



# PSYCHIATRIC NURSE PROGRESS NOTE

PATIENT'S NAME  
LAST NAME

FIRST NAME

PATIENT'S  
NUMBER

DATE  
MO, DAY YR.

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EMPLOYEE  
NUMBER INITIALS

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HOMEBOUND DUE TO: \_\_\_\_\_

**SKILLED NURSING SERVICES**

NURSING VISIT CODE  
RV - ROUTINE VISIT  
EV - EMERGENCY VISIT

**OBSERVATIONS/MONITORING**

**VITAL SIGNS:** BP \_\_\_\_ AP \_\_\_\_ REG \_\_\_\_ IRREG \_\_\_\_  
TEMP \_\_\_\_\_ RESPIRATIONS \_\_\_\_\_  
LUNGS: CTA \_\_\_\_ RALES \_\_\_\_ | BS \_\_\_\_\_

**MENTAL STATUS:** IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_  
 ALERT  CONFUSED  DISORIENTED  
 HALLUCINATIONS/DELUSIONS: PRESENT \_\_\_\_ ABSENT \_\_\_\_  
 SUICIDAL TENDENCIES: PRESENT \_\_\_\_ ABSENT \_\_\_\_  
 EXTRAPYRAMIDAL SX- PRESENT \_\_\_\_ ABSENT \_\_\_\_  
 ORIENTED: TIME \_\_\_\_ PLACE \_\_\_\_ PERSON \_\_\_\_  
 INSIGHT PT/FAMILY: GOOD \_\_\_\_ FAIR \_\_\_\_ POOR \_\_\_\_

**MOOD/AFFECT:** IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_  
 FLAT  DEPRESSED  COMBATIVE  
 AGITATED  ANXIOUS  NEGATIVE

**COMMUNICATION:** IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

SOCIALIZATION: \_\_\_\_\_

SOMATIZATION: \_\_\_\_\_

VENTILATES FEELINGS: GOOD \_\_\_\_ FAIR \_\_\_\_ POOR \_\_\_\_

**RAPPORT:** \_\_\_\_\_

PATIENT with FAMILY: IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

FAMILY with PATIENT: IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

PATIENT with RN: IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

FAMILY with RN: IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

**NUTRITION STATUS:**

APPETITE: IMPROVED \_\_\_\_ SAME \_\_\_\_ DECREASED \_\_\_\_

FLUID INTAKE: IMPROVED \_\_\_\_ SAME \_\_\_\_ DECREASED \_\_\_\_

**G.I. BOWEL FUNCTIONS:** REGULATED \_\_\_\_ IRREGULAR \_\_\_\_

CATHARTIC REQUIRED: YES \_\_\_\_ NO \_\_\_\_

**ADL LEVEL:** IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

DRESSING: IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

MOTIVATION: IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

PERSONAL HYGIENE: IMPROVED \_\_\_\_ SAME \_\_\_\_ REGRESSED \_\_\_\_

SLEEPING HABITS: IMPROVED \_\_\_\_ SAME \_\_\_\_ INSOMNIA \_\_\_\_

**PATIENT/FAMILY TEACHINGS:**

MEDICATION REGIME

ACTION/SIDE EFFECTS OF: \_\_\_\_\_

S/S DISEASE PROCESS OF: \_\_\_\_\_

S/S OF COMPLICATIONS OF: \_\_\_\_\_

EXTRAPYRAMIDAL SYMPTOMS

SAFETY MEASURES

RELAXATION TECHNIQUES

**NUTRITION**

DIET \_\_\_\_\_

PROPER FLUID INTAKE

**THERAPY PROVIDED**

SUPPORTIVE

REALITY

**AIDE SUPERVISORY VISIT** YES NO

PATIENT SATISFIED WITH CARE \_\_\_\_\_

AIDE FOLLOWING CARE PLAN \_\_\_\_\_

CARE PLAN UPDATED \_\_\_\_\_

AIDE NEEDED \_\_\_\_\_ TIMES PER WEEK

**SPECIFIC MEDICAL TREATMENTS/TEACHINGS**

**ASSESSMENT OF PROBLEMS AND RESPONSES:**


**PLAN:**


PHYSICIAN COMMUNICATION:

