Weisman Children's Rehabilitation Hospital Patient Name:_____

Interdisciplinary Teaching Check List Medical Record:_____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Social Work						
		Goals of Rehabilitation						
		Community Resources						
		Special Child Health/EI Program						
		Division of Developmental Disabilities						
		TBI Waiver						
		Financial Planning						
		Social Security Income						
		TANF						
		Food Stamps						
		Income						
		Charitable Grants						
		Emotional/Psychosocial Support						
		Family/Church						
		Support Group						
		Counseling						
		Discharge Coordination						
		Follow-up Care						
		Provider Information						
		Follow-up Appointment						
		Other						
		Signature:			**Date**		**Time**	

Weisman Children's Rehabilitaion Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Nursing Education						
		Reason for Rehabilitation						
		Prematurity/Failure to Thrive						
		Vent/Tracheostomy Dependent						
		Neonatal Abstinence Syndrome						
		Brain Injury						
		Trauma						
		Other						
		Pain Management						
		Mission & Rights						
		Pain Rating Scale						
		Communication Pain						
		Methods of Control						
		Medications						
		Medication Safety						
		Food/Drug Interaction						
		Medication Information Sheets						
		Anticoagulant Precaution						
		Injection						
		Central Venous Catheter Care						
		Medication Schedule						
		Self-Medication Program						
		Other						
		Nutrition Education						
		Diet/NPO						
		Allergies						
		Oral Care/Health						
		Formula Preparation						
		Intake Monitoring						
		Feeding Administration						
		Calorie Count						
		Aspiration Precautions						

Weisman Children's Rehabilitaion Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		GERD (Reflux)						
		GT/JT/NG Care						
		Venting G Tubes						
		GT/NG Insertion #1						
		GT/NG Insertion #2						
		Feeding Pump Operation						
		Other						
		Bowel & Bladder Education						
		Bowel Routine						
		Fleets/Suppository						
		Bladder Routine						
		Timed Voiding						
		Self-Catheterization #1						
		Self-Catheterization #2						
		Continence Products						
		Other						
		Skin Care Education						
		Bathing						
		Positioning/Turning						
		Trach Care						
		Trach Tie Changes						
		Wound Care						
		Cast Care						
		Pressure Ulcer Prevention						
		Other						
		Other						
		Isolation Precautions						
		Handwashing						
		Halo Traction						
		Seizure Precaution						
		Fall Precaution						
		Cervical Collar Care						
		Other						

Weisman Children's Rehabilitaion Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Nursing Signature Sheet						
		Signature		**Date**		**Time**		
		Signature		**Date**		**Time**		
		Signature		**Date**		**Time**		
		Signature		**Date**		**Time**		
		Signature		**Date**		**Time**		
		Signature		**Date**		**Time**		
		Signature		**Date**		**Time**		

Weisman Children's Rehabilitaion Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Nutrition Education						
		Food Allergies						
		Diet:						
		High Calorie, High Protein						
		Carbohydrate Controlled						
		Weight Management						
		Protein Restricted						
		Vegetarian						
		Fluid Allowance						
		Sodium Allowance						
		Cholesterol Restricted						
		Fat Restricted						
		GERD						
		Breastfeeding/Maternal Diet						
		Warfarin/Vit K interaction						
		Failure to Thrive						
		Oral Supplements						
		Other:						
		Signature:		**Date:**		**Time:**		
		Signature:		**Date:**		**Time:**		

Weisman Children's Rehabilitaion Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Respiratory Education						
		Assessment						
		Signs/Symptoms Complications						
		Oxygen Therapy						
		Pulse Oximetry						
		CR Monitor						
		Medication Delivery						
		Chest Physical Therapy						
		Suctioning						
		Tracheostomy Change #1						
		Tracheostomy Change #2						
		Tracheostomy Change #3						
		ABI Vest Therapy						
		IN-Exsufflator						
		Hyperinflation						
		BPAP System						
		CPAP System						
		Ventilator						
		Home Assessment						
		Incentive Spirometry						
		CPR Training						
		Signature:		**Date:**		**Time:**		
		Signature:		**Date:**		**Time:**		

