Alliance Home Health, Inc.

Nursing Progress Clinical Note

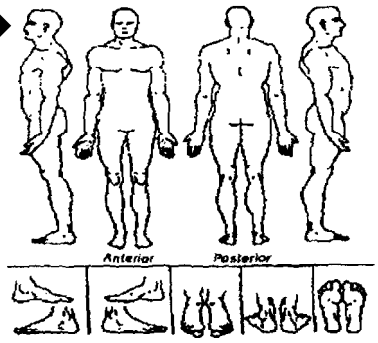
PATIENT: _____ DATE: _____ AM/PM MR#_____

TYPE OF VISIT: ☐SN ☐SUP ☐Medicare ☐Medicaid ☐Other _____

HOMEBOUND STATUS: ☐ Slow Unsteady Gait Needs Asst. of _____ ☐ Bed Bound ☐ Bed to Chair Transfer

SOB On _____ ☐ Other _____

CARDIOVASCULAR	PULMONARY	INTEGUMENTARY	MUSCULOSKELETAL	VITAL SIGNS & WOUND ASSESS.
☐ Chest Pain	☐ Lungs _____	☐ Warm/Dry/Cool/Chills	☐ Poor balance	T_____ HT_____ WT_____
☐ Edema _____	☐ SOB/Dyspnea	☐ Intact	☐ Limited Movement	RESP _____ (REG/IRR)
☐ Abnormal Rhythm	☐ Cough _____	☐ Wound/Ulcer/Incision	☐ Chair/Bed Bound	PUL_____ A_____ R (REG/IRR
☐ Pulses _____	☐ sputum _____	☐ Rash/Itching	☐ Walks with _____	LYING SIT/STAND
☐ Anticoagulant Therapy	☐ Oxygen _____	☐ Turgor _____	☐ Contracture/Paralysis	RIGHT
☐ OTHER	☐ OTHER _____	☐ OTHER _____	☐ OTHER _____	LEFT
☐ NO DEFICIT	☐ NO DEFICIT	☐ NO DEFICIT	☐ NO DEFICIT	☐ S/RBS _____ via glucometer
GASTROINTESTINAL	**GENITOURINARY**	**NEUROLOGICAL**	**MENTAL**	DIET _____
☐ Bowel Sounds x____	☐ Burning/Dysuria/Odor	☐ Headache	☐ ORIENTED X_____	**Denote Location/Size of Wounds/Pressure Sores**
☐ Abdomen Soft/Tender	☐ Distention/Retention	☐ Syncope/Vertigo	☐ Forgetful/Confused	**Measure Ext. Edema Bil.**
☐ Distended	☐ Frequency/Urgency	☐ Grasp_equal_unequal	☐ Disoriented	
☐ Nausea/Vomiting/NPO	☐ Incontinence/Hesitancy	☐ Movement _____	☐ Lethargic/Comatose	
☐ Diarrhea/Constipation	☐ Hesitancy/Itching	☐ Pupils _____	☐ Restless/Agitated	
☐ Incontinence	☐ Color _____	☐ Hand tremors	☐ Anxious/Depressed	
☐ Ostomy	☐ Catheter _____	☐ Aphasia/Dysphagia	☐ Altered LOC	
☐ PEG	☐ FR ___/___ CC	☐ Speech Impairment	☐ Nervous	
☐ Feeding	☐ Last Changed _____	☐ Hearing Impairment	☐ Impaired Memory	
☐ Flushing	☐ Irrigation _____	☐ Visual Impairment	☐ Psych HX	
☐ Last BM	☐ OTHER _____	☐ OTHER _____	☐ OTHER _____	
☐ NO DEFICIT	☐ NO DEFICIT	☐ NO DEFICIT	☐ NO DEFICIT	
PAIN	**INTERVENTIONS**	**TECHNIQUES USED**	**INFUSION/IV SITE**	
☐ No pain	☐ Skilled Assessment	☐ Diversional Precaution	☐ IV tubing change	
☐ Less often than daily	☐ Foley Change Irrigation	☐ Aseptic Technique	☐ Cap change	
☐ Daily but not constant	☐ Wound/Ulcer/Incision	☐ Proper Sharps Disp.	☐ Catheter Site Care	
☐ All of Me time	☐ Prep/Admin Insulin	☐ Proper Waste Disp.	☐ IV site change	
☐ Pain level (1-10) _____	☐ IM/SQ Injection	☐ QC of gluocorneter	☐ Mod _____	
☐ Site _____	☐ PEG/GT Site Care	☐ Glucometer Calib. On	☐ Rate _____	
☐ Relieved with Med Y N	☐ OTHER _____	☐ OTHER _____	☐ VIA _____	



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

SKILLED INTERVENTIONS & TEACHING

SN ADMINISTERED IM/SQ

CONTINUE TO VISIT FOR: OBSERVATION/ASSESS, INSTRUCTIONS, FOLEY/WOUND CARE,

LABS/PREP/ADM/INJECTION, MAX TEACHING ATTAINED, REINFORCE PRIOR INST.

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

☐ PT/CG verbalized understanding of Instructions given ☐ Compliant with Present/Prior Inst.

☐ PT/CG able to demonstrate correct Technique/Procedure Instruction

☐ PT Unable to perform/administer woundcare/injection due to:

☐ CG Unable to perform/administer woundcare/injection due to:

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

☐ Supplies used: ☐ Syringes ☐ Lancels ☐ N/S Gloves ☐ Alcohol/Pads ☐ Glucometer strips ☐ 4x4 ☐ Other

Weekly status report given to MD and to Agency:

SUPERVISORY VISIT (CIRCLE Y/N)

☐ Supervisory Visit LPN/HHA Y N

☐ Following Care Plan Y N

☐ Patient Needs Met Y N

☐ Assignment Updated Y N

☐ Service Change Requested Y N

☐ Univ. & Safety Prec. Followed Y N

☐ Employee Present Y N

☐ Patient Satisfied with Service Y N

☐ Comments:

SUPERVISORY VISIT (CIRCLE Y/N)

☐ MD Notified

☐ New Order:

☐ New Order:

☐ Discharge Planning Discussed

☐ Supervisor informed

☐ Comments:

NURSE NAME: _____ SIGNATURE: _____ ☐ RN ☐ LPN EMPLOYEE #_____