

# Health PEI

One Island Health System

## Chronic Obstructive Pulmonary Disease Teaching Checklist

Level of understanding (L.o.U.)

U - Understanding indicated

R - Repeat

N/A - not applicable

**Resources:**  Living well with COPD, Summary Guide.  Passport to Health  Living a Healthy Life  Therapy log  
 Breathing exercises  How to handwash  How to handrub  Maximizing Nutrition

Topic	Date	Name	L.o.U.	Comments
<b>What is COPD?</b> (Living Well p. 4)	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Managing COPD</b> (Living Well p. 8)	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Medications</b> (Living Well p. 10) Encourage the client to complete present medication list/ update their list	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>How to use Inhalers</b> (Living Well p.15-19) and / or RespTrec education handout	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Deep Breathing, Body Positioning and Coughing:</b> (Living Well p.20-24)	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Home O<sub>2</sub>:</b> (O <sub>2</sub> manufacturers information)	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Lifestyle Changes:</b> (Living Well p. 6) Passport to Health.	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Smoking Cessation:</b> Quit Kit Reviewed	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Prevent and Treat Flare-ups:</b> (Living Well p. 7,8+9)	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Action Plan :</b> (Action Plan Handout Primary Care only)	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Vaccine :</b> ( Living Well p.9) Encourage the client to obtain a flu and pneumococcal vaccine	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Hand Hygiene:</b> Provide information on hand hygiene.	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2
<b>Maximizing Nutrition:</b> Review handout	Date 1	Name 1	L.o.U. 1	Comment 1
	Date 2	Name 2	L.o.U. 2	Comment 2

Identified Family Goals: _____ _____	Additional sources of information. Eg. Videos/Books	Date		
	Identified Learning Barriers: _____	COPD Exercises DVD		
Comments:				

# Client/Family Teaching Guidelines

1. Log into [www.healthpei.ca/carepathways](http://www.healthpei.ca/carepathways) Find client education materials. Find COPD folder and open. Print a copy of the material enclosed. Otherwise, obtain from specified location on your unit, facility, or work site.
2. Material provided in the package correlates with the specific teaching checklist.
3. Use the checklist as a guide to the provided teaching material. It is a part of the paper chart.
4. Each row represents specific elements of education for review.
5. Once the element is reviewed with the client/family, date and sign with your initials in the row that corresponds with the material. (This communicates to other health care providers what material has been covered.)
6. A key provided on the top left hand corner allows staff to document the level of understanding in the appropriate column.
7. An “R” in the Level of Understanding ( L.o.U.), column indicates that the material needs to be repeated/reviewed again; therefore, some rows may require more than one date and signature.
8. The section at the bottom provides staff the opportunity to identify any goals or learning barriers the client/family may have.
10. An additional section is provided to document any additional sources of information that are used to educate the client/family.