



Company Name

SKILLED NURSING CLINICAL PROGRESS NOTE

Date of Visit: ___/___/___
Time in: ___ Initials: ___
Time out: ___ Initials: ___

Nursing assessment and observation signs/symptoms

Mark all applicable with an "X". Circle appropriate item(s) separated by (" / ")

TYPE OF VISIT: [] SN [] SN & Sup. [] Sup Only [] Other

Table with columns: CARDIOVASCULAR, GENITOURINARY, MUSCULOSKELETAL, RESPIRATORY, SKIN, DIGESTIVE, PAIN, EMOTIONAL STATUS, SKILLED INTERVENTION / TEACHING / P.T. RESPONSE

Temp: ___ Wt: ___ BS: ___
Resp: ___ [] Reg. [] Irregular
Pulse: ___ [] Reg. [] Irregular
B/P Lying Sitting Standing
Right
Left

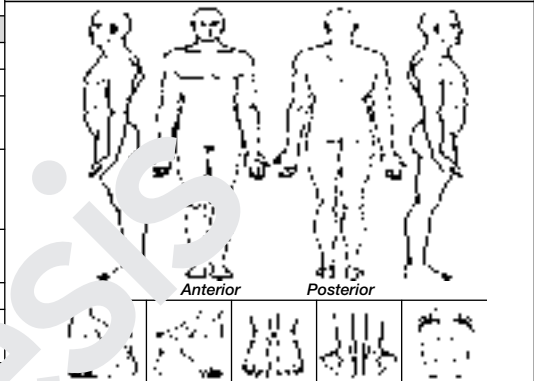


Table with columns #1, #2, #3, #4 for measurements: Length, Width, Depth, Drainage, Tunneling, Odor, Surr. Tissue, Edema, Stoma

[] No c/g able / willing to perform w/c at this time
[] Pt. unable to perform w/c due to:
[] No c/g able/willing to perform injections
[] Pt. unable to perform injections due to:

AIDE SUPERVISORY VISIT
AIDE: [] Present [] Not Present
SUPERVISORY VISIT: [] Scheduled [] Unscheduled
AIDE CARE PLAN UPDATED: Yes [] No
OBSERVATION OF:
TEACHING / TRAINING OF:
NEXT SCHEDULED SUPERVISORY VISIT: ___/___/___

APPROXIMATE NEXT VISIT DATE ___/___/___ PLAN FOR NEXT VISIT

- INTERVENTIONS INSTRUCTIONS
[] Skilled Observation / Assessment [] Foley Change / Irrigation [] W/C / Dressing Change [] Tracheostomy Care [] Prep / Admin of Insulin [] IM / SQ Injection
[] Diabetic Obs/Care [] Venipuncture/Lab: [] Inst. Safety / Precaution [] Diet Teaching [] Teach Infant/Childcare [] Inst. Disease Process
[] Safety Factors [] Peg/GT Tube Site Care [] Observation / Teach (N-C) Medication: Effects / Side Effects [] Other:

- TECHNIQUES USED
[] Universal Prec. [] Aseptic Tech. [] Sterile Tech. [] Soiled DSSG [] Double Bagged [] Bio Box [] Sharps discarded in Sharps Container
[] pt/so/cg verbalized understanding of inst. given [] pt tolerated procedure well [] Glucometer Calibrated. Reading: [] Quality Control Test

CARE PLAN: [] Reviewed/Revised w/ PT Involvement [] Outcome Achieved MEDICATION STATUS: [] No Change [] Order Obtained

DISCHARGE PLANNING DISCUSSED? [] Yes [] No [] N/A BILLABLE SUPPLIES RECORDED? [] Yes [] No

CARE COORDINATION: [] Physician [] PT [] OT [] ST [] SS [] SN [] Other:

Patient Name Signature Date

Nurse's Name Signature Date