MedPro Rx™, Inc.
Specialized Pharmacy Services
Phone: (888) 571-3100 • Fax: (800) 582-9315

Alpha-1 Nursing Visit Record

Patient _____ MRN_____ DOB_____ Date_____

Diagnosis_____ Allergies_____

Therapy Provided_____ Baseline Vital Signs T ____ P_____ R_____ BP_____ /_____

Medical History/Chief Complaint
☐ Initial Assessment ☐ Follow Up Visit

HT _____ WT _____ ☐ lbs ☐ kgs

(WNL= Within Normal Limits for Patient)

REVIEW OF SYSTEMS

Neurologic/Mental Status
☐ WNL
☐ Disoriented
☐ Lethargic
☐ Forgetful
☐ Syncope/Vertigo
☐ Stroke
☐ Weakness_____
☐ Paralysis_____
☐ Seizures
☐ Neuropathy_____
☐ Headache_____
☐ Other_____

Sensory
☐ WNL
☐ Blindness
☐ Cataracts ☐ R ☐ L
☐ Glaucoma ☐ R ☐ L
☐ Other_____
☐ Visual Aids_____
☐ ↓ Hearing ☐ R ☐ L
☐ Deaf ☐ R ☐ L
☐ Hearing aids ☐ R ☐ L
☐ Difficulty swallowing
☐ Dentures/ bridges
☐ Other_____

Pain
☐ WNL No pain reported
☐ Location_____
☐ Quality _____
☐ Duration_____
☐ Intensity (0-10)____
☐ Other_____

Endocrine
☐ WNL
☐ Diabetes_____
☐ Thryoid Dysfunction_____
☐ Other_____

Respiratory
☐ WNL
☐ Rales_____
☐ Rhonchi_____
☐ Wheeze_____
☐ Cough ☐ Sputum_____
☐ SOB/DOE
☐ Hemoptysis
☐ Orthopnea
☐ Sinus Congestion
☐ Smoking_____
☐ Oxygen_____
☐ Other_____

Gastrointestinal
☐ WNL
☐ Special Diet _____
☐ BM Frequency_____
☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Constipation
☐ Incontinence
☐ Ulcers
☐ Weight loss_____ ☐ Weight gain____
☐ Bowel Sounds_____
☐ Other_____

Cardiovascular
☐ WNL
☐ Murmur
☐ Chest pain
☐ Arrhythmia
☐ Palpitations
☐ Neck Vein Distention
☐ Edema
☐ RUE_____ ☐ RLE_____
☐ LUE_____ ☐ LLE_____
☐ Peripheral Pulses
☐ RUE_____ ☐ RLE_____
☐ LUE_____ ☐ LLE_____
☐ Other_____

Musculoskeletal
☐ WNL
☐ Balance/ Unsteady Gait
☐ ↓ ROM/ Weakness/Paralysis
☐ RUE ☐ RLE
☐ LUE ☐ LLE
☐ Assistive Devices_____
☐ Other_____

Integumentary
☐ WNL
☐ Pale
☐ Cyanosis/dusky
☐ Jaundice
☐ Diaphoretic
☐ Turgor poor
☐ Rash/Itching_____
☐ Ecchymosis_____
☐ Lesions_____
☐ Scars_____
☐ Other_____

Genitourinary
☐ WNL
☐ Urine color_____
☐ Burning
☐ Frequency
☐ Hematuria
☐ Dysuria
☐ Bladder Distention
☐ Incontinence
☐ Other_____

Psychosocial
☐ WNL
☐ Lives alone
☐ Anxiety
☐ Depression
☐ Paranoid
☐ Withdrawn
☐ Alcohol Type/Amount_____
☐ Recreational Drugs_____
☐ Coping Skills_____

Patient _____ _____ **DOB**_____ **Date**_____

IV ACCESS

☐ Peripheral Catheter
☐ Start
☐ Restart
☐ Existing
Vein _____
Location_____
Cath Brand _____
Gauge/Length_____
# of attempts _____

☐ Implanted Port
Location_____
Ndl Brand_____
Gauge/Length_____
# of attempts _____
☐ +Blood Return
☐ No Blood Return
☐ Comment_____
_____

☐ Central Cath ☐ PICC
Location_____
Brand_____
☐ Single lumen
☐ Double lumen
☐ Triple lumen
☐ +Blood Return
☐ No Blood Return
☐ Comment_____

Site Assessment
☐ WNL
☐ Redness
☐ Swelling
☐ Pain
☐ Sutures_____
☐ Drainage_____
☐ Other_____

Dressing/ Line Care
☐ Dressing applied
☐ Gauze ☐ Occlusive
☐ Dressing Intact
☐ Dressing Change
☐ Ext. Set Change
☐ Cap Change
☐ Comment_____
_____

MEDICATION ADMINISTRATION

Premedication Given Dose Route Time

Flush Solutions
Saline_____ml ☐ ā Inf _____ml ☐ p Inf
Other_____ml ☐ ā Inf _____ml ☐ p Inf
Heparin _____units/ml _____ml ☐ p Inf

Infusion Medication Strength/mg per Vial # of Vials Lot # Exp. Date

☐ Gravity Infusion Infusion Start Time_____ ☐ am ☐ pm Infusion Stop Time_____ ☐ am ☐ pm
☐ Infusion Pump _____ Total Dose_____ ☐ mg ☐ Gm Total Volume_____ ml

ASSESSMENT/INTERVENTION

T	P	R	BP	Time

IV d/c'd at end of infusion ☐ **VAD de-accessed at end of infusion** ☐

Goals/Teaching

Instructions Given to Patient/Caregiver

Follow Up/Plan

Contact with physician ☐ **No** ☐ **Yes Explain**_____

Orders Changed ☐ **No** ☐ **Yes Explain**_____

Medication Changes ☐ **No** ☐ **Yes Explain**_____

Labs Drawn ☐ **No** ☐ **Yes Explain**_____ **Processed at**_____

Patient Signature_____ **Next Visit Date** _____

Nurse Name(print)_____ **Time In** _____ **Time Out**_____

Nurse Signature_____ **Date**_____ **Total Time**_____

MedPro Rx, Inc. is compliant with HIPAA Guidelines

Please Fax Completed Copies of the Following to MedPro Rx @ 1-800-582-9315: (1) Referral Form and (2) Your Insurance Card(s)