



PATIENT TEACHING CHECKLIST: INFUSION

Patient Name:		ID #:			
Vital Care:	Telephone:	RN:	RPh:		
Physician:		Telephone:			
Home Health Agency:		RN:	Telephone:		
			Section Completed		
			Initials	Date	
GENERAL INFORMATION: Patient/caregiver has a basic understanding of the following:					
1. Vital Care services and schedule (Service Introduction Letter)					
2. Patient's rights, responsibilities, Notice of Privacy Practices, grievance procedure, satisfaction survey, consent					
3. Estimate of patient/guarantor "out of pocket" payment for therapy					
4. Advanced Directives					
5. How to contact Vital Care during work and non-work hours					
6. DMEPOS Part B Supplier Standards					
ILLNESS: Patient/caregiver has a basic understanding of the following:					
1. The disease state which requires I.V. therapy					
2. General nature of the care, treatment, services, medications, interventions, and procedures					
3. Plan of care					
TREATMENT/MEDICATION INFORMATION: Patient/caregiver has the ability to verbalize the following:					
1. Dose/solution prescribed, route, rate					
2. Desired action; likelihood of achieving goals					
3. General risks and side effects					
4. Storage/handling					
The pharmacist has provided verbal drug counseling and/or a printed drug information sheet					
The pharmacist/nurse has provided drug specific instructions as described in the Drug Protocol					
The pharmacist/nurse has provided manufacturer published patient education materials if applicable.					
The patient reviews and agrees to the plan of care.					
STERILE TECHNIQUE: Patient/caregiver demonstrates the following:					
1. Standard precautions					
2. Hand hygiene					
3. Preparing work area					
4. Handling sterile equipment					
5. Handling and disposal of (bio)hazardous waste					
EQUIPMENT: Patient/caregiver will demonstrate/verbalize:					
1. Features, troubleshooting, routine use, cleaning/infection control, maintenance.					
2. Reporting equipment malfunction					
3. Electrical safety					
MEDICATION ADMINISTRATION: Patient/caregiver demonstrates the ability to do/use the following:					
1. Infusion device; Infusion tubing and filter					
2. Initiation of infusion (rate adjustment)					
3. Monitor the infusion					
4. Disconnect the infusion					
5. Other:					
CATHETER CARE: Patient/caregiver will demonstrate proper care of the venous access device:					
1. Flushing technique					
2. Dressing care					
3. Clamping					
4. Injection cap change					
5. Other:					
COMPLICATIONS: Patient/caregiver understands that these complications can occur, how to recognize them, and act accordingly:					
Infection		Catheter damage			
Sepsis		Symptoms of thrombosis			
Infiltration		Other:			
Phlebitis		Other:			
Allergic reaction		Other:			
Catheter occlusion		Other:			
EMERGENCY SITUATIONS: Patient/caregiver verbalizes understanding of the following:					
1. What is an emergency?					
2. Emergency plan (Patient Education Module "Emergency Planning for the Home Care Patient")					
3. Disaster plan/Evacuation Arrangements					
4. Other:					
5. EMS Telephone Number:					
Patient/Caregiver Signature:		Date:	Clinician Signature:		Date: