SKILLED NURSING VISIT NOTE

Date:

Patient Name: | MR No.: | Time In: | Time Out:

HOMEBOUND REASON: ☐ Needs assistance for all activities ☐ Residual weakness ☐ Requires assistance to ambulate ☐ Confusion, unable to go out of home alone ☐ Unable to safely leave home unassisted ☐ Severe SOB, SOB upon exertion Dependent upon adaptive device(s) ☐ Medical restrictions ☐ Other (specify):

TYPE OF VISIT: ☐ SN ☐ Medicare ☐ Medicaid ☐ SN & Supervisory ☐ Suprv. Only Other:

CARDIOVASCULAR	PULMONARY	INTEGUMENTARY	MUSCULOSKELETAL
☐ Chest Pain	☐ Lungs	☐ Warm ☐ Dry ☐ Cool ☐ Chills	☐ Poor Balance
Edema: ☐ RUE ☐ LUE	☐ SOB Dizzy	☐ Intact	☐ Limited Movement
☐ RLE ☐ LLE	☐ Cough	☐ Wound ☐ Ulcer ☐ Incision	☐ Chair or ☐ Bed Bound
☐ Abnormal Rhythm	☐ Sputum	☐ Rash ☐ Itching	☐ Walks with:
☐ Pulses	☐ Oxygen	☐ Turgor	
☐ Anticoagulant Therapy	☐ WNL	☐ WNL	☐ Contracture ☐ Paralysis
☐ WNL	☐ Other:	☐ Other:	☐ WNL
☐ Other:			☐ Other:

GASTROINTESTINAL	GENITOURINARY	NEUROLOGICAL	MENTAL
☐ Bowel Sounds	☐ Burning ☐ Dysuria ☐ Odor	☐ Headache	☐ Oriented X:
Abdomen ☐ Soft ☐ Tender	☐ Distention ☐ Retention	☐ Syncpe ☐ Vertigo	☐ Forgetful ☐ Confused
☐ Distended	☐ Frequency ☐ Urgency	Grasp: ☐ Equal ☐ Unequal	☐ Disoriented
☐ Nausea ☐ Vomiting ☐ NPO	☐ Incontinennce ☐ Hesitance	☐ Movement:	☐ Lethargic ☐ Comatose
☐ Diarrhea ☐ Constipation	☐ Itching	Pupils: ☐ Equal ☐ Unequal	☐ Restless ☐ Agitated
☐ Incontinence	☐ Color:	☐ Hand Tremors	☐ Anxious ☐ Depressed
☐ Ostomy:	☐ Catheter:	☐ Aphasia ☐ Dysphasia	☐ Altered LOC
☐ PEG	☐ FR: ☐ CC:	☐ Speech Impairment	☐ Impaired Memory
☐ Feeding	☐ Last Changed	☐ Hearing Impairment	☐ Psych HX
☐ Flushing		☐ Visual Impairment	☐ WNL
☐ Last BM	☐ Irrigation	☐ WNL	☐ Other:
☐ WNL	☐ WNL	☐ Other:	
☐ Other:	☐ Other:		

PAIN	INTERVENTIONS	TECHNIQUE(S) USED	INFUSION / IV SITE
☐ No Pain	☐ Skilled Assessment	☐ Universal Precautions	☐ IV Tubing Change
☐ Less often than DAILY	☐ Foley Change ☐ Irrigation	☐ Aseptic Technique	☐ Cap Change
☐ DAILY but not constsnt	☐ Wound ☐ Ulcer ☐ Incision	☐ Proper Sharp Objects Disp.	☐ Catheter Site Change
☐ Constant	☐ Prep ☐ Admin Insulin	☐ Proper Waste Disposal	☐ IV Site Change
☐ Pain Level (1-10):	Injection: ☐ IM ☐ SQ	☐ QC of Glucometer	From:
☐ Site:	☐ PEG ☐ GT Site Care	☐ Glucometer Calibr:	To:
Relieved w. Meds: ☐ Yes ☐ No	☐ Diet ☐ Med Instruction	☐ Other:	☐ Med:
☐ Other:	☐ S/S Disease Process		☐ Rate:
	☐ Other:		☐ VIA:

SKILLED INTERVENTION & TEACHING

SN ADMINISTERED IM/SQ

CONTINUE TO VISIT FOR: ☐ OBSERVATION ☐ ASSESS ☐ INSTRUCTIONS ☐ FOLEY ☐ WOUND CARE ☐ LABS ☐ PREP ☐ ADMIN INJECTION ☐ MAX TEACHING ATTAINED ☐ REINSTRUCT UNATTAINED

QUALITY CONTROL / GLUCOSE CONTROL SOLUTION ☐ N/A | RANGE: High: Low:

Expiration Date: | Date Open: | Control Indicator:

☐ PT/CG verbalized understanding of instructions given | Compliant with ☐ Present ☐ Prior Instructions

☐ PT/CG able to demonstrate correct Technique/Procedure

PT unable to ☐ perform wound care | ☐ administer injection due to:

CG unable to: ☐ perform wound care | ☐ administer injection due to

☐ No able CG available at this time to assist with:

☐ Treatment/injection tolerated well by patient ☐ Compliant with Diet ☐ Compliant with Medication Regimen

PT ability with Oral Meds: ☐ Unable ☐ Able ☐ Demonstrates Understanding

Supplies Used: ☐ Syringes 0 ☐ Lancets ☐ N/S Gloves ☐ Alcohol Pads ☐ Glucometer Strips ☐ 4x4 ☐ Other:

☐ Discharge Planning Discussed:

Nurse Printed Name: **Nurse Signature:** RN ☐ LPN ☐

VITAL SIGNS and WOUND ASSESSMENT

T°:	A:	O: R:
	HT:	WT:

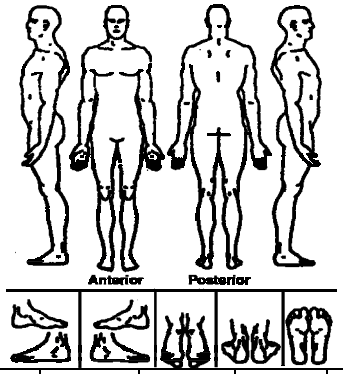
Resp: (☐ REG/ ☐ IRR)

Pulse A: R: (☐ REG/ ☐ IRR)

B/P	LYING	SITTING	STANDING
RIGHT			
LEFT			

☐ FBS /RBS: via Glucometer

Denote Location / Size of Wounds / Pressure Sores /Meas. Ext. Edema Bil.



	#1	#2	#3	#4
Length				
Width				
Depth				
Drainage				
Tunneling				
Odor				
Sur. Tis.				
Edema				
Stoma				

CHANGE IN PATIENT CONDITION ☐ N/A

MD Notified (name):

Supervisor Notified: ☐ Yes ☐ No ☐ N/A

New Orders / Comments: ☐ Yes ☐ No

SUPERVISORY VISITS ☐ N/A | ☐ LPN | ☐ HHA

	Yes	No
Following Care Plan	☐	☐
Patients Needs Met	☐	☐
Assignment Updated	☐	☐
Service Chsnge Request	☐	☐
Univ. & Safety Prec. Followed	☐	☐
Employee Present	☐	☐
Patient Satisfied With Service	☐	☐

Comments: