

**MASTECTOMY PRE-OP TEACHING**

<b>Name:</b>		<b>PARIS ID:</b>
<b>DOB:</b>	<b>Age:</b>	<b>PHN:</b>
<b>Gender:</b>		<b>Phone:</b>
<b>Home Address:</b>		

**Assessment Start Date:** \_\_\_\_\_ **Assessment End Date:** \_\_\_\_\_ **Carried Out By:** \_\_\_\_\_

**Pre Op Teaching**

**1) Clinical Pathway Education**

Comments:

- Medication requirements
- NPO guidelines
- Deep breathing and coughing
- Activity precautions
- Diet / meal preparations
- Wound care / drain care
- Pain Management
- Day of surgery directions

**2) Information Handouts**

<b>Given</b>	<b>Discussed</b>	
<input type="checkbox"/>	<input type="checkbox"/>	BCCA Information Kit
<input type="checkbox"/>	<input type="checkbox"/>	Daily Exercise to Perform Following Axillary Dissection
<input type="checkbox"/>	<input type="checkbox"/>	Steps to Prevent Lymphoedema
<input type="checkbox"/>	<input type="checkbox"/>	Cancer Connection Referral Form
<input type="checkbox"/>	<input type="checkbox"/>	Breast Cancer Support Group (Richmond)

Comments:

**Casenote**

**Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.**

----- End of Report -----