG independent with all aspects of enteral

Back Done

Chemo Assessment

Module 514 (1/3)

Chemo Assessment

Patient receiving Chemo
Type:

Patient exhibits:

<input type="checkbox"/> Fatigue	<input checked="" type="checkbox"/> Nausea
<input checked="" type="checkbox"/> Hair Loss	<input checked="" type="checkbox"/> Vomiting
<input checked="" type="checkbox"/> Magenta Tongue	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Mucositis	<input type="checkbox"/> Constipation
<input checked="" type="checkbox"/> Thrush	<input type="checkbox"/> Dehydrated
<input checked="" type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Confusion
<input checked="" type="checkbox"/> Weight Loss	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Dysphagia

Cancel Next

Module 514 (2/3)

Chemo Assessment

Patient exhibits (continued):

<input type="checkbox"/> Skin/Nail Changes	<input type="checkbox"/> Hand foot synd
<input type="checkbox"/> Nail Spooning	<input checked="" type="checkbox"/> Edema
<input type="checkbox"/> Tingling in Hands	<input type="checkbox"/> Ascites
<input type="checkbox"/> Tingling in Feet	

Pt/CG Independentwith:

<input checked="" type="checkbox"/> Chemo Disposal	<input type="checkbox"/> Bleeding Precautions
<input type="checkbox"/> Neutropenic understanding	

Further teaching needed:

<input type="checkbox"/> Chemo Disposal	<input checked="" type="checkbox"/> Bleeding Precautions
<input checked="" type="checkbox"/> Neutropenic understanding	

Prev Next

Module 514 (3/3)

Chemo Assessment

Interventions RN Performed:

- Chemo hookup
- Chemo take down
- Chemo cassette change
- Pt/CG demonstrates skills and knowledge to independently and safely deaccess VAD

Observations/Symptoms:

Actions/Teaching Taken:

Prev Done

Infusion Vital Sign Monitoring

Module 510 02:54

Infusion Vital Sign Monitoring

Reading	Reading TimeStamp
1	03:34:15 PM
2	03:42:09 PM

New Reading #Readings: 2

BP: 150/80 / Left Arm / Sitting
Pulse: 78 / Radial
Temp: 99.2 F / Oral
Resp: 22 / Labored
Rate: 35 ml/hr
Other: ml/hr

Done

Reading 02:53

Edit Reading

Reading: 1 **Time:** 03:34:15 PM

Blood Pressure: 150/80
Side Left Arm
Position Sitting

Pulse: 78
Location Radial

Temperature: 99.2 C F
Location Oral

Respiratory: 22
Description Labored

Pump Rate: 35 ml/hr
Other: ml/hr

Medication Profile

Module 516 02:01

Medications

Start Date	Medication
03/25/08	Fluorouracil Intravenous Soluti
03/25/08	Heparin (Porcine) in NaCl Inject
03/25/08	Sodium Chloride Injection Solut
04/03/07	Ginseng Oral Capsule 250 MG

New

Dose: 33.3333 UOM: Milligram
Freq: Over 46 hours every two weeks
Route: Intravenous
Start: 03/25/08 Stop:
Entered: HAI Entry: 03/24/08

Teaching

Module 516 02:03

Medication Entry

Status: Active

Med:

RX Nbr:

Dose:
(2)

UOM: Milliliter

Freq: 2 Units per day

Route: Intravenous

Start:

Stop:

Module 516 02:04

Medication Teaching

Patient/Caregiver taught:

- Why this medication is prescribed
- How this medication should be used
- Special precautions to be followed
- Special dietary precautions
- What to do if dose is missed
- Medication Side Effects
- What should be done if overdosed
- Storage conditions for this medication
- When to contact MD
- Prior medication teaching reinforced

Next

Module 516 02:05

Medication Teaching

- Stability of drug after mixed
- Check expiration date

Patient Compliance

- Patient is compliant
- Patient is not compliant

Patient Teaching Results

- Teaching Complete
- Additional teaching needed
- PT/Caregiver unable to learn. Explain:

Prev Done

Allergies

Module 300 02:09

Allergies Module (NEW)

Tap to Select / Deselect

- Amox TR-Potassium Clavulanate Oral
- Amoxapine and Related
- Amoxapine Oral
- Amoxicill-Clarithro-Lansopraz Oral
- Amoxicillin
- Amoxicillin Oral

