

HAVEN HEALTHCARE NURSING NOTES	<input type="checkbox"/> INITIAL ASSESSMENT/EVALUATION VISIT <input type="checkbox"/> FOLLOW UP/PROGRESS VISIT	<input type="checkbox"/> SUPERVISORY/RECERTIFICATION VISIT <input type="checkbox"/> PRN/CHANGE IN CONDITION/DISCHARGE VISIT
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PATIENT NAME:	MR#:	DATE:	TIME IN:	TIME OUT:
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DIAGNOSIS:

SN SKILLED OBSERVATION/ASSESSMENT/CARE
(MARK ALL APPLICABLE RESPONSES. Responses marked "HB" are indicators contributing to patient's homebound status).

Vital Signs:	T oral / ax / ear / rect	P rad / api	R reg / irreg	BP	lying	sitting	standing	Ht:	Wt:
Pain scale:	0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10	location:		Rt:				ft	lbs
Description:	worst w/ activity (HB) / excruciating (HB) / debilitating (HB) / 1-2x qd / 3-4x qd / 5x / >			Lt:				ins	ozs
Pain relief measures:									

MENTAL / PSYCHE		Other Observation / Comments / Instructions
Alert/ oriented	Disoriented/confused (HB)	
Follows Commands	Poor comprehension (HB)	
Cooperative	Unstable judgement (HB)	

NEURO / SENSORY		Other Observation / Comments / Instructions
Vision adequate	Blind (HB)	
Hearing adequate	Slurred speech	
Speech adequate	Dizziness (HB)	
Swallowing adequate	Dysphagia	
Numbness absent	Weakness/Paresis (HB)	
Dizziness absent	Paraplegia/hemiplegia (HB)	

MUSCULO / SKELETAL		Other Observation / Comments / Instructions
Gait steady	Tremors (HB)	
Up ad lib w/o assist	Unsteady gait/balance (HB)	
Self transfer	Decreased mobility (HB)	
Moves all extremities well	Assist w/ transfers (HB)	
Independent with ADLs	Assist w/ ambulation (HB)	
Self use of assist device	Bed/chair bound (HB)	

INTEGUMENTARY / SKIN / EXTREMITIES		Other Observation / Comments / Instructions
General color/temp WNL	Swelling	
Skin intact	Skin discoloration	
Turgor WNL	Rashes/blister	
Legs/feet temp WNL	Ostomy	
Legs/feet color WNL	Venous Access Device	
Pedal pulses present	*See skin/wound care p2	

CARDIOPULMONARY		Other Observation / Comments / Instructions
Blood pressure WNL	Chest pain (HB)	
Pulse/HR regular/ WNL	Poor endurance (HB)	
Pacemaker	SOB (HB)	
Endurance adequate	Orthopnea (HB)	
Peripheral pulses present	Wheezing (HB)	
Peripheral edema	O2 continous / pm (HB)	
Cough	specify:	
Sputum	Suction PRN (HB)	
Rales	# steps w/o resting (HB)	
Diminished breath sounds	<10 / <20 / <30 / <40 / <50	

GI / GU		Other Observation / Comments / Instructions
Food intake adequate	Abd distension / discomfort	
Fluid intake adequate	Nausea / Vomiting	
Diet/nutrition regiment adequate	Incontinent of stool	
N/V/discomfort adsent	Loose stools / diarrhea	
Abdomen soft / Non-distended	Constipation	
Bowel sounds present	Last BM:	
Regular bowel movements	Incontinent of Urine	
Voiding w/o difficulty	Dysuria / difficulty in voiding	
Urine output / color adequate	Catheter intact / patent	

SN Signature: _____

