DMEWorks! (FL)

PATIENT INSTRUCTION/PLAN OF CARE

PATIENT / CAREGIVER: Robert Akins **DATE:** 1/3/2004

INSTRUCTOR: _____ **EQUIPMENT:** _____

	YES	NO
1. Use and operation of equipment explained to patient/caregiver.	____	____
2. Maintenance and cleaning of equipment explained to patient/caregiver.	____	____

3. Safety factors/dangers:

- ☐ Trip hazard awareness
- ☐ Accessible doorways and hallways
- ☐ Bathroom safety
- ☐ Fire safety
- ☐ Transfer safety and precautions
- ☐ Misuse of equipment may result in injury
- ☐ Other: _____

4. Goals to be achieved:

- ☐ Mobility
- ☐ Transfer
- ☐ Nutrition
- ☐ Respiratory
- ☐ Sleep
- ☐ Ostomy
- ☐ Other: _____

5. Return demonstration completed by patient/caregiver.	____	____
6. Written instructions provided to patient/caregiver.	____	____
7. Patient advised of follow-up procedure.	____	____

_____ _____

PATIENT/CAREGIVER **INSTRUCTOR**