Weisman Children's Rehabilitation Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		PT/OT Training						
		Mobility						
		Bed Mobility						
		Ambulation						
		Stairs						
		Curbs/Ramps						
		Transfers						
		Bed						
		Chair						
		Toilet/Commode						
		Tub/Bench						
		Car						
		Floor						
		Wheelchair/Adaptive Seating						
		Folding						
		Maintenance						
		Curbs/Ramps						
		Stairs						
		Seatbelt Safety						
		Adaptive Seating Transport Safety						
		Medical Equipment Purpose/Use/Safety						
		Assistive/Positioning Device						
		Adaptive Equipment						
		Splints, Orthoses/Prostheses						
		Selfcare/ADL						
		Feeding						
		Grooming						
		Bathing						
		Dressing						
		Toileting						
		Household Activities						
		Home Exercise Program						
		Handling/Positioning						

Weisman Children's Rehabilitation Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Passive Range of Motion						
		Therapeutic Exercise						
		Fine Motor						
		Developmental Activities						
		Skin Management						
		Cognitive/Perceptual Challenges						
		Attention/Orientation						
		Direction Following						
		Short Term/Long Term Memory						
		Problem Solving						
		Safety/Judgment						
		Sensory Processing Challenges						
		Arousal Self-Regulation						
		Vision/Auditory Sensation						
		Precautions						
		Pain Management						
		Energy Conservation						
		Home Safety						
		Community Re-entry						
		Special Seating						
		Other						
		Signature/Print/Initial		**Date:**		**Time:**		
		Signature/Print/Initial		**Date:**		**Time:**		
		Signature/Print/Initial		**Date:**		**Time:**		
		Signature/Print/Initial		**Date:**		**Time:**		
		Signature/Print/Initial		**Date:**		**Time:**		

Weisman Children's Rehabilitation Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Signature/Print/Initial		**Date:**		**Time:**		
		Signature/Print/Initial		**Date:**		**Time:**		
		Signature/Print/Initial		**Date:**		**Time:**		

Weisman Children's Rehabilitaion Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Therapeutic Recreation/Child Life Training						
		Developmental Play						
		Theory						
		Materials						
		Individual Considerations						
		Environmental Considerations						
		Psychosocial Considerations						
		Adjustment to Hospitalization						
		Adjustment to Illness/Disability						
		Medical Play						
		Treatment Support						
		Family/Sibling Issues						
		Leisure Education Counseling						
		Skill Development						
		Resource Building						
		Individualized Treatment Plan						
		Interventions/Response						
		Discharge Planning						
		Pain Management						
		Car Seat Safety						
		Car Seat Parts						
		Fitting						
		Installation						
		Seat Belt Safety						
		Use of Seat Belt						
		Other						
		Signature		**Date**		**Time**		
		Signature		**Date**		**Time**		

Weisman Children's Rehabilitaion Hospital Patient Name: _____

Interdisciplinary Teaching Check List Medical Record : _____

Education			Trainee #1	Trainee #1	Trainee #2	Trainee #2		Comments
Required	Additional		Initiated	Complete	Initiated	Complete	Written Material Provided	
		Speech and Language Pathology Instructions						
		Feeding and Swallowing						
		Diet/Liquid Level						
		Posture-positioning for feeding						
		Adaptive Feeding Equipment						
		Therapeutic Feeding Techniques						
		Signs & Sypmtoms-Aspiration						
		Distress Signals						
		Thickening Liquid						
		Other						
		Developmental Speech/Language & Communication TBI						
		Skills Expected						
		Current Skill Level						
		Developmental Facilitation						
		Speech/Language Communication TBI						
		Assistance needed						
		Intervention to achieve func level						
		Speech Valve						
		Use Schedule						
		Other						
		Pain Management						
		Signature:		**Date**		**Time**		
		Signature:		**Date**		**Time**		