Jump

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Amoxicillin

<-R Up Dn

Module 300 02:10

Allergies Module (NEW): Other

Tap to Select / Deselect

- Bee Stings
- Chocolate
- Dairy (milk products)
- Dander, Cat
- Dander, Dog
- Dust, Dust Mites

Jump

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

<-R Up Dn

Module 300 02:10

Allergies Module (NEW)

Patient: Maloy, Beverly NKA
Does the pt report any side effects or reactions to current meds? Yes No

Medications: (PARS)

- Amoxicillin
- Amphetamine Salt Combo (20mg) Oral

Other Allergies:

- Dairy (milk products)
- Dander, Cat

Done

Teaching Learning Flow Sheet

Module 335 (1/10) 02:12

Teaching Learning Flow Sheet

1 - Drug/Solutions

- Check the 5 R's at each administration
0 1 2 3 4 5
- Storage Container Integrity Check
0 1 2 3 4 5
- Check Expiration Date
0 1 2 3 4 5

Next

Module 335 (2/10) 02:13

Teaching Learning Flow Sheet

2 - Aseptic Technique

- Hand Washing
0 1 2 3 4 5
- Preparation of Connections
0 1 2 3 4 5
- Tubing Changes
0 1 2 3 4 5
- Clean Work Surface
0 1 2 3 4 5
- Other: Clinician may add finding here.
0 1 2 3 4 5

Back Next

Module 335 (3/10) 02:14

Teaching Learning Flow Sheet

3 - Access Device Maintenance

- Site Inspection
0 1 2 3 4 5
- Dressing Change Frequency
0 1 2 3 4 5
- Dressing Change Technique
0 1 2 3 4 5
- Maintain Patency/Frequency SASH or SAS method
0 1 2 3 4 5
- Other: Clinician may add finding here.
0 1 2 3 4 5

Back Next

Module 335 (4/10) 02:14

Teaching Learning Flow Sheet

4 - Drug Preparation

- Pre-mix containers
0 1 2 3 4 5
- Compounding
0 1 2 3 4 5
- Priming Tube
0 1 2 3 4 5
- Other: Clinician may add finding here.
0 1 2 3 4 5

Back Next

Module 335 (5/10) 02:15

Teaching Learning Flow Sheet

5 - Method of Administration

- IV push
0 1 2 3 4 5
- Eclipse
0 1 2 3 4 5
- Dial-a-flow
0 1 2 3 4 5
- Gravity
0 1 2 3 4 5
- IA push
0 1 2 3 4 5
- Ambulatory Pump
0 1 2 3 4 5
- Enteral bolus
0 1 2 3 4 5
- Freestanding Pump
0 1 2 3 4 5
- Other: Clinician may add finding here.
0 1 2 3 4 5

Back Next

Module 335 (6/10) 02:15

Teaching Learning Flow Sheet

6 - Potential Complications and Mngmt

- Phlebitis/infection/infiltration
0 1 2 3 4 5
- Clotting, Dislodgement/Migration
0 1 2 3 4 5
- Aspiration, precautions/positioning/residual checks
0 1 2 3 4 5
- Nausea, vomiting and diarrhea
0 1 2 3 4 5
- Chemo therapy side effects
0 1 2 3 4 5
- Other: Clinician may add find
0 1 2 3 4 5

Back Next

Module 335 (7/10) 02:16

Teaching Learning Flow Sheet

7 - Self Monitoring

- Weight
0 1 2 3 4 5
- Finger Sticks
0 1 2 3 4 5
- Temperature
0 1 2 3 4 5
- Urine quantity/quality
0 1 2 3 4 5
- Other: Clinician may add finding here.
0 1 2 3 4 5

Back Next

Module 335 (8/10) 02:16

Teaching Learning Flow Sheet

8 - Handling of supplies

- Disposal of sharps
0 1 2 3 4 5
- Disposal of supplies
0 1 2 3 4 5
- Chemo spill kit
0 1 2 3 4 5
- Order/reorder
0 1 2 3 4 5
- Other: Clinician may add finding here.
0 1 2 3 4 5

