

# ONE TOPIC: SELF-INJECTION TEACHING

Person(s) Present:  Patient  Partner  Family \_\_\_\_\_  Friend \_\_\_\_\_  Other \_\_\_\_\_  
 Primary Learner (if other than patient): \_\_\_\_\_  Interpreter Present  
 Patient Ready to Learn:  Yes  No (write follow-up plan)

## EVIDENCE OF TEACHING based on patient's readiness needs and concerns

**What was taught** (note summary here):

- Self Injection Teaching.**  Subcutaneous  IM  
 Instructed patient on self-administration of \_\_\_\_\_ and provided written and verbal information regarding rationale, dose, side effects, and proper storage.  
 Patient/caregiver demonstrates good aseptic technique.  
 Patient/caregiver practiced injection with assistance from nurse or pharmacist.  
 Arranged to have patient/caregiver inject next dose with assistance by nurse or pharmacist.  
 Instructed patient on proper disposal of needles at home. Patient demonstrates proper needle disposal.  
 Needle disposal container given to patient.

**How it was taught**

- Verbal information provided.  
 Written information provided.  
 Class/group session.  
 Task demonstrated.  
 Audio/Visual teaching tool used: \_\_\_\_\_  
 Patient's own self injection medication ID:  
 NDC# \_\_\_\_\_  
 Lot # \_\_\_\_\_  
 Pharmacist verification \_\_\_\_\_

## EVIDENCE OF LEARNING

**Outcome met**

- Describes/able to restate information shared.  
 Demonstrates task(s) or  Uses device(s)  
 with help.  
 independently self administers \_\_\_\_\_  
 Indicates understanding of topic.

**If outcome not met (see follow-up plan)**

- Unable to understand:  
 Barriers:  Language  Emotional  
 Culture  Physical  
 Comprehension  
 Other \_\_\_\_\_  
 Refuses information.  
 Needs further instruction.

## FOLLOW UP PLAN & NEEDS (if applicable)

- Contact support/family for education.  
 Follow-up/referral.  
 Reinforce specific content:  
 Additional topics to be covered.  
 Public Health needle disposal site information sheet given to patient.
- Observed patient for \_\_\_\_\_ minutes following injection. Monitored for side effects.  
 No adverse reaction noted  
 Adverse reaction noted and documented in CIS or Powerchart  
 Patient instructed who to notify if adverse reaction occurs.

SIGNATURE & TITLE

PRINT NAME

DATE

TIME

PT.NO

NAME

DOB

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