



# NURSING PROGRESS NOTE

PATIENT \_\_\_\_\_ MR# \_\_\_\_\_

BP L Sit _____ Stand _____ Lie _____	TEMP _____	Pulse Radial _____	Resp _____	Weight: _____	Last MD visit: _____
R Sit _____ Stand _____ Lie _____	OAR _____	Apical _____		Height: _____	

**MENTAL STATUS:**  Alert  Oriented to: T P PL  Forgetful  Confused  Able to follow commands  Agitated  Anxious  Depressed  Lethargic  Responds to: Pain / Verbal Stimuli Comments: \_\_\_\_\_

**CARDIO-CIRCULATORY:**  Reg / Irreg HR  Palpitations  Neck Vein Distention  Pacemaker  Chest Pain (See Comments Sec.)  
RLE:  Warm  Cold  Mottled  Edema: Trace 1+ 2+ 3+ 4+ Pitting / Nonpitting Pulse:  Strong  Weak  Absent  
LLE:  Warm  Cold  Mottled  Edema: Trace 1+ 2+ 3+ 4+ Pitting / Nonpitting Pulse:  Strong  Weak  Absent  
Capillary refill: \_\_\_\_\_ Sec  Cyanosis \_\_\_\_\_  Claudication Comments: \_\_\_\_\_

**RESPIRATORY:** SOB:  At rest  Min. exertion (eating, talking)  Mod. exertion (dressing, walking < 20 ft)  When walk. ↑ 20 ft/stairs  
Cough:  Dry  Productive Sputum Color: \_\_\_\_\_ Amount: \_\_\_\_\_  Hemoptysis  Suctioning Required  
Lung Sounds: Left:  Clear  Decreased  Rales  Rhonchi  Wheezes  Orthopnea  Pillows  Tracheostomy  
Right:  Clear  Decreased  Rales  Rhonchi  Wheezes  
 O2 \_\_\_\_\_ l/m via \_\_\_\_\_ Frequency of use:  Cont  PRN (Describe when): \_\_\_\_\_  
 SAN (med/freq.): \_\_\_\_\_ Effectiveness of O2/SAN Tx: \_\_\_\_\_

**GI :** Appetite: \_\_\_\_\_ Inadequate:  Nutrition  Hydration  Cachexia  Bleeding Gums  Nausea  Vomiting (Freq.)  
Dentures:  Partial  Upper  Lower  Edentulous  Dysphagia  ABD Distention  Girth: \_\_\_\_\_ cm  
 Constipation  Diarrhea  Incontinence  Rectal Bleeding  GT Feedings \_\_\_\_\_  Pump  Gravity  
 Colostomy  Ileostomy  Bowel Sounds: \_\_\_\_\_  Diet: \_\_\_\_\_

**GENITOURINARY:**  Frequency  Urgency  Burning  Nocturia  Dysuria  Oliguria  Incontinence  Retention  Anuria  
 Vaginal Bleeding/Discharge  Penile Discharge  Indwelling Catheter (size) \_\_\_\_\_  Suprapubic Catheter (size) \_\_\_\_\_  
Date last changed: \_\_\_\_\_  External Catheter  Irrigation  Sediment  Hematuria  Foul Odor  Diapers used  
Character of Urine:  Clear  Cloudy  Color: \_\_\_\_\_ Comments: \_\_\_\_\_

**ENDOCRINE:**  WNL  Sweating  Polyuria  Polydipsia  Heat/Cold Intolerance  Sharps box at home  Meter cleaned/calibrated  
 Blood Glucose Meter BS Results: \_\_\_\_\_ Fasting Random/Venous Fingerstick  Done by: \_\_\_\_\_

**SKIN:**  Intact  Pale  Jaundice  Warm  Hot  Cool  Dry  Moist  Pruritus  Rash  Blisters  Bruises  Erythema  
 Lesions  Incision  Staples/Sutures Turgor:  Good  Fair  Poor  Wound  Decubitus Ulcers  (See Weekly Addendum)  
 Other (describe): \_\_\_\_\_

**NEURO:**  Headaches  Tinnitus  Seizures  Tremor  Weakness  Tingling Area: \_\_\_\_\_  Paralysis: \_\_\_\_\_  
 Sensory Loss: \_\_\_\_\_  Aphasia  Impaired Vision w/ Glasses  Blind  Lt. Eye  Rt. Eye  Impaired Hearing  Rt. Ear  Lt. Ear  
 Aid  Slurred/Garbled Speech Pupils: \_\_\_\_\_ Hand grips: \_\_\_\_\_ Other: \_\_\_\_\_

**MUSCULOSKELETAL:**  Arthritis  Swelling  Rigidity  Contractures  Amputation  Fracture Location: \_\_\_\_\_  
Motor Deficit: Decreased:  ROM  Strength \_\_\_\_\_  Poor Balance/Coordination  Gait: \_\_\_\_\_  Prosthesis  Cast: \_\_\_\_\_  
 Bedfast  Able /  Unable to turn  Unable to transfer self:  Can /  Cannot bear weight/pivot during transfer process  
Transfers with:  Human assistance  Assistive device  Hoyer lift  Chairfast/unable to ambulate  Able /  Unable to wheel self  
Ambulates with:  Supv/asst of another person at all times  Device: Cane/Walker  Requires human supv/asst to go ↑↓ stairs/steps

**PAIN:** Intensity: (1-10 scale): \_\_\_\_\_ Location(s): \_\_\_\_\_ Radiating to: \_\_\_\_\_ Type: \_\_\_\_\_  
 Does not interfere with activity/movement  Less often than daily  Daily but not constantly  All of the time

**HOMEBOUND STATUS:** \_\_\_\_\_

**SKILLED CARE:**  Assem/Obs  Wound Care  IV Therapy  Catheter change  Injection Administration  Teaching/Instructions  
Narrate procedures performed/instructions given/patient tolerance: \_\_\_\_\_

ASEPTIC TECHNIQUE FOLLOWED  UNIVERSAL PRECAUTIONS FOLLOWED  PROCEDURE TOLERATED

**Instructions given to:**  Patient  Caregiver Response to instructions:  Verbalizes  Demonstrates  Needs further instructions

**COMMUNICATION WITH:**  MD  Case Manager  Status report given  New orders:  Yes (see Mod. Orders)  No

**PLANS FOR DISCHARGE:** Discussed with  Patient  MD  SO  Case Manager  Other: \_\_\_\_\_

Nurse Name/Title (Print)

Nurse Signature

Date

Visit Time In

Time Out