



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, _____

NEURO: 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 _____ RELIEVED BY _____), PALPITATIONS, NO COMPLAINTS, _____

PERIPHERAL CIRCULATION: EXTREMITIES (WARM, COOL, PINK, PALE, MOTTLED, CYANOTIC), CAPILLARY REFILL (GOOD, FAIR, POOR), NAILBEDS (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, HYPERACTIVE, ABSENT), TENDERNESS, PAIN, OSTOMY _____ LBM _____ (INCONTINENT, SOFT, HARD, LOOSE, BROWN, BLACK, TARRY, BLOODY), CONSTIPATION, DIARRHEA, INCONTINENT, DIAPERS, FOLEY, URINE (CLEAR, DARK, SEDIMENT, CLOUDY, MUCOUS, ODOR, BLOODY), PAIN, RETENTION, ILEAL CONDUIT _____

I&O: INTAKE: _____ CUPS/DAY, OUTPUT _____ cc or _____ VOIDS _____ HOURS, FOLLOWS _____ (YES, NO) _____

MUSCULOSKEL: COORDINATION _____ ROM _____ PAIN _____ LIMITED MOBILITY DUE TO _____

ACTIVITY: BEDBOUND, CHAIR, ASSIST TO TRANSFER. GAIT (SLOW, UNSURE, NEED ASSIST OF- WALKER, CANE, 1. 2 PERSON, WALLS & FURNITURE), WHEELCHAIR, HOYER LIFT, _____

SKIN: TURGOR (GOOD, FAIR, POOR), WARM, COOL, DRY, DIAPHORETIC, PINK, PALE, FLUSHED, ICTERIC, GRAY, CYANOTIC, ITCHING _____ RASH _____ BRUISES _____ PETECHIAE _____ WOUNDS (INCISION, ABRASION, ULCER) L _____ W _____ D _____ (cm, -). STERISTRIPS, SUTURES, STAPLES, DRAINAGE (SM, DRG, SEROUS, SANGUINEOUS, PURULENT), LOCATION _____ SURROUNDING SKIN _____

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 REVISED CARE PLAN WITH PATIENT/CAREGIVER, DISCUSSED DISCHARGE PLAN

PROCEDURE*: LAB: _____ INJECTION _____ 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, • SPECIFY _____

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 _____

