

Company Name

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

1 668		ED NURSING	Time out:		Initials: _	
Ť	VIS	SIT NOTE			PA	GE 1 OF
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			
CARDIOVASCULAR	GENITOURINARY	MUSCULOSKELETAL	HOMEBOUND STATE		assistance fo	r all
Fluid Retention	Burning	Balance / Unsteady gait	activities Residual we			
Chest Pain	Dysuria	Endurance / Weakness	ambulate (Explain):			
Neck Vein Distention	Distension / Retention	Ambulates w/ Assistance	☐ Confusion, unable to go	o out of home ald	one 🗆 Unab	le to safely
Edema (Specify)	Freq. Urgency Hesitancy	Limited ROM / Painful Joints	leave home unassisted D	☐ Severe SOB. S	OB upon exe	rtion
RUE LUE	Hematuria	Chair bound / Bed bound	(Explain):			
RLE LLE	Bladder Incontinence	Contracture / Paralysis	☐ Considerable and taxing	a effort for natien	nt to leave hor	ne (ea. SO
Peripheral Pulses	Catheter	Cane / Wheelchair / Walker	altered mobility, inability to			
Ascites	Suprapubic	No Deficit	adaptive device) (Explain):		, ,	
Arrhythmia	Foley Catheter	NEUROSENSORY	☐ Dependent upon adapti	ive device(s)	Medical res	trictions
Other:	Size: Fr. cc.	Syncope / Vertigo / Dizziness	(Explain):		i Woododi 100	uiouono
No Deficit	Urine - Color:	Headache	☐ Other (specify):			
DESCRIPATORY	Consistency:	Grasp: Equal Unequal				
RESPIRATORY	Odor:	Right: Left:	'	VITAL SIGNS		
Rales / Rhonci / Wheeze	Pain / Discharge	Limited Movement / Amputation	Ter.	'\/t:	BS:	
Lung: R L	Cath Dislodged	RUE LUE Hemiplegia	Resp:	Reg.	□ Irregul	ar
Cough / Sputum	Cath Leakage	RLE LLE Quadriplegia	Pulse:		☐ Irregul	
Dyspnea / SOB	CIZINI	Pupil Reaction: PERRLA	ı ulət	neg.		ul
O2: LPM: Via: No Deficit	SKIN	Unequal: Right Left Hand Tremors	B/P ing	Sitting	Standing	
DIGESTIVE	Warm / Dry Cold / Clammy					
Bowel Sound x quads	Jaundice / Pallor / Cyanosis	Poor Hand - Eye Coordination Poor Manual Dexterity	Left			
Last BM	-	Speech Impairment	/			
Nausea / Vomiting	Integrity Chills	Hearing Impairment	<u> </u>	OUND CARE		
Anorexia / NPO	Decubitus / Wound / Ulcer	Visual Impairment	#1	1 #2	#3	#4
Epigastric Distress	Turgor / Hydration	Poor Tactile Sensatir	rigth			
Difficulty Swallowing	No Deficit	No Deficit	Width Depth			
Abdominal Distention	EMOTIONAL STATUS	INFUSION / IV SIT.	Drainage			
Colostomy / Ileostomy	Oriented: T P P		Tunneling			
Bowel Incontinence	Forgetful / Confused	□ IV Site:	Odor			
Constipation / Diarrhea	Disoriented: T P P	— "V Tubir Char	Surr. Tissue			
Diet: Appetite:	Lethargic / Semi-Lethargic		Edema			
Fluid Intake	Comatose	L Senu ine L Junange:	Stoma			
Enteral Feeding Route:	Restless / Agitated	□ Site L. Change:	\square No c/g able / willing to	perform w/c at t	this time	
Type:	Anxious / Depressed	sion by:	☐ Pt. unable to perform w/c due to:			
Amount:	Other:		□ No c/g able/willing to p			
Via:		n Medication:	-			
Flushing	No Deficit	☐ Infusion Rate:	☐ Pt. unable to perform ir	njections due to:		
No Deficit		Susion well tolerated by PT: ☐ Yes ☐ No		PAIN		
SKILLED	N/TE C'ING	P.T. RESPONSE	Frequency of pain interferin	ig with patient's a	activities or mo	ovement
			Patient has no pain, do			
			Less often than daily		Daily but not	
			All of the time		No Deficit	oonotantiy
			Intensity: 1 2 3 4 5			
			Pain Management Teaching to patient/family			
			Patient pain goal:		, –	
			Current pain management and effectiveness:			
			Progress toward pain goal:	:		
APPROXIMATE NEXT VISIT DA	TE/ PLAN FO					
		NTERVENTIONS INSTRUCTIONS				
Skilled Observation / Assessment	\square Foley Change / Irrigation \square W/C /	Dressing Change $\ \square$ Tracheostomy Care $\ \square$	Prep / Admin of Insulin	☐ IM / SQ Injection	on	
☐ Diabetic Obs/Care ☐ Venipunctur	re/Lab: Inst. Safet	ty / Precaution 🔲 Diet Teaching 🔲 Teach Ir	nfant/Childcare 🗌 Inst. Dis	ease Process		
	ite Care		r:			
		TECHNIQUES USED				
	☐ Sterile Tech. Soiled DSSG: [· · · · · · · · · · · · · · · · · · ·	discarded in Charne Container			
•			discarded in Sharps Container			
	inst. given pt tolerated procedure w			ntrol lest		
	w/PT Involvement					
DISCHARGE PLANNING DISCU		BILLABLE SUPPLIES RECORDED				
CARE COORDINATION: Phys	ician 🗆 PT 🗀 OT 🗀 ST 🗀 🤉	SS				
Patient Name		Signature		Dat	:e	

Signature _

_ Date_ ©2012 eMedesis All rights reserved. 1-888-817-2869

Nurse's Name_