DAILY SKILLED NURSES NOTES

Date:_____/_____/_____ Temperature:_____ Pulse:_____ Resp.:_____ B/P:_____

DIRECTIONS: (✓) All applicable boxes. Circle appropriate item(s) separated by "/". Signature and title of nurse for appropriate shift.

	D	E	N
Mental Status			
Alert			
Disoriented:			
Person			
Place			
Time			
Anxious/Agitated			
Restless			
Depressed			
Lethargic			
Comatose			
Abnormal Sleep Pattern			
Forgetful/Confused			
Hallucinations/Delusions			
Respiratory			
Normal			
Labored Breathing			
Shallow Respirations			
Rales/Rhonchi			
Wheezing			
Cough			
Orthopnea			
Dyspnea/SOB			
O_2_____LPM			
❑ PRN			
❑ Continuous			
SaO_2 ___% ___% ___%			
Nebulizer Tx			
Suctioning			
Trach Care			
Vent Care			

	D	E	N
Cardiovascular			
Regular Rhythm			
Radial/Apical Irregular			
Capillary Refill Sluggish			
Neck Vein Distortion			
Chest Pain			
Edema			
Non-Pitting			
Pedal: Lt/Rt			
Pitting: +1			
+2			
+3			
+4			
Abnormal Peripheral Pulses			
Sensory			
Unclear Speech			
Unable to Speak			
Unable to Make Self Understood			
Unable to Hear			
Hearing Aid: Rt/Lt			
Unable to See			
Wears Glasses			
Decreased Tactile Sensation			
Pain			
No c/o's of Pain			
Origin:			
Location:			
Intensity (0-10)			

	D	E	N
GI			
Anorexia			
Nausea/Vomiting			
Epigastric Distress			
Difficulty Swallowing			
Pain			
Abdominal Distention			
Colostomy			
Diarrhea			
Constipation/Impaction			
Bowel Incontinence			
Bowel Sounds			
Present			
Absent			
Hyperactive			
Hypoactive			
G.U.			
Burning			
Distention/Retention			
Frequency/Urgency			
Hematuria			
Hesitancy			
Bladder Incontinence			
Catheter			
Urine			
Color:			
Consistency:			
Odor:			
Pain			
Discharge			
Diabetic Urine Testing			

	D	E	N
Musculoskeletal			
Steady Gait			
Balance/Gait Unsteady			
Paralysis/Weakness			
Nervous System			
Syncope			
Headache			
Decreased Grasp			
Rt			
Lt			
Decreased Movement			
❑ RUE ❑ LUE			
❑ RLE ❑ LLE			
Abnormal Pupil Reaction			
Right			
Left			
Tremors			
Vertigo			
Skin			
Skin Color Normal			
Jaundiced			
Cyanosis			
Pallor			
Clammy			
Chills			
Flushing of Skin			
Rash/Itching			
Abnormal Turgor/Elasticity			
Decubitus Wound			

Signature/ Title:	D:	E:	N:

SERVICES PROVIDED:

- ❑ Skilled Observation & Assessment
- ❑ Diabetic Observation
- ❑ Glucometer Readings
- ❑ Management & Eval of Resident Care Plan
- ❑ Dehydration/Fluid Intake
- ❑ Chemotherapy Management/ Teach
- ❑ Dialysis Management
- ❑ Teach/Adm. Antibiotics
- ❑ Observe for/Teach Medication Effects/Side Effects
- ❑ Observe S/Sx infection
- ❑ Transfusions
- ❑ Teaching & Training
- ❑ Teach Diabetic Care (Insulin, Diet, Foot-care, etc.)
- ❑ Gait Training/Prosthesis Care
- ❑ Self-administration of Injectionable Meds
- ❑ Teach & Ostomy/Ileo Conduit Care
- ❑ Terminal Illness Care/Teach
- ❑ Diet Teaching
- ❑ Bowel & Bladder Training
- ❑ Teach/Train on Treatment Regimen
- ❑ Teach/Care IV Catheter Sites
- ❑ Direct Skilled Nursing Services
- ❑ Wound Care/Dressings
- ❑ Pressure Ulcer Management
- ❑ Stasis Ulcers
- ❑ Central/Peripheral IV Therapy
- ❑ Tracheostomy Care
- ❑ Suctioning
- ❑ IV Medication
- ❑ IV Feeding
- ❑ Intramuscular Injections
- ❑ Tube Feeding (must meet requirements)
- ❑ Pain Management
- ❑ Post-cataract Care
- ❑ Urine Testing
- ❑ Therapy (PT, OT, ST)
- ❑ Supportive Therapy
- ❑ Nursing Rehabilitation
- ❑ Respiratory Therapy
- ❑ Chest Physio/Postural Drainage
- ❑ Ventilator/Respirator
- ❑ Adm./Teach Inhalation Rx
- ❑ Braces, Casts, Splints, Orthotics, etc. Care/Teach
- ❑ Safety Factors
- ❑ _____
- ❑ _____
- ❑ _____

DATE/TIME	COMMENTS	SIGNATURE/TITLE

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

DAILY SKILLED NURSES NOTES (Cont'd.)

DATE/TIME	COMMENTS	SIGNATURE/TITLE

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed