

Nursing Progress Note

Circle or Check Applicable Signs and Symptoms... Then Describe In Narrative or Write N/A

Patient Name _____ MR # _____

Last First

Neurological

Orientated X : 3 2 1 ALOC
Lethargic Weakness Confusion

Best Verbal Response

Non-Consistent ___ Stereotypical ___
Non-Meaningful ___ Non-Verbal ___

Best Non-Verbal Response

To Verbal - To Touch - To Pain- None

Temp _____ Pulse _____ Resp _____ B/P _____ Oxygen Sat _____ Mid Arm Girth (Right) _____

(Left) _____

Subjective (Pt or CG or Nurse states)

ADL Assistance:

Eating ___ Bath ___ Dressing ___
Bowel ___ Bladder ___ Max ___

Mobility Assistance

Ambulation Self - Walker Transfer ___

Minimal ___ Mod ___ Max ___

Bed-W/C Bound ___

Unable to Reposition Self ___

Increased weakness ___

Objective

Respiratory

Dyspnea with Minimal Exertion - SOB

Dyspnea at Rest ___ SOB

Oxygen: ___ L / min Cont or PRN

Delivery: NC VM NRB Trach Vent

Increase of PRN Frequency

Increase of PRN Duration ___

Cough: Chronic Dry ___

Productive ___ Sputum Color, Amount

Consistency, Inability to Mobilize,

Action/Intervention

Cardiovascular

Edema: Trace +1 +2 +3 +4

Dependant - Pitting - Palpitations

Irregular rate - Resting Tachycardia

Bleeding - Bruising - Weight Gain

Noncompliance of:

Meds - Diet - Fluids - Elevation

Gastrointestinal

Inc ___ BM Date _____

Nausea ___ Vomiting ___ Diarrhea ___

Constipation Abd Distention

Eats ___ 75% ___ 50% ___ 25% Meals

Weight Loss _____

Pt / CG / Nurse / Response:

Urinary

Inc ___ Foley Cath ___ Size ___

Condom Cath _____

Suprapubic Urostomy Nephrostomy

Catheter Changed ___ Size ___

Catheter Irrigated ___

Burning or Pain upon Voiding ___

Increase or Decrease Urgency ___

Urine Characteristics: Clear Yellow

Amber Dark Cloudy Sediment

Foul Odor Blood Clots

New orders obtained No Yes _____

Plan for next visit _____

Integumentary

Turgor: Fair Poor Dehydration

Rash: _____

Itching ___ Excoriation _____

Skin Tear ___ Ecchymosis _____

Notified ___ IDT ___ Medical Director ___ PCP ___ Charge Nurse ___ Hospice ___ Other _____

CHHA Supervisory Visit Patient / PCG / Facility satisfied with care Patient / PCG / Facility not satisfied with care

CHHA Name _____

Pressure ulcer

Site ___ Stage ___ Size _____

Site ___ Stage ___ Size _____

DME in Use:

Describe: Color, Surrounding Tissue

% of Necrosis, Slough, Exudate,

Bleeding, Drainage

Pain: 0/10 _____

Describe: Quality, Location, Duration

Decrease of Function, Limitations,

Non-Verbal Behaviors, Grimacing

Your Signature below indicates that the above named patient has received a skilled nurse visit

PT/ PCG / Nurse sign _____

Staff signature / title _____ **Date** _____ **Time In** _____ **Time Out** _____

Psychosocial

Anxious ___ Aggression ___ Anger ___

Denial ___ Depression _____

Manipulation ___ Combative _____

Continued on Back