ADDITIONAL/CHANGE ORDERS:

DISCHARGE PLANNING:

CLIENT NAME:			SERVICE DATE:		CLIENT SIGNATURE:			
EMPLOYEE NAME:		RN	LPN	IN (AM/PM)	OUT (AM/PM)	EMPLOYEE SIGNATURE:		
<b>Homebound Due To:</b>				<b>VITALS</b>				
		B/P LYING	B/P SITTING	B/P STANDING	PULSE	RESP.	TEMP	
<b>Diagnosis:</b>				<b>Last/Next MD:</b>				
<u>Orientation</u>		<u>Affect</u>		<u>Mood</u>		<u>Speech</u>	<u>Memory</u>	
<input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Disoriented <input type="checkbox"/> Forgetful		<input type="checkbox"/> Appropriate <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Constricted <input type="checkbox"/> Euphoric <input type="checkbox"/> Other: _____ Eye Contact - G F P		<input type="checkbox"/> Appropriate <input type="checkbox"/> Anxious <input type="checkbox"/> Sad <input type="checkbox"/> Angry <input type="checkbox"/> Agitated <input type="checkbox"/> Irritable <input type="checkbox"/> Other: _____		<input type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Rapid <input type="checkbox"/> Halting <input type="checkbox"/> Subdued/Low <input type="checkbox"/> Other: _____	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Short-term <input type="checkbox"/> Long-term Barriers to Communication: _____	
<u>Behavior</u>			<u>Thought Content</u>			<u>Suicidality</u>		
<input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Impulsive <input type="checkbox"/> Isolative <input type="checkbox"/> (Hypo)Manic <input type="checkbox"/> Psychomotor Retardation <input type="checkbox"/> Aggressive/Combative			<input type="checkbox"/> Restless <input type="checkbox"/> Negative <input type="checkbox"/> Compulsive <input type="checkbox"/> Suspicious/Guarded <input type="checkbox"/> Bizarre			<input type="checkbox"/> Appropriate <input type="checkbox"/> Hallucinations: <input type="checkbox"/> Delusional <input type="checkbox"/> Somatic <input type="checkbox"/> Paranoid <input type="checkbox"/> Disorganized <input type="checkbox"/> Other: _____		<input type="checkbox"/> Forgetful <input type="checkbox"/> Denies <input type="checkbox"/> Ideations present Y N If yes, see narrative <input type="checkbox"/> Doctor notified
<u>Nutrition Status</u>	<u>Appetite:</u>			<u>Fluid Intake:</u>				
<u>Socialization</u>	<input type="checkbox"/> Improved <input type="checkbox"/> Same		<input type="checkbox"/> Regressed <input type="checkbox"/> Other:					
<u>Sleep Habits</u>	<input type="checkbox"/> Improved <input type="checkbox"/> Same		<input type="checkbox"/> Regressed <input type="checkbox"/> Other:					
<u>Medication/Medical Issues</u>				<u>Skin</u>		<u>Pain Level</u>		
<input type="checkbox"/> No Change <input type="checkbox"/> New or Changed: _____ <input type="checkbox"/> SE's: _____				<input type="checkbox"/> WNL <input type="checkbox"/> Cool/Clammy <input type="checkbox"/> Edema Location: _____		<input type="checkbox"/> Warm/Dry <input type="checkbox"/> Turgor-poor		1 to 10: _____ Loc/Des.: _____
<input type="checkbox"/> Teaching:				Wound #1 Location: _____ L _____ W _____ D _____				
<u>Compliance</u> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				Wound #2 Location: _____ L _____ W _____ D _____				
Assessment/Problems: _____								
Skilled Intervention/Teaching/Pt/Cg Response: _____								
Progress To Goals: _____								
Discharge Planning: <input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed								
Physician Contact/Name: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Reason: _____ Orders Received: Yes <input type="checkbox"/> No <input type="checkbox"/>								
Case Manager Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Yes <input type="checkbox"/> No <input type="checkbox"/> Nursing <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> HHA								
<input type="checkbox"/> Discussed P.O.C. and/or changes to P.O.C. with pt./cg. - - pt./cg. Verbalizes understanding.								
Supervisory Visit: <input type="checkbox"/> LPN <input type="checkbox"/> HHA   Staff Present: <input type="checkbox"/> Yes <input type="checkbox"/> No   Follows Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No   Follows POC: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Performs Care: <input type="checkbox"/> Yes <input type="checkbox"/> No   Pt. Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No   Coordination of Care: <input type="checkbox"/> Yes <input type="checkbox"/> No								

PT. NAME \_\_\_\_\_

PT. # \_\_\_\_\_

HI # \_\_\_\_\_

CHECK (✓) BOX OR CIRCLE NUMBER FOR MOST APPROPRIATE ANSWER.  
 IF "NORMAL" IS CHECKED, GO TO NEXT SECTION.  
 IF NOT "NORMAL", RATE PERTINENT ITEMS ONLY.

1 = MILD \* 2 = MODERATE \* 3 = SEVERE (Marked)

<p><b>GENERAL APPEARANCE</b>          — NORMAL <input type="checkbox"/></p> <p><b>FACIAL EXPRESSIONS:</b></p> <p>SAD ..... 1 2 3          EXPRESSIONLESS ..... 1 2 3          HOSTILE ..... 1 2 3          WORRIED ..... 1 2 3          AVOIDS GAZE ..... 1 2 3</p> <p><b>DRESS:</b></p> <p>METICULOUS ..... 1 2 3          CLOTHING, HYGIENE POOR ..... 1 2 3          ECCENTRIC ..... 1 2 3          SEDUCTIVE ..... 1 2 3          EXPOSED ..... 1 2 3</p>	<p>NAIVE ..... 1 2 3          OVERLY DRAMATIC ..... 1 2 3          MANIPULATIVE ..... 1 2 3          DEPENDENT ..... 1 2 3          UNCOOPERATIVE ..... 1 2 3          DEMANDING ..... 1 2 3          NEGATIVISTIC ..... 1 2 3          CALLOUS ..... 1 2 3          MOOD SWINGS ..... 1 2 3</p> <p><b>FLOW OF THOUGHT</b>          — NORMAL <input type="checkbox"/></p> <p>BLOCKING ..... 1 2 3          CIRCUMSTANTIAL ..... 1 2 3          TANGENTIAL ..... 1 2 3          PERSEVERATION ..... 1 2 3          FLIGHT OF IDEAS ..... 1 2 3          LOOSE ASSOCIATION ..... 1 2 3          INDECISIVE ..... 1 2 3</p> <p><b>MOOD AND AFFECT</b>          — NORMAL <input type="checkbox"/></p> <p>ANXIOUS ..... 1 2 3          INAPPROPRIATE AFFECT ..... 1 2 3          FLAT AFFECT ..... 1 2 3          ELEVATED MOOD ..... 1 2 3          DEPRESSED MOOD ..... 1 2 3          LABILE MOOD ..... 1 2 3</p>	<p><b>ILLUSIONS:</b>          PRESENT ..... 1 2 3</p> <p><b>HALLUCINATIONS:</b>          AUDITORY ..... 1 2 3          VISUAL ..... 1 2 3          OTHER ..... 1 2 3</p> <p><b>DELUSIONS:</b>          OF PERSECUTION ..... 1 2 3          OF GRANDEUR ..... 1 2 3          OF REFERENCE ..... 1 2 3          OF INFLUENCE ..... 1 2 3          SOMATIC ..... 1 2 3          OTHER ..... 1 2 3          ARE SYSTEMATIZED ..... 1 2 3</p>
<p><b>MOTOR ACTIVITY</b>          — NORMAL <input type="checkbox"/></p> <p>INCREASED AMOUNT ..... 1 2 3          DECREASED AMOUNT ..... 1 2 3          AGITATION ..... 1 2 3          TICS ..... 1 2 3          TREMOR ..... 1 2 3          PECULIAR POSTURING ..... 1 2 3          UNUSUAL GAIT ..... 1 2 3          REPETITIVE ACTS ..... 1 2 3</p>	<p><b>CONTENT OF THOUGHT</b>          — NORMAL <input type="checkbox"/></p> <p>SUICIDAL THOUGHTS ..... 1 2 3          SUICIDAL PLANS ..... 1 2 3          ASSAULTIVE IDEAS ..... 1 2 3          HOMICIDAL THOUGHTS ..... 1 2 3          HOMICIDAL PLANS ..... 1 2 3          ANTISOCIAL ATTITUDES ..... 1 2 3          SUSPICIOUSNESS ..... 1 2 3          POVERTY OF CONTENT ..... 1 2 3          PHOBIAS ..... 1 2 3          OBSESSIONS ..... 1 2 3          COMPULSIONS ..... 1 2 3          FEELINGS OF UNREALITY ..... 1 2 3          FEELS PERSECUTED ..... 1 2 3          THOUGHTS OF RUNNING AWAY... 1 2 3          SOMATIC COMPLAINTS ..... 1 2 3          IDEAS OF GUILT ..... 1 2 3          IDEAS OF HOPELESSNESS ..... 1 2 3          IDEAS OF WORTHLESSNESS ... 1 2 3          EXCESSIVE RELIGIOSITY ..... 1 2 3          SEXUAL PREOCCUPATION ..... 1 2 3          BLAMES OTHERS ..... 1 2 3</p>	<p><b>SENSORIUM</b>          — NORMAL <input type="checkbox"/></p> <p><b>ORIENTATION IMPAIRED</b></p> <p>TIME ..... 1 2 3          PLACE ..... 1 2 3          PERSON ..... 1 2 3</p> <p><b>MEMORY</b></p> <p>CLOUDING OF CONSCIOUSNESS . 1 2 3          INABILITY TO CONCENTRATE .. 1 2 3          AMNESIA ..... 1 2 3          POOR RECENT MEMORY ..... 1 2 3          POOR REMOTE MEMORY ..... 1 2 3          CONFABULATION ..... 1 2 3</p>
<p><b>SPEECH</b>          — NORMAL <input type="checkbox"/></p> <p>EXCESSIVE AMOUNT ..... 1 2 3          REDUCED AMOUNT ..... 1 2 3          SPEECH ..... 1 2 3          SLOWED ..... 1 2 3          LOUD ..... 1 2 3          SOFT ..... 1 2 3          MUTE ..... 1 2 3          SLURRED ..... 1 2 3          STUTTERING ..... 1 2 3</p>	<p><b>INTELLECT</b>          — NORMAL <input type="checkbox"/></p> <p>ABOVE NORMAL ..... 1 2 3          BELOW NORMAL ..... 1 2 3          PAUCITY OF KNOWLEDGE ..... 1 2 3          VOCABULARY POOR ..... 1 2 3          SERIAL SEVENS DONE POORLY. 1 2 3          POOR ABSTRACTION ..... 1 2 3</p>	<p><b>INSIGHT AND JUDGMENT</b>          — NORMAL <input type="checkbox"/></p> <p>POOR INSIGHT ..... 1 2 3          POOR JUDGMENT ..... 1 2 3          UNREALISTIC REGARDING          DEGREE OF ILLNESS ..... 1 2 3          DOESN'T KNOW WHY          HE IS HERE ..... 1 2 3          UNMOTIVATED FOR TREATMENT 1 2 3          UNREALISTIC          REGARDING GOALS ..... 1 2 3</p>
<p><b>INTERVIEW BEHAVIOR</b>          — NORMAL <input type="checkbox"/></p> <p>ANGRY OUTBURSTS ..... 1 2 3          IRRITABLE ..... 1 2 3          IMPULSIVE ..... 1 2 3          HOSTILE ..... 1 2 3          SILLY ..... 1 2 3          SENSITIVE ..... 1 2 3          APATHETIC ..... 1 2 3          WITHDRAWN ..... 1 2 3          EVASIVE ..... 1 2 3          PASSIVE ..... 1 2 3          AGGRESSIVE ..... 1 2 3</p>		

ADDITIONAL COMMENTS: (Write in Delusions and Hallucinations)

**PSYCHIATRICALY HOMEBOUND:**

- A. Refuses to leave his home \_\_\_\_\_  
 B. Not safe to leave his home unattended \_\_\_\_\_

\_\_\_\_\_  
 RN SIGNATURE

\_\_\_\_\_  
 DATE



## PSYCHIATRIC INTERVENTIONS

- RN instruct in suicidal and safety precautions.
- RN instruct in relaxation, imagery and deep breathing exercises.
- RN instruct in problem solving, positive coping, decision making and stress management technique.
- Instruct recognition of s /sx complications of crisis and when to call MD
- RN instruct reality / congruent thinking techniques.
- RN instruct anger management.
- Instruct emergency and crisis intervention.
- RN instruct recognition of thoughts and feeling and verbally express painful ones.
- RN instruct recognition of cardiovascular and neurological side effects of (*medication*)
- RN instruct ability to focus thoughts on feelings and verbally express painful ones.
- RN instruct positive feedback to reality and realistic feelings.
- RN instruct importance of supportive therapy, reality testing, and positive feedback, validation and confrontation.
- RN instruct relationship between feelings and behavior, impulse control behaviors.
- RN instruct relaxation and stress management techniques.
- RN instruct re: entry back into community and importance of interacting with others in the environment.
- RN instruct grieving process and bereavement counseling.
- RN instruct calming techniques for agitation.
- RN instruct time planning skills to prevent being overwhelmed.
- RN instruct recognition of exacerbation of illness, hallucinations, delusions, inappropriate thought patterns and disorganization.
- RN instruct exploration of painful or anxious feelings and/or identifying ambivalent feelings.
- RN instruct importance of providing positive reinforcement for positive actions.
- RN instruct need for concrete realities and focus on thoughts.
- RN instruct need for supportive psychotherapist.
- Instruct recognition of illnesses, mood swings, hyperactivity, delusions, euphorias, grandiosity, depression and/or despondence.
- RN instruct in s/sx of lithium toxicity.
- Rn instruct positive coping skills to deal with disease and symptoms.
- RN instruct maintaining ADL and a structured safe environment.

## PSYCHIATRIC NURSING SERVICES (PNS) GOAL SHEET

PNS GOALS:	(1) By date	(2) In # Wks	(3) In # VR
<input type="checkbox"/> Reduce symptoms of _____	_____	_____	_____
<input type="checkbox"/> Gain insight into disorder & minimize non-therapeutic behaviors	_____	_____	_____
<input type="checkbox"/> Improve interpersonal relationships	_____	_____	_____
<input type="checkbox"/> Demonstrate coping strategies	_____	_____	_____
<input type="checkbox"/> Decrease neurotic behavior	_____	_____	_____
<input type="checkbox"/> Verbalize a decrease in depression	_____	_____	_____
<input type="checkbox"/> Verbalize absence of suicidal ideation, intent and plan	_____	_____	_____
<input type="checkbox"/> Will not ham self as evidenced by: _____	_____	_____	_____
<input type="checkbox"/> Verbalize absence of violent ideation	_____	_____	_____
<input type="checkbox"/> Verbalize s/sx suicidality, crisis intervention, when to call physician/911	_____	_____	_____
<input type="checkbox"/> Exhibit elevated mood as evidenced by: _____	_____	_____	_____
<input type="checkbox"/> Demonstrate 2 coping skills as evidenced by: _____	_____	_____	_____
<input type="checkbox"/> Make daily social contacts as evidenced by: _____	_____	_____	_____
<input type="checkbox"/> Exhibit goal directed thoughts as evidence by: _____	_____	_____	_____
<input type="checkbox"/> Maintain stable weight, nutrition, hydration status w/weight gain of _____ lbs	_____	_____	_____
<input type="checkbox"/> Achieve sx control of CV & CP status w/meds & relaxation skills AEB: _____	_____	_____	_____
<input type="checkbox"/> Achieve GI/GU management as evidence by: _____	_____	_____	_____
<input type="checkbox"/> Verbalize bowel management as evidence by: _____	_____	_____	_____
<input type="checkbox"/> Verbalize and achieve symptom control of sleep disturbance of _____ h/night	_____	_____	_____
<input type="checkbox"/> Exhibit control of anxiety w/meds & relaxation skills AEB: _____	_____	_____	_____
<input type="checkbox"/> Exhibit control of thought disorder as evidenced by: _____	_____	_____	_____
<input type="checkbox"/> Achieve mobility/safety management as evidenced by: _____	_____	_____	_____
<input type="checkbox"/> Achieve maximum level of self-care as evidenced by: _____	_____	_____	_____
<input type="checkbox"/> Verbalized medications, use schedule & side effects and patient will take as ordered	_____	_____	_____
<input type="checkbox"/> Verbalize adequate knowledge of disease process & know when to notify physician	_____	_____	_____
<input type="checkbox"/> 97 Verbalize goal-directed thoughts, reality based orientation & congruent thinking	_____	_____	_____
<input type="checkbox"/> Exhibit decreased hyperactivity & safe behaviors as evidence by: _____	_____	_____	_____
<input type="checkbox"/> Refrain from boastful/delusional behaviors & from interrupting conversations	_____	_____	_____
<input type="checkbox"/> Demonstrate positive coping mechanisms & verbalize 2 realistic goals	_____	_____	_____
<input type="checkbox"/> Experience no untoward ECT complications	_____	_____	_____
<input type="checkbox"/> Verbalize 2 management techniques of disease	_____	_____	_____
<input type="checkbox"/> Verbalize 2 s/sx of illness	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

REHAB POTENTIAL:  Fair  Good  Excellent Rehab potential to achieve the above PNS goals

**DISCHARGE PLAN:**

- |  |   |
|--|---|
| <input type="checkbox"/> Discharge to self care in _____ 3-wks                             | <input type="checkbox"/> Discharge when Calcimar injections no longer required by SN    |
| <input type="checkbox"/> Discharge to family care in _____ 5-wks                           | <input type="checkbox"/> Discharge when Vit B-12 injections no longer required by SN    |
| <input type="checkbox"/> Discharge w/support of private assistance from staff in _____ wks | <input type="checkbox"/> Discharge when insulin administration no longer required by SN |
| <input type="checkbox"/> Discharge to ALF w/assistance from staff in _____ wks             | <input type="checkbox"/> Discharge when psychiatric symptoms stable in _____ weeks.     |
| <input type="checkbox"/> Die at home w/dignity & comfort                                   | <input type="checkbox"/> Discharge when infusion maintenance no longer required by SN   |
| <input type="checkbox"/> Discharge indefinite due to catheter maintenance.                 | <input type="checkbox"/> Other: _____   |

Patient Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Patient Med.Record Number \_\_\_\_\_ RN Name/Signature: \_\_\_\_\_