Advanced Therapeutics Home Health, LLC.

Nursing Progress Report

Patient's name	Medical Record

BP L Sit_____ Stand_____ Lie_____ R Sit_____ Stand_____ Lie_____	Temp. OAR	Pulse Radial _____ Apical _____	Resp	Height: Weight:	Last MD Visit

MENTAL STATUS ☐ Alert ☐ Oriented to: T P PL ☐ Forgetful ☐ Confused ☐ Able to follow commands ☐ Agitated ☐ Anxious ☐ Depressed ☐ Lethargic
☐ Respond to: Pain/Verbal ☐ Stimuli Comments: _____

CARDIO CIRCULATORY ☐ Reg / Irreg HR ☐ Palpitations ☐ Neck Vein ☐ Distention ☐ Pacemaker ☐ Chest pain
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.stair
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

GI Appetite _____ Inadequate: ☐ Nutrition ☐ Hydration ☐ Cachexia ☐ Bleeding gums ☐ Nausea ☐ Vomiting (freq)
Dentures: ☐ Partial ☐ Upper ☐ Lower ☐ Edentulos ☐ 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
BS Results: _____ ☐ Fasting / Ramdom / Venous / Fingerstick ☐ Done by: _____

NEURO ☐ Headaches ☐ Tinnutis ☐ Seizures ☐ Tremor ☐ Numbness ☐ Tingling Arms _____ ☐ Paralysis: _____
☐ Sensory loss: _____ ☐ Aphasia ☐ Impaired vision ☐ Glasses ☐ Blind ☐ Lt. eye ☐ Rt. eye ☐ Impaired hearing ☐ Rt. Ear ☐ Lt. Ear
☐ Aid ☐ Slurred / Garbled Speech Pulpis: _____ Hand grips: _____ Other: _____

MUSCOSKELETAL ☐ Arthritis ☐ Swelling ☐ Rigidity ☐ Contracture ☐ Amputation ☐ Fracture location: _____
Motor Deficit: Decreased: ☐ ROM ☐ Strength: _____ ☐ Poor Balance/Coordination Gait: _____ ☐ Prosthesis ☐ Cast: _____
☐ Bedfast ☐ Able / Unable to transfer self: ☐ Can / ☐ Cannot bear weight ☐ not during transfer process
Transfer 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 assistance to go stairs/steps.

PAIN ☐ Absence of pain ☐ Complaint of pain Location: _____ Severity: 1 2 3 4 5 6 7 8 9 10
What makes pain worse? ☐ Movement ☐ Ambulation ☐ Increased pain with activity ☐ Others: _____
What makes pain better? ☐ Medication ☐ Heat/Ice ☐ Massage ☐ Rest/Relaxation ☐ Others: _____

HOMEBOUND STATUS
☐ Need assist. for all activity
☐ Residual weakness
☐ Non ambulatory
☐ Confusion
☐ Severe dyspnea
☐ Leaving home requires a considerable taxing effort
☐ Severe pain
☐ Other _____

SKIN
☐ Intact ☐ Dry ☐ Cold
☐ Warm ☐ Diaphoretic
☐ Color _____
☐ Tugor _____
☐ Wound ☐ Incisions
☐ Rash ☐ Incisi
☐ Location _____

MEASURE (Every two weeks)

	#1	#2	#3	#4
Length				
Width				
Depth				
Drainage				
Tunneling				
Undermining				
Odor/Color/Consist				
Sur.Tissue				

HHA / LPN / SV
☐ Present
☐ Not present
☐ Following plan
☐ PT's needs met
☐ Universal prec. & safety followed
☐ PT / SO satisfied Assigment updated SN
done by: _____

SKILL CARE ☐ Assessment and observation of all systems ☐ Monitor vital signs ☐ Wound care ☐ Ostomy care ☐ Tracheostomy care
☐ Administration: O2 ___ ☐ Nom ☐ Cont. ☐ PRN ☐ SAN Med _____
☐ Injection administration ☐ IM ☐ SC ☐ IV Medication: _____ Dosage: _____ Site: _____
☐ Lab specimen obtained ☐ Catheter type _____ Size _____ ☐ Insertion ☐ Irrigation ☐ Change _____
☐ Procedure: _____
☐ Procedure well tolerated ☐ Difficulty encountered ☐ Universal precautions ☐ Aseptic technique followed

TEACHING/INSTRUCTIONS Given to ☐ PT ☐ SO ☐ Medication side effects, safe ans effective use: _____
☐ Universal precautions ☐ Safety Measures ☐ Emergency prep. ☐ Waste disposal ☐ Disease ☐ Process ☐ Crisis intervention ☐ Pain management
☐ Wound care ☐ Skin care ☐ Insulin administration ☐ Use of glucometer ☐ Record own BP ☐ Diet ☐ Diabetic care ☐ S/S of infection ☐ Catheter management ☐ Safe and effective use of equipment
Other: _____

RESPONSE ☐ No SO ☐ Available ☐ Refuse ☐ Willing for ☐ Wound care ☐ Injection adm. ☐ Verbalize ☐ Demonstrates procedure ☐ PT ☐ SO unable to perform procedure due to ☐ Complexity of procedure ☐ Poor hand dexterity ☐ Contamination of supplies ☐ Location of wound ☐ Needs further teaching
LEARNING BARRIES ☐ None ☐ Emotional/Psychological ☐ Cognative deficit ☐ Seems disinterested ☐ Impaired thought process ☐ Impaired hearing ☐ Impaired vision ☐ Language barries **COMMUNICATION WITH** ☐ MD ☐ Case Manager ☐ Status given ☐ New orders **CASE PLAN CHANGES** ☐ Discussed with PT/SO ☐ Visit frequency changed **PLANS FOR D/C DISCUSSED** ☐ PT ☐ SO ☐ MD ☐ Case Manager

Nurse name	Signature	Title RN / LPN	Date