



Patient's Name (Last) _____ (First) _____ (M.I.) _____			Clinical Record # _____		Month _____	Day _____	Year _____	Employee Number _____	Initials _____
B/P LYING (R) _____ (L) _____	SITTING _____	STANDING _____	T _____ O, Ax, R AP _____ Reg/Irreg R _____ Wgt _____	Finger glucose _____ Last insulin _____ u at _____ am/pm	AIDE SUPERVISORY VISIT Plan discussed with patient _____ Pt satisfied with care Yes, ___ No			RV- Regular Visit _____ EV- Emergency Visit _____ Due To: _____	

**MENTAL STATUS:** ALERT, ORIENTED TO TIME/PERSON/PLACE, FORGETFUL, CONFUSED, SAD, ANXIOUS, AGITATED. HOSTILE, \_\_\_\_\_

**EENT:** BLURRED VISION, INFLAMMATION \_\_\_\_\_ DISCHARGE \_\_\_\_\_ PAIN \_\_\_\_\_

**NEURO:** H/A, DIZZINESS. TREMORS \_\_\_\_\_ WEAKNESS \_\_\_\_\_ NUMBNESS \_\_\_\_\_ TINGLING \_\_\_\_\_

**RESPIRATORY:** BS (CLEAR, DECREASED \_\_\_\_\_ WHEEZES \_\_\_\_\_ RALES \_\_\_\_\_ RHONCHI \_\_\_\_\_) COUGH (DRY, PROD), SPUTUM (SM, MOD, LG, WHITE, YELLOW. GREEN, BLOODY), O2, SAN, SOB, ORTHOPNEA x \_\_\_\_\_ PILLOWS, \_\_\_\_\_

**CARDIAC:** CHEST PAIN/PRESSURE (LAST EPISODE \_\_\_\_\_ x \_\_\_\_\_ MIN., RADIATED TO \_\_\_\_\_ RELIEF BY \_\_\_\_\_), PALPITATIONS, NO COMPLAINTS, \_\_\_\_\_

**PERIPHERAL CIRCULATION:** EXTREMITIES (WARM, COOL. PINK, PALE, MOTTLED, CYANOTIC), CAPILLARY REFILL (GOOD, F \_\_\_\_\_ POOR) \_\_\_\_\_ SKINBEDS (PINK. PALE, CYANOTIC), EDEMA (NONE, TR, 1+, 2+. 3+. 4+): LOCATION \_\_\_\_\_ PULSES (UPPER, LOWER, R+L) \_\_\_\_\_

**GI/ABD:** APPETITE (GOOD, FAIR, POOR), NAUSEA, VOMITING, NG/GT, BOWEL SOUNDS (PRESENT, HYPOACTIVE, H \_\_\_\_\_ TIVE. ABSENT). TENDERNESS, PAIN, OSTOMY \_\_\_\_\_ LBM \_\_\_\_\_ (INCONTINENT, SOFT, HARD, LOOSE, BROWN, BLACK. TARRY, BLOODY), CONSTIPATION. DIARRHEA,

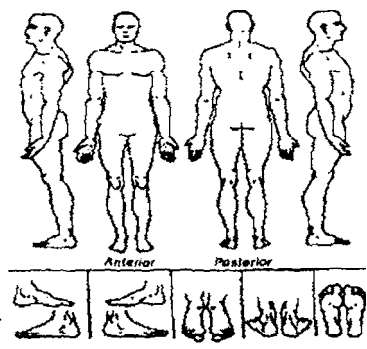
**GU:** INCONTINENT, DIAPERS, FOLEY, URINE (CLEAR, DARK, SEDIMENT, BLOODY, MUCOUS, ODOR, BLOODY), PAIN, RETENTION, ILEAL CONDUIT \_\_\_\_\_

**I&O:** INTAKE: \_\_\_\_\_ CUPS/DAY, OUTPUT \_\_\_\_\_ cc or \_\_\_\_\_ VOIDS/24 HOURS, FOLLOWING DIET (YES, NO) \_\_\_\_\_

**MUSCULOSKELTAL:** COORDINATION \_\_\_\_\_ ROM \_\_\_\_\_ PAIN \_\_\_\_\_ LIMITED MOBILITY \_\_\_\_\_ TO \_\_\_\_\_

**ACTIVITY:** BEDBOUND, CHAIR, ASSIST TO TRANSFER. GAIT (SLOW, UNSTEADY, NEEDS ASSIST OF- WALKER, CANE., 1-2 PERSON, WALLS, FURNITURE, WHEELCHAIR, HOYER LIFT \_\_\_\_\_

**SKIN:** TURGOR (GOOD, FAIR, POOR), WARM, COOL, DRY, DIAPHORETIC, PINK, PALE, FLUSHED, CYANOTIC, GRAY, CYANOTIC, ITCHING RASH \_\_\_\_\_ BRUISES \_\_\_\_\_ PETECHIAE \_\_\_\_\_ WOUNDS (INCISION, ABRASION, ULCER) L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ (cm) STERISTRIPS, SUTURES, STAPLES, DRAINAGE (SM. MOD, LG, SEROUS, SANGUINEOUS, PURULENT), LOCATION \_\_\_\_\_ SURROUNDING SKIN: \_\_\_\_\_ WOUND APPEARANCE: \_\_\_\_\_ WOUNDS (INCISION, ABRASION, ULCER) L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ (cm) STERISTRIPS, SUTURES, STAPLES, DRAINAGE (SM. MOD, LG, SEROUS, SANGUINEOUS, PURULENT), LOCATION \_\_\_\_\_ SURROUNDING SKIN: \_\_\_\_\_ WOUND APPEARANCE: \_\_\_\_\_

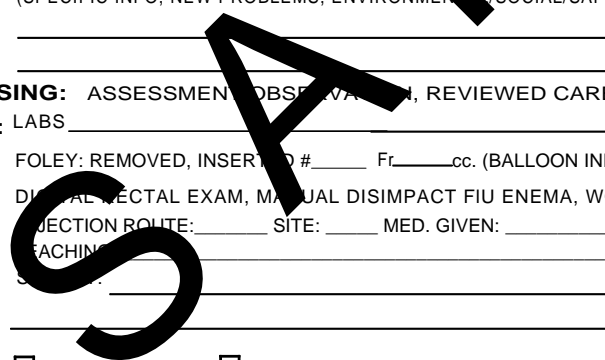


**PAIN:** LOCATION \_\_\_\_\_ INTENSITY (SCALE OF 0-10) \_\_\_\_\_ RESPONSE TO INTERVENTION \_\_\_\_\_

**ADDITIONAL INFORMATION:** (SPECIFIC INFO, NEW PROBLEMS, ENVIRONMENTAL/SOCIAL/SAFETY FACTORS IDENTIFIED. TEAM CONFERENCES) \_\_\_\_\_

**SKILLED NURSING:** ASSESSMENT OBSERVATION, REVIEWED CARE PLAN WITH PATIENT/CAREGIVER, DISCUSSED DISCHARGE PLAN

**PROCEDURE:** LABS \_\_\_\_\_ NG/GT # \_\_\_\_\_ Fr. INSERTED, FEEDING GIVEN. FOLEY: REMOVED, INSERTED # \_\_\_\_\_ Fr. \_\_\_\_\_ cc. (BALLOON INFLATED E \_\_\_\_\_ ccNS, \_\_\_\_\_ cc URINE RETURNED), IRRIGATED with \_\_\_\_\_ ccNS DIGITAL RECTAL EXAM, MANUAL DISIMPACT FIU ENEMA, WOUND CARE, OSTOMY/ILEAL CONDUIT CARE. O2/SAN TREATMENT GIVEN, INJECTION ROUTE: \_\_\_\_\_ SITE: \_\_\_\_\_ MED. GIVEN: \_\_\_\_\_ DOSE: \_\_\_\_\_ REACTION: \_\_\_\_\_



TOLERATED WELL,  DIFFICULTY ENCOUNTERED \_\_\_\_\_

**INSTRUCTIONS:** MEDICATION \_\_\_\_\_ DISEASE PROCESS /COMPLICATIONS \_\_\_\_\_ S/S OF \_\_\_\_\_ ILEAL CONDUIT/ OSTOMY / SKIN FOLEY/WOUND CARE. DIET, FLUIDS, NG/GT FEEDING, EQUIP USE/CARE (PUMP. O2. SAN), INJECTION /FINGERSTICK TECHNIQUE, SAFETY, ACTIVITY LIMITATIONS. EMERGENCY MANAGEMENT 911. UNIVERSAL PRECAUTIONS, BIOMEDICAL WASTE MANAGEMENT. PRINTED INFO GIVEN, • SPECIFY \_\_\_\_\_

**PHYSICIAN CONTACT:** PATIENT/CAREGIVER:  DEMONSTRATES UNDERSTANDING OF TEACHING.  NEEDS FURTHER TEACHING,  GOOD RETURN DEMO STATUS REPORT, UNSTABLE CONDITION, MOD ORDER- \_\_\_\_\_

**DISCHARGE PLANNING:** CONTINUE TO VISIT FOR: OBSERVATION/ ASSESS, FOLEY/WOUND CARE, LABS, PREP/ADM INJECTION. INSTRUCTIONS \_\_\_\_\_ D/C EXPECTED IN \_\_\_\_\_ WEEKS, OR \_\_\_\_\_ VISITS LAST PHYSICIAN VISIT \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_