

<p><b>Learning Assessment / Reassessment</b></p> <input type="checkbox"/> = Physical Barrier <input type="checkbox"/> = Language Barrier <input type="checkbox"/> = Cognitive Barriers <input type="checkbox"/> = Cultural / Religious Practices <input type="checkbox"/> = Emotional Barriers <input type="checkbox"/> = Motivation Poor <input type="checkbox"/> = Pain / Discomfort <input type="checkbox"/> = No Barriers / Ready to Learn <input type="checkbox"/> = Financial Implication of Care <p style="text-align: center;">(Check all that apply and comment on barriers)</p> <p>Date _____ Initials _____</p>	<p><b>★ Teaching Method Codes</b></p> <p>A = Audiovisual    D = Demonstration  E = Explanation    G = Group Class  H = Handout        R = Role Play</p> <p style="text-align: center;">(Circle Preferred Way to Learn)</p>
<p><b>★★ Response / Evaluation Codes</b></p> <p>AK = Applies Knowledge  SI = States / Identifies  RD = Returns Demonstration  NL = No Learning  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
	<b>Patient / significant other will be able to:</b>						
	<ul style="list-style-type: none"> <li>• Describe safety measures during hospital stay based on safety level: <ul style="list-style-type: none"> <li><input type="checkbox"/> Non slip slippers given</li> <li><input type="checkbox"/> Bed in low position/recliner</li> <li><input type="checkbox"/> Call light within reach</li> <li><input type="checkbox"/> Personal items within reach</li> <li><input type="checkbox"/> Other</li> </ul> </li> </ul>						
	<ul style="list-style-type: none"> <li>• Describe Cystoscopy Retrograde Pyelogram/ Ureteral Stent Placement <ul style="list-style-type: none"> <li><input type="checkbox"/> Preparation</li> <li><input type="checkbox"/> Conscious Sedation</li> <li><input type="checkbox"/> Need for transportation</li> <li><input type="checkbox"/> Discharge plan prior to procedure</li> <li><input type="checkbox"/> Date and sign</li> </ul> </li> </ul>						
	<ul style="list-style-type: none"> <li>• Identify ways to manage symptoms <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain</li> <li><input type="checkbox"/> Nausea / Vomiting</li> <li><input type="checkbox"/> Other</li> </ul> </li> </ul>						<b>OSUMC Handouts:</b> <input type="checkbox"/> About Pain and Pain Control <input type="checkbox"/> Other: <b>(list)</b>
	<ul style="list-style-type: none"> <li>• State Explanation for Cystoscopy Retrograde Pyelogram/Ureteral Stent Placement <ul style="list-style-type: none"> <li><input type="checkbox"/> Mild or moderate discomfort</li> <li><input type="checkbox"/> Blood in Urine for next 24 hours or duration of stent</li> <li><input type="checkbox"/> Burning upon urination for next 24 hours</li> <li><input type="checkbox"/> Frequency of urination and can last for duration of ureteral stent</li> <li><input type="checkbox"/> Urgency with small volumes of urine with duration of stent (bladder spasms)</li> </ul> </li> </ul>						



**THE OHIO STATE UNIVERSITY HEALTH SYSTEM  
CYSTOSCOPY RETROGRADE PYELOGRAM**

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

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Date / Time / Initial	<b>Education Plan</b> (Content taught and identity of learner, if other than patient)	Teaching Method ★	Learning Readiness <b>Y</b> <b>N</b>	Response Evaluation Code ★★	Review Date / Response Code★★	Review Date / Response Code★★	<b>Comments / Handouts</b>
	<ul style="list-style-type: none"> <li>State expectation of IV infusion/other(contrast)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Notify RN of shortness of breath, rash</li> <li><input type="checkbox"/> Itching, IV site tenderness or redness</li> </ul> </li> </ul>						
	<ul style="list-style-type: none"> <li>Describe post procedure home care after Cystoscopy Retrograde Pyelogram and importance of fluid intake</li> </ul>						<b>OSUMC Handout:</b> <input type="checkbox"/> Sedation
	<b>Other:</b>						

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

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