

Company Name

SKILLED NURSING CLINICAL PROGRESS NOTE

| Date of Visit:// | |
|------------------|-----------|
| Time in: | Initials: |
| Time out: | Initials: |

| Nurse's Name | | Signature | Date | |
|---|---|---|--|--|
| Patient Name | | Signature | Date | |
| | | | | |
| CARE COORDINATION: Physician PT OT ST SS SN Other: | | | | |
| DISCHARGE PLANNING DISCUSSED? Yes No N/A BILLABLE SUPPLIES RECORDED? Yes No | | | | |
| CARE PLAN: Reviewed/Revised w/ PT Involvement Outcome Achieved MEDICATION STATUS: No Change Order Obtained | | | | |
| □ pt/so/cg verbalized understanding of inst. given □ pt tolerated procedure well □ Glucometer Calibrated. Reading: □ □ Quality Control Test | | | | |
| ☐ Universal Prec. ☐ Aseptic Te | ech. Sterile Tech. Soiled DS | | x Sharps discarded in Sharps Container | |
| | | TECHNIQUES USED | | |
| ☐ Safety Factors ☐ Peg/GT Tub | oe Site Care 🗌 Observation / Teach (| (N-C) Medication: Effects / Side Effects | s | |
| ☐ Diabetic Obs/Care ☐ Venipur | ncture/Lab: 🗌 Inst. Sa | fety / Precaution $\ \square$ Diet Teaching $\ \square$ | Teach Infant/Childcare 🗌 Inst. Disease Process | |
| ☐ Skilled Observation / Assessme | ent 🗌 Foley Change / Irrigation 🔲 V | N/C / Dressing Change 🗌 Tracheosto | omy Care $\ \square$ Prep / Admin of Insulin $\ \square$ IM / SQ Injection | |
| | | RVENTIONS INSTRUCTIONS | | |
| APPROXIMATE NEXT VISIT DA | TE/PLAN FOR NI | | | |
| ABBBOWN | | EVE MOIT | NEXT SCHEDULED SUPERVISORY VISIT:// | |
| | · | | | |
| | | | TEACHING / TRAINING OF: | |
| | | | | |
| | | | OBSERVATION OF: | |
| | · _ | | OBSERVATION OF: | |
| | | | AIDE CARE PLAN UPDATED: Yes ☐ No | |
| | | | SUPERVISORY VISIT: Scheduled Unscheduled | |
| | | | | |
| | ZYX V | | AIDE: ☐ Present ☐ Not Present | |
| No Deficit | SK' ED INTE EVEN TION | ACHING / P.T. RESPONSE | AIDE SUPERVISORY VISIT | |
| Last BM | | No Deficit | ☐ Pt. unable to perform injections due to: | |
| Flushing | Teaching: | | | |
| Via: | Patient's pain goal: | er: | ☐ No c/g able/willing to perform injections | |
| Amount: | | xious / Depressed | Pt. unable to perform w/c due to: | |
| Type: | Current pain manage at: | 'estle Agitated | | |
| Enteral Feeding Route: | Intensity: 1 2 3 4 5 6 7 8 9 10 | Con 'se | ☐ No c/g able / willing to perform w/c at this time | |
| Fluid Intake | Location: | L arg / Sem _ethargic | Stoma | |
| Diet: Appetite: | Daily, constantly | isori te T P | Edema Edema | |
| Constipation / Diarrhea | Daily, but not constantly | Forge J/C Jused | Odor Surr. Tissue | |
| Bowel Incontinence | Less often than daily | Oriente | Tunneling | |
| Colostomy / Ileostomy | No Pain at present time | EMOTIONA TATUS | Drainage | |
| Abdominal Distention | PAIN | No Deficit | Depth | |
| Difficulty Swallowing | No Deficit | Poor Tactile Sen Jon | vVidth | |
| Epigastric Distress | Turgor / Hydration | Visual Impairment | gth | |
| Anorexia / NPO | Decubitus / Wound / Ulcer | Hearing Impairment | #1 #2 #3 #4 | |
| Nausea / Vomiting | Chills | Speech Impairme | | |
| Bowel Sound + x4 quads | Integrity | Poor Manual Dexterity | | |
| DIGESTIVE | Jaundice / Pallor / Cyanosis | Poor Hand - Eye Coordination | 78 J.S. 188 10 65 | |
| No Deficit | Cold / Clammy | Hand Tremors | Anterior Posterior | |
| O2: LPM: Via: | Warm / Dry | Unequal: Right Left | 2 24 46 14 | |
| Dyspnea / SOB | SKIN | Pupil Reaction: PEERLA | 1 V 22 VX VX | |
| Cough / Sputum | Olliei | RLE LLE Quadriplegia | 70 161 1/ | |
| Rales / Rhonci / Wheeze R. Lung L. Lung | Pain / Discharge Other | Limited Movement / Amputation RUE LUE Hemiplegia | 8 B 1 / 1 2 B 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 | |
| RESPIRATORY | Odor: | Right: Left: | - 10/2000 - 12/2007 - 12/2000 - 12/2 | |
| DECDIDATORY | Consistency: | Grasp: Equal Unequal | T - 1318 13 13 13 13 13 13 13 13 13 13 13 13 13 | |
| No Deficit | Urine - Color: | Headache | 4 - 13775711 13 1 23 3 13 - F | |
| Other: | Size: Fr. cc. | Syncope / Vertigo / Dizziness | A)(C) (C)(A) | |
| Arrhythmia | Foley Catheter | NEUROSENSORY | ■ (2) 第 | |
| Ascites | Suprapubic | No Deficit | 7, 0 0 13 | |
| Peripheral Pulses | Catheter | Cane / Wheelchair / Walker | Leπ | |
| RLELLE | Bladder Incontinence | Contracture / Paralysis | Right Left | |
| RUE LUE | Hematuria | Chair bound / Bed bound | B/P Lying Sitting Standing | |
| Edema (Specify) | Freq. Urgency Hesitancy | Limited ROM / Painful Joints | | |
| Neck Vein Distention | Distension / Retention | Ambulates w/ Assistance | Pulse: Reg. Irregular | |
| Chest Pain | Dysuria | Endurance / Weakness | Resp: Reg. Irregular | |
| Fluid Retention | Burning | Balance / Unsteady gait | Temp: Wt: BS: | |
| Mark all applicable with an " X ". CARDIOVASCULAR | Circle appropriate item(s) separated GENITOURINARY | MUSCULOSKELETAL | Other | |
| Nursing assessment and of | | by (" / ") | TYPEOF VISIT: ☐ SN ☐ SN & Sup. ☐ Sup Only | |
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