Class Home Health, Inc.

NURSING PROGRESS NOTE

HOMEBOUND STATUS:

- ❑ Assist of 1-2 persons
- ❑ Taxing effort to leave home
- ❑ SOB upon amb ___ FT
- ❑ Unsteady Gait
- ❑ Painful Ambulation
- ❑ Compromised Disease Status
- ❑ Generalized Weakness
- ❑ Poor Endurance/Limited Ambulation
- ❑ Bedbound/Chairbound
- ❑ Mobility/Ambulatory device used
- ❑ Angina/Dyspnea on Min.Exertion

Other: _____

DATE OF VISIT ____/____/____

TIME IN _____ AM ❑ PM ❑ **OUT** _____ AM ❑ PM ❑

MARK ALL APPLICABLE WITH AN X CIRCLE APROPRIATE ITEM

MEDICARE ❑ MEDICAID ❑ MX OTHER ❑

TYPE OF VISIT ❑ SN ❑ SN SUP. ❑ SUP. ONLY Other. _____

T' _____ WT _____ BS _____
Resp. _____ Reg. ❑ Irreg. ❑
Pulse: A _____ R _____
❑Regular ❑ Irregular

B/P	LYING	Sitting	Standing
Right			
Left			

CARDIOVASCULAR

- Fluid retention
- Chest pain
- Neck vein distension
- Edema (specify) ❑RUE ❑LUE ❑RLE ❑LLE
- Ascites
- Peripheral Pulse
- Arrhythmia
- Other
- No Deficit

RESPIRATORY

- Rales/Rhonchi/Wheeze
- ❑ R. Lung: ❑ L. Lung:
- Cough/Sputum
- Dyspnea/SOB
- Orthopnea
- O2: LPM: VIA:
- No Deficit

DIGESTIVE

- Bowel sounds LBM:
- Nausea/Vomiting
- Anorexia./NPO
- Epigastric distress
- Difficulty swallowing
- Abdominal distention
- Colostomy/Ileostomy
- Bowel incontinence
- Constipation/Impaction/Diarrhea
- Diet:
- Appetite: ❑ good ❑ Fair
- Fluid Intake
- Enteral Feeding Route:
- Type:
- Amount:
- Via:
- Flushing:
- No Deficit:

GENITOURINARY

- Burning/Dysuria
- Distention/Retention
- Frequency/Urgency/Hesitancy
- Hematuria
- Bladder incontinence
- Catheter/Ileoconduit
- Suprapubic Catheter ❑ External ❑
- Foley Catheter
- Size Fr cc
- Last changed:
- Irrigation cc/nss
- Urine
- Output: cc/ hr
- Color:
- Consistency:
- Odor:
- Pain/Discharge
- Cath Leakage/dislodgement
- Diabetic urine testing=ketone ❑
- Other:

SKIN

- No Deficit
- Warm/Dry
- Cold/Clammy
- Jaundice/Pallor/Cyanosis
- Integrity
- Chills
- Decubitus/Wound/Ulcer
- Rash/Itching/Discoloration
- Turgor/Hydration
- Tube Insertion Site
- Other
- Stage I ❑ II ❑
- No Deficit

MUSCULOSKELETAL

- Balance/Unsteady gait/Endurance
- Weakness/Arnbulates With Assistance
- Limited Movement/Rom/Assist device
- Chair Bound ❑ Bed Bound
- Contracture ❑ Paralysis
- No Deficit

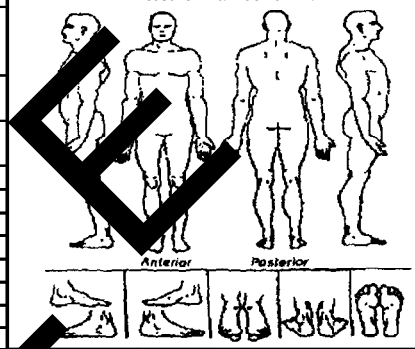
NEUROSENSORY

- Syncope/Vertigo
- Headache
- Grasp ❑ Equal ❑Unequal
  Right: _____
  Left: _____
- Movement ❑RUE ❑LUE ❑RLE ❑LLE
- Pupil reaction Brisk ❑ Sluggish ❑
  Right: _____ Left:
- Hand Tremors
- Poor Hand-Eye Coordination
- .Poor Manual Dexterity
- Speech impairment
- Hearing impairment
- Visual impairment/Bl ess
- Tactile sensation/Ptosis
- No Deficit

EMOTIONAL STATUS

- Orient T ❑ P ❑ P
- Fo ul/Co ed
- Disoriented ❑ P ❑ P
- Lethargic
- matos
- Re gitated
- Anxi Depressed
- Other:

Denote Location / Size of Wounds / Measure Ext. Edema Bil.



	#1	#2	#3	#4
length				
Width				
Depth				
Drainage				
Tunneling				
Odor				
Surr Tissue				
Edema				
Stoma				

❑ Diet Teaching: _____
❑ Safety Factors Management Conducted
❑ Teach Infant/Childcare

PAIN

Frequency of Pain interfering with patient's Activity or movement:
❑ 0- Patient has no Pain does not interfere with activity or movement
❑ I- Less often then daily
❑ 2- Daily, but not constantly
☐ 3- All of the time
PAIN PROFILE- Origin Dull ☐ burning ☐
Primary Site. _____
Intensity 0 1 2 3 4 5 6 7 8 9 10

PAIN (Cont.)
Current: Pain manage t & e ne
_____
❑Pain Management Teachi
patient/family *(document be)*
Patient pain goal:
_____
Progress ard pain goal:
_____
❑ No Defi

INTERVENTIONS / INSTRUCTIONS CONT.

❑ Skilled Observation/Assesment
❑ Foley Change ☐ Foley irrigation
❑ Wound care/Dressing Change
❑ Venipuncture/Lab: _____
❑ Prep./Admin. Insulin
❑ IM injection/Sq Injection
❑ Diabetic. Observation/Care
❑ Observation/Inst. Med (N or C) effects/Side effects: _____
❑ Inst. Safety Precaution/Emergency Prep
☐ Inst. Disease Process

❑ Peg/GT Tube Site care
❑ Trachea care/Suctioning

TECHNIQUES USED:

☐ Universal Precautions Followed
☐ Aseptic Tech. Used
☐ Quality control of Glucometer performed as per agency p & p
❑ Glucometer calib. On: _____
❑ Soiled Dressings double bagged
❑ Sharps discarded inside Sharps container
INFUSION/IV SITE: _____
☐ IV Tubing Change
☐ Cap Change
❑ Central Line Dressing Change
❑ IV Site Dressing Change
❑ IV Site Change
☐ Infusion by: _____
☐ Infusion Med: _____
☐ Infusion Rate: _____
Comments: _____
☐ Infusion well tolerated by PT

SKILLED INTERVENTION / TEACHING / PT RESPONSE

APROXIMATE NEXT VISIT DATE ____/____/____ PLAN FOR NEXT VISIT: ❑ SKILLED ASSESSMENT ❑ INSULIN ADMIN./PREP. ❑ W/C _____

❑ PT / S.O. / CG verbalized understanding of inst. given ☐ No S/O or CG able / willing for Inj. Adm. At this time ❑ Tx. well Tolerated by PT
❑ PT / S. 0. / CG able to return correct demonstration of tech. /Procedure Inst. On ❑No s/o or CG able / willing for Wound Care at this time

❑Patient unable do own W/C/Inj. Adm. due to: _____

CARE PLAN: ☐ reviewed / Revised with patient/ client Involvement ❑Outcome achieved ❑PRN
Order Obtained: _____
MEDICATION STATUS: ❑No Change ☐ Order Obtained: _____
DISCHARGE PLANNING DISCUSSED? yes ❑ No ❑ N/A ☐
SUPPLIES USED: ❑GLOVES ❑ALCOHOL PAD ❑SYRINGE/LANCET ❑TEST TRIP
❑SALINE SOL. ❑KERLIX ❑DSD ❑THERMOMETER SLIP ❑TAPE
CARE COORDINATION: ❑Physician ❑PT ❑OT ❑ST ❑SS ❑SN ❑CM
❑Other
_____

COMPLETE FOR SUPERVISORY VISIT CIRCLE Y/N 1-POOR 2- FAIR 3- GOOD

Supervisory visit	Y N	Patient social needs met	Y N
RN/LPN/AIDE Following care plan	Y N	Universal & safety prec. Followed	Y N
Patient physical needs rnet	Y N	Employee present	Y N
Patient environmental needs met	Y N	Patient satisfied with service	Y N
Assignment update	Y N	Rapport with patient / s.o.	1 2 3
Service change requested	Y N	Clinical / Technical skill	1 2 3
Patient mental needs met	Y N	Patient response to Care	1 2 3

PATIENT (CLIENT NAME (First, Middle Initial (Print))

SIGNATURE/DATE - Complete TIME OUT (above) prior to signing below. (circle title)
RN/LPN
Nurse *(signature/title)* Print Name

Medical Record #: