

<p>Learning Assessment / Reassessment</p> <p><input type="checkbox"/> = Physical Barrier <input type="checkbox"/> = Language Barrier</p> <p><input type="checkbox"/> = Cognitive Barriers <input type="checkbox"/> = Cultural / Religious Practices</p> <p><input type="checkbox"/> = Emotional Barriers <input type="checkbox"/> = Motivation Poor</p> <p><input type="checkbox"/> = Pain / Discomfort <input type="checkbox"/> = No Barriers / Ready to Learn</p> <p><input type="checkbox"/> = Financial Implication of Care</p> <p style="text-align: center;">(Check all that apply and comment on barriers)</p> <p>Date _____ Initials _____</p>	<p>★ Teaching Method Codes</p> <p>A = Audiovisual D = Demonstration</p> <p>E = Explanation G = Group Class</p> <p>H = Handout R = Role Play</p> <p style="text-align: center;">(Circle Preferred Way to Learn)</p>
<p>★★ Response / Evaluation Codes</p> <p>AK = Applies Knowledge</p> <p>SI = States / Identifies</p> <p>RD = Returns Demonstration</p> <p>NL = No Learning</p> <p>NR = Needs Review</p>	

Date / Time / Initial	Education Plan (Content taught and identity of learner, if other than patient)	Teaching Method ★	Learning Readiness Y N	Response Evaluation Code ★★	Review Date / Response Code★★	Review Date / Response Code★★	Comments / Handouts
	Patient / significant other will be able to:						
	<ul style="list-style-type: none"> • Describe Plasmapheresis <ul style="list-style-type: none"> <input type="checkbox"/> Continuous separation of plasma and blood cells <input type="checkbox"/> Continuous plasma removal and replacement 						OSUMC Handout: <input type="checkbox"/> Therapeutic Plasma Exchange
	<ul style="list-style-type: none"> • Describe how the Cobe Spectra works <ul style="list-style-type: none"> <input type="checkbox"/> Use of anticoagulant <input type="checkbox"/> Safe and effective use of calcium gluconate <input type="checkbox"/> Centrifugation <input type="checkbox"/> Replacement fluid type <input type="checkbox"/> Safe and effective use of medical equipment 						
	<ul style="list-style-type: none"> • Identify risks / reactions <ul style="list-style-type: none"> <input type="checkbox"/> Dizziness, fainting, low BP <input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> Numbness / tingling <input type="checkbox"/> Bleeding / bruising 						
	<ul style="list-style-type: none"> • Describe post-procedure care / rehabilitation techniques to increase functional independence <ul style="list-style-type: none"> <input type="checkbox"/> Little or no activity for 12 hours <input type="checkbox"/> Drink plenty of fluids <input type="checkbox"/> Lie down and elevate feet if dizzy <input type="checkbox"/> Do not lift heavy objects or exercise <input type="checkbox"/> Do not shave for 12 hours <input type="checkbox"/> Keep bandages on for 4 hours <input type="checkbox"/> Nutrition 						OSUMC Handouts: <input type="checkbox"/> Foods High in Potassium <input type="checkbox"/> Food Sources of Magnesium



THE OHIO STATE UNIVERSITY HEALTH SYSTEM
PLASMAPHERESIS

Rev. 11/08 - This form can be ordered online through the Patient Education web site.

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	<ul style="list-style-type: none"> Identify ways to manage symptoms <ul style="list-style-type: none"> <input type="checkbox"/> Pain / pain scales 0 - 10 						
	<ul style="list-style-type: none"> Fatigue <ul style="list-style-type: none"> <input type="checkbox"/> Fatigue / fatigue scales 0 - 10 						OSUMC Handout: <input type="checkbox"/> Fatigue
	<ul style="list-style-type: none"> Symptom Management <ul style="list-style-type: none"> <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Diarrhea / constipation <input type="checkbox"/> Depression <input type="checkbox"/> Dyspnea <input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> Blurred / double vision <input type="checkbox"/> Ptosis of eyelid <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Difficulty with speech <input type="checkbox"/> Other _____ 						OSUMC Handouts: <input type="checkbox"/> Symptom Management Handouts
	<ul style="list-style-type: none"> Ace Inhibitors <ul style="list-style-type: none"> <input type="checkbox"/> Hold 24 hours prior to treatment 						
	<ul style="list-style-type: none"> Describe use of medication <ul style="list-style-type: none"> <input type="checkbox"/> Benadryl <input type="checkbox"/> Monitored drug-food interaction <input type="checkbox"/> Solu-Cortef <input type="checkbox"/> Herbal / dietary supplements <input type="checkbox"/> Heparin <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 						
	Other:						

Initials	Signature and Title	Initials	Signature and Title	Initials	Signature and Title

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Teaching-Learning Flow Sheet