ANGELUS HOME HEALTH

SKILLED NURSING VISIT NOTE

ASSESSMENT OF SIGNS AND SYMPTOMS: ☐ IF THE FOLLOWING SIGNS AND SYMPTOMS ARE PRESENT

VITAL SIGNS

Temp:		WT:	
HR	☐A ☐R ☐Reg ☐Irreg		
RR	☐Regular ☐Irregular		

BP	Lying	Sitting	Standing
R			
L			

PAIN ☐ None at this time
☐ Less often than daily
☐ Daily but not constantly
☐ All the time
Relieved by: ☐ Rest ☐ Medication
Pain Severity Level (Scale of 1/10)

Before Intervention	
After Intervention	
Location	
Character	

VISION ☐ No problem Noted
☐ Partially Impaired ☐ R ☐ L
☐ Severely Impaired ☐ R ☐ L

HEARING ☐No observed/impairment
☐ W/ min. difficulty ☐ R ☐ L
☐ W/ mod. difficulty ☐ R ☐ L
☐ Unable to hear ☐ R ☐ L

NOSE/THROAT/MOUTH ☐No problem
☐ Congestion ☐ Chewing prob.
☐ Sinusitis ☐ Swallowing prob.
☐ Sore throat ☐ Gingivitis
☐ Hoarseness ☐ Ulceration

MEDICATION ☐ Compliant
☐Non compl. ☐Needs teaching

NUTRITION (DIET) ☐ Followed
☐Not followed ☐Needs teaching

ENDOCRINE ☐ No problem
☐Thyroid abnormality
☐ Hypoglycemia ☐Hyperglycemia
Blood Sugar ☐Fasting ☐ Random
☐ Drowsy ☐ extreme thirst ☐Hunger
☐ Change in vision ☐Lethargic
☐ Asymptomatic

NEUROLOGICAL ☐No problem
☐ Alert ☐ Forgetful ☐Confused
☐Oriented to: ☐T ☐Pe ☐Pl
☐Disoriented to: ☐T ☐Pe ☐Pl
☐Unresponsive
☐Paralysis ☐RUE ☐RLE ☐LUE ☐LLE
☐Weakness ☐RUE ☐RLE ☐LUE ☐LLE
☐Tremors ☐Headache ☐Dizziness
☐Aphasia ☐Express ☐Receptive
Pupil ☐Equal ☐Reactive
Hand Grips ☐Strong ☐Weak
☐Equal ☐Unequal

GASTROINTESTINAL ☐ No problem
Last BM
Appetite ☐ Good ☐ Fair ☐Poor
Abdomen ☐ Soft ☐ Distended
Pain ☐ Dull ☐ Sharp ☐Crampy
☐RUQ ☐RLQ ☐LUQ ☐LLQ
☐Ascites ☐Abdominal Girth
Bowel sound ☐ Active ☐ Hyperactive
☐Hypoactive ☐Nausea ☐Diarrhea
☐ Constipation ☐Incontinence
☐G-Tube ☐ Patent ☐ Obstructed
☐Ostomy: Location
☐Patent ☐Obstructed
Amount of Drainage:

GENITOURINARY ☐ No problem
Urine ☐ Clear ☐Cloudy ☐Bloody
Amount ☐Scant ☐Moderate
Odor ☐None ☐Foul-Smelling
☐Dysuria ☐Nocturia ☐Anuria
☐Urgency ☐Frequency ☐Incontinence
Indwelling Foley Cath.Fr #
Last date changed

MUSCULOSKELETAL ☐ No problem
Gait ☐ Steady ☐Unsteady
☐ROM ☐WNL ☐Limited
☐RUE ☐RLE ☐LUE ☐LLE
☐Contractures ☐Stiffness
☐RUE ☐RLE ☐LUE ☐LLE
Strength ☐ Good ☐Fair ☐Poor
☐ Fracture ☐Amputation
☐RUE ☐RLE ☐LUE ☐LLE

PSYCHOSOCIAL ☐ No problem
☐ Cooperative ☐ Coping ☐Anxious
☐ Discourage ☐ Depressed
☐ Agitated ☐ Flat effect
☐ Inappropriate response

INTEGUMENTARY ☐ No problem
☐ Fair ☐ Pale
☐ Cyanotic
☐ Moist ☐ Dry
☐ Warm ☐ Cold
Nail Bed ☐Pink ☐ Blue
☐ Rash ☐ Abrasion
☐ Bruise ☐ Laceration
☐ Pressure Sore
☐ Open Wound
☐ Surgical Incision

RESPIRATORY ☐ No problem
☐Breathing event/Unlabored
☐SOB . ☐At rest ☐On exertion
☐B' Sound ☐Clear ☐Diminished
☐R ☐L ☐Upper ☐Mid ☐Base
☐Wheeze ☐Rales/Crackles
☐R ☐L ☐Upper ☐Mid ☐Base
☐Cough ☐Dry ☐Productive
☐Phlegm ☐Clr/watery ☐Yellow/Green
☐Rust/Bloody ☐Thin ☐Thick
☐Scant ☐Copious ☐Moderate
☐Oxygen use

CARDIOVASCULAR ☐No problem
☐ Chest Pain ☐At rest ☐On exertion
☐ Pressing ☐Dull ☐Burning
☐ Heaviness ☐Tight ☐Stabbing
WITH ☐ Dyspnea ☐Diaphoresis
☐No edema ☐Edema
☐1+ ☐2+ ☐3+ ☐4+
☐ Pitting ☐Non-pitting
☐RUE ☐RLE ☐LUE ☐LLE
Pedal Pulse ☐ RLE ☐LLE
☐ Present ☐ Absent

WOUND ASSESSMENT

Site #	1	2	3	4
Location				
Stage				
Length				
Width				
Depth				
Tunneling				
Drainage				
Odor				

Homebound Reason

Nursing Diagnosis/Problems:

Interventions/Skilled Care Performed

Response to Care/Instruction:

☐ Next or ☐ Last MD Visit date:
Is there any change in Insurance: ☐ Yes ☐ No If yes, when?

Plan for next visit:

Communication with: ☐ Physician ☐Pharmacy ☐Care/Clinical Coordinator ☐Caregiver ☐PT ☐OT ☐ST ☐MSW

Discussed:

Resulted to: ☐New ☐Changed ☐No MD Order

Patient Name		MR # :	SN Name – Title
Date	Time In	Time Out	SN Signature