



INSTRUCTION CERTIFICATION FORM

(Recognition of instructions given)

Patient Name: _____ DOB: _____ Date: _____

I HAVE BEEN GIVEN INSTRUCTION IN (PLEASE CHECK ALL THAT APPLY):

- Hand washing
- Site inspection
- Possible complications
- Recognition of audible alarms
- Intrathecal Pumps
- Disposal of waste in home
- Emergency Preparedness
- Patient Safety/Falls Prevention
- Oxygen Safety Checklist
- Drug information
- Signs and symptoms of infection
- Vaccination status
- MRI instruction
- Patient and/or caregiver has received written instructions on how to file a complaint
- Nurse/ Patient Interaction
- EMLA cream (if applicable)
- Alternative methods of pain relief
- Support group resources (First Call 800-382-2377)
- Aseptic technique
- Administration of therapy
- Dressing changes
- Mixing of IV solutions
- Tubing changes
- Storage and use of supplies

TEACHING INFORMATION REGARDING THE FOLLOWING:

- Heart Failure
- Asthma
- Diabetes
- Depression
- Hypertension
- Stroke
- Smoking cessation
- C.O.P.D
- Other: _____

TN Patients Only: HIV/AIDS Testing/Resources

- Yes No Refused

State Specific Forms Provided

- Yes No NA

I HAVE BEEN TAUGHT THE FOLLOWING METHODS AND ACCEPT RESPONSIBILITY IN FOLLOWING THEM.

- Verbal instruction
- Written instruction
- Return demonstration N/A

Comments: _____

Signature of Patient: _____

Signature Caregiver/Relationship: _____

Signature-Nurse: _____