Client Education for Medication and Treatment Interventions

Date	Time	Medication/Treatment	Topic of Instruction				Method of Instruction				Client's Verbal Response to Understanding of Information	Level of Understanding			Nurse's Initials
			1st Dose	Dose ▲	F/D Inter	Add. Inst.	W	V	D	P		S	N	U	

NOTE: **The Treatment Team has determined that this client does not have the cognitive ability to understand the purpose of their medication/treatment or potential side effects.**

Signature: _____ **Date:** _____

Keys for Charting:

Topic of Instruction:
1st Dose = First dose of Medication
Dose ▲ = Dose change
F/D Inter = Food/Drug Interaction
Add. Inst. = Additional Instructions

Method of Instruction:
W = Written
V = Verbal
D = Demonstration
P = Pamphlet

Level of Understanding:
S = Satisfactory
N = Needs more instruction
U = Unable to understand

Stamp Plate

Client Education for Medication and Treatment Interventions

Date	Time	Medication/Treatment	Topic of Instruction				Method of Instruction				Client's Verbal Response to Understanding of Information	Level of Understanding			Nurse's Initials
			1st Dose	Dose ▲	F/D Inter	Add. Inst.	W	V	D	P		S	N	U	

Nurse's Initials and Signatures:

INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE

Instructions:

1) If the Treatment Team has determined that the client doesn't have the cognitive ability to understand educational opportunities, sign and date the form. No further documentation is necessary unless this changes.
2) Clients are to be provided information about all new medications, dose changes, and food/drug interactions. The client may also be provided additional instructions when indicated.
3) Complete each section of the form using the keys provided. Include the client's "verbal response" (using the client's own works) to understanding of the information provided. If the client does not respond verbally, note this as well.

Back