



Company Name

# PSYCHIATRIC NURSE PROGRESS NOTE

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Patient: \_\_\_\_\_ ID#: \_\_\_\_\_

Employee Number \_\_\_\_\_ Initials \_\_\_\_\_ Nursing Visit Code:  RV – Routine Visit  EV – Emergency Visit

HOMEBOUND DUE TO: \_\_\_\_\_

## SKILLED NURSING SERVICES

### OBSERVATIONS / MONITORING

#### Vital Signs:

BP \_\_\_\_\_ AP \_\_\_\_\_ Reg \_\_\_\_\_ Irreg \_\_\_\_\_  
Temp \_\_\_\_\_ Respirations \_\_\_\_\_  
Lungs: CTA \_\_\_\_\_ Rales \_\_\_\_\_ ↓ BS \_\_\_\_\_

**Mental Status:** \_\_\_\_\_  Improved  Same  Regressed  
 Alert  Confused  Disoriented

Hallucinations / Delusions: . . . . .  Present  Absent  
Suicidal Tendencies: . . . . .  Present  Absent  
Extrapyramidal SX: . . . . .  Present  Absent  
Oriented: . . . . .  Time  Place  Person  
Insight Pt / Family: . . . . .  Good  Fair  Poor

**Mood / Affect:** . . . . .  Improved  Same  Regressed  
 Flat  Depressed  Combative  
 Agitated  Anxious  Negative

**Communication:** . . . . .  Improved  Same  Regressed  
Socialization: \_\_\_\_\_  
Somatization: \_\_\_\_\_  
Ventilates Feelings: . . . . .  Good  Fair  Poor

**Report:** \_\_\_\_\_  
Patient with Family: . . . . .  Improved  Same  Regressed  
Family with Patient: . . . . .  Improved  Same  Regressed  
Patient with RN: . . . . .  Improved  Same  Regressed  
Family with RN: . . . . .  Improved  Same  Regressed

**Nutrition Status:**  
Appetite: . . . . .  Same  Decreased  
Fluid Intake: . . . . .  Same  Decreased

**G.I. Bowel Functions:** . . . . .  Regular  
Cathartic Required: . . . . . \_\_\_\_\_

**ADL Level** . . . . .  Improved  Same  Regressed  
Dressing: . . . . .  Improved  Same  Regressed  
Motivation: . . . . .  Improved  Same  Regressed  
Personal Hygiene: . . . . .  Improved  Same  Regressed  
Sleeping Habits: . . . . .  Improved  Same  Insomnia

### PATIENT / FAMILY TEACHINGS:

- Medication Regime
- Action / Side Effects of: \_\_\_\_\_
- S/S Disease Process of: \_\_\_\_\_
- S/S of Complications of: \_\_\_\_\_
- Extrapyramidal Symptoms
- Safety Measures
- Relaxation Techniques

### NUTRITION

Diet \_\_\_\_\_  Proper Fluid Intake

**THERAPY PROVIDED** . . . . .  Supportive  Reality

### AIDE SUPERVISORY VISIT

Patient Satisfied with Care . . . . .  Yes  No  
Aide Following Care Plan . . . . .  Yes  No  
Care Plan Updated . . . . .  Yes  No  
Aide Needed \_\_\_\_\_ times per week

### SPECIAL MEDICAL TREATMENTS / TEACHINGS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ASSESSMENT OF PROBLEMS AND RESPONSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan:

\_\_\_\_\_  
\_\_\_\_\_

Physician Communication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional / Change Orders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Discharge Planning;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_