Back Next

Module 335 (9/10) 02:17

Teaching Learning Flow Sheet

9 - Contact information

- When to call 911
0 1 2 3 4 5
- 24 hour on-call staff
0 1 2 3 4 5
- State hotline/Accrediting body phone #
0 1 2 3 4 5
- Service compliments & complaints
0 1 2 3 4 5
- Agency evaluation process
0 1 2 3 4 5
- Other: Clinician comments
0 1 2 3 4 5

Back Next

Module 335 (10/1) 02:18

Teaching Learning Flow Sheet

10 - Emergency Disaster Plan

- Notification to Electrical/Phone Company
0 1 2 3 4 5
- Electrical Safety Measures (3 prong outlet)
0 1 2 3 4 5
- Use of fire safety equipment and plan
0 1 2 3 4 5
- Use of O2 equipment & safety precautions:
Clinician finding 0 1 2 3 4 5
- Use of other respiratory equipment & safety precautions
0 1 2 3 4 5
- Other Disaster Prep:
Clinician finding 0 1 2 3 4 5

Back Done

Module 508 Info 02:13 ok

Teaching Levels:

- 0 - Not Applicable
- 1 - Patient/Caregiver refuses.
- 2 - RN Performs Treatment.
- 3 - Requires continued instruction/requires maximum verbal cues to perform task.
- 4 - Demonstrates part independence/requires minimal verbal cues to perform task.
- 5 - Demonstrates total independence in performing task.

Ok

Integument Wound Module

Module 325 (1/4) 03:12

Integument Wound Module

Skin Color

Normal

Pale

Jaundice

Flushed

Other:

Next

Module 325 (2/4) 03:13

Integument Wound Module

Skin Condition Clean/Intact

Rash Location:

Rash Description:

Bruising Location:

Staples Location:

Sutures Location:

Steri Strips Location:

Back Next

Module 325 (3/4) 03:13

Integument Wound Module

Medical provider notified; Referral needed

Referral to:

Wound Management by:

Medical Clinic

Medical Provider

Certified HHA

Pt/Cg independent with care

Yes

No

Back Next

Module 325 (4/4) 03:14

Integument Wound Module

Status of Wound:

Improving, responding to treatment as reported by:

Improving, responding to treatment as observed by RN

No response, no changes as reported by:

No response, no change observed by RN

Deterioration as reported by:

Deterioration as observed by RN

Notified:

Back Done

Falls Risk Assessment

Module 320 1/6 03:15

Falls Risk Assessment [2]

Level of Consciousness/Mental status:

Alert (oriented x3) [0]

Disoriented x3 at all times

Intermittent confusion

History of Falls: [2]

No Falls (in last 3 months)

1-2 Falls (in past 3 months)

3 or more falls (in past 3 months)

Ambulation / Elimination status:

Ambulatory / continent [0]

Chair bound (requires restraints and assist w/elimination)

Ambulatory / incontinent

Resp Next

Module 320 2/6 03:16

Falls Risk Assessment [3]

Vision Status: [0]

Adequate (with or without glasses)

Poor (with or without glasses)

Legally blind

Gait / Balance: [1]

Gait balance normal

Balance problem while standing

Balance problem while walking

Decreased muscular coordination

Change in gait pattern when walking through doorway

Jerking or unstable when making turns

Requires use of assistive device (cane, w/c, furniture)

<-R Next

Module 320 2/6 03:16

Falls Risk Assessment [2]

Vision Status: [0]

Info ok

To assess the gait/balance have pt stand on both feet without holding onto anything, walk straight forward; walk through a doorway; and make a turn.

Gait: [0]

Change in gait pattern when walking through doorway

Jerking or unstable when making turns

Requires use of assistive device (cane, w/c, furniture)

<-R Next

Module 320 3/6 03:17

Falls Risk Assessment [3]

Systolic Blood pressure: [0]

No noted drop between lying and standing

Drop < 20mmHg between lying & standing

Drop > 20mmHg between lying & standing

Medications: [0]

None of these meds taken currently or w/in the last 7 days

Takes 1-2 of these meds currently or w/in the last 7 days

Takes 3-4 of these meds currently or w/in the last 7 days

Patient has had a change in meds and/or change in dosage in the last 5 days

<-R Resp Next

Module 320 3/6 03:17

Falls Risk Assessment [3]

Systolic Blood pressure: [0]

No noted drop between lying and standing

Drop < 20mmHg between lying & standing

Drop > 20mmHg between lying & standing

Medications: [0]

None of these meds taken currently or w/in the last 7 days

Takes 1-2 of these meds currently or w/in the last 7 days

Takes 3-4 of these meds currently or w/in the last 7 days

Patient has had a change in meds and/or change in dosage in the last 5 days

<-R Resp Next

Module 320 4/6 03:18

Falls Risk Assessment [9]

Predisposing diseases: [4]

None present

1-2 present

3 or more present

Total score: 9

<-R Next

Module 320 4/6 03:21

Falls Risk Assessment [14]

Predisposing diseases: [4]

None present

1-2 present

3 or more present

Total score: 14

Information:
A score of 12 or greater puts patient at fall risk.

<-R Next

Module 320 4/6 03:20

Falls Risk Assessment [9]

Predisposing diseases: [4]

None present

1-2 present

3 or more present

Total score: 9

Information:
Respond below based on the following predisposing conditions; hypotension, vertigo, CVA, Parkinson's Disease, loss of limb(s), seizures, arthritis osteoporosis, fractures, MS, peripheral neuropath

<-R Next

Module 320 5/6 03:18

Falls Risk Assessment [9]

Interventions for fall prevention:

Medical provider contacted for PT order & referral

"Protect Yourself from Falling" reviewed from handbook

PT referral initiated by referral source

PT provider:

Patient Comatose and/or Bed bound. Fall risk assessment N/A.

<-R Next

Module 320 6/6 03:20

Falls Risk Assessment [9]

Follow up instructions given to pt/cg regarding fall risk:

<-R Done

Teaching Tasks

Module 508 (1/6) 11:11

Teaching Tasks

Teaching Tasks:

Specify teaching levels:

Medication Inspection	0	1	2	3	4	5
Medication Administration	0	1	2	3	4	5
Administration Set Prep	0	1	2	3	4	5
Additions of Additives	0	1	2	3	4	5
Flushing of Access Device	0	1	2	3	4	5

Other Teaching Comments:

Next

Module 508 Info 11:12 ok

Teaching Levels:

0 - Not Applicable
 1 - Patient/Caregiver refuses.
 2 - RN Performs Treatment.
 3 - Requires continued instruction/requires maximum verbal cues to perform task.
 4 - Demonstrates part independence/requires minimal verbal cues to perform task.
 5 - Demonstrates total independence in performing task.

Ok

Module 508 (2/6) 11:12

Teaching Tasks

Administration of Medication by Gravity

Specify teaching levels:

Connect	0	1	2	3	4	5
Disconnect	0	1	2	3	4	5
Rate of Administration	0	1	2	3	4	5

Other Teaching Comments:

Prev Next

Module 508 (3/6) 11:13

Teaching Tasks

Teaching Tasks:

Administration of Medication by Pump

Type of pump:

Specify teaching levels:

Start/Stop	0	1	2	3	4	5
Connect	0	1	2	3	4	5
Disconnect	0	1	2	3	4	5
Pump Setting Changes	0	1	2	3	4	5
Battery Change	0	1	2	3	4	5
Charge Powerpack	0	1	2	3	4	5

Prev Next

Module 508 (4/6) 11:14

Teaching Tasks

Material Safety Review/Resp to teaching

Specify teaching levels:

When to Call Agency	0	1	2	3	4	5
Use Anti-Siphon Valve	0	1	2	3	4	5
Alarm TroubleShooting	0	1	2	3	4	5
Catheter/Dressing Chg	0	1	2	3	4	5
Inj Cap/Valve Chg	0	1	2	3	4	5
SubQ Needle Chg	0	1	2	3	4	5
Medication Bag Chg	0	1	2	3	4	5

Pt/Caregiver hear alarms: Yes No

Action taken:

Prev Next

Module 508 (5/6) 11:14

Teaching Tasks

Other teaching comments:

Sign Central Line Infect	0	1	2	3	4	5
Teaching comp - disease	0	1	2	3	4	5
Restrict Central Line Dev	0	1	2	3	4	5
Chemotherapy Spill Kit	0	1	2	3	4	5
Sharps instructions	0	1	2	3	4	5
Review Aseptic Tech	0	1	2	3	4	5

Teaching mats left with Pt/Caregiver:
 Yes No N/A

Prev Next

Module 508 (6/6) 11:15

Teaching Tasks

Pt/Caregiver response to teaching:

Next visit focus on:

Unteachable:

Prev Done