

Patient Identifiers:  Facial Recognition  Patient Address

**Professional Nursing Service**

D.O.B. Initial Visit \_\_\_/\_\_\_/\_\_\_

**Skilled Nursing Visit Report**

Patient Name \_\_\_\_\_

Allergies \_\_\_\_\_

B/P	Lying	Sitting	Standing
R			
L			

Temp	Ap Pulse	Radial Pulse	Resp	HT	WT

Nursing Diagnosis: \_\_\_\_\_

See AM visit for assessment

**NURSING ASSESSMENT OF SIGNS & SYMPTOMS: Circle Response**

MENTAL STATUS/PSYCHO-SOCIAL	NEUROLOGICAL MUSCOLO-SKELETAL	CV	GI/GU/NUTRITION	WOUND ASSESSMENT
Alert / Oriented X ___/3___	Vision / Hearing / Tactile	Chest Pain / Murmur	Nausea / Vomiting / Reflux	Location:
Anxious / Depressed / Agitated	Speech: Slur / Garb	Peripheral Pulses / 4 site _____	Epigastric Distress	L _____ cm W _____ cm D _____ cm
Confused / Forgetful Delusional/Disoriented	Aphasia: Rec. / Exp.	Neck Vein Distention	Appetite: Good / Fair / Poor Tube feed / NPO	Pressure Stage _____ Stasis / Arterial / Surgical Unstable
Halluc. /Paranoia/Suic. Ideation	Hand Grasp / Pedal Push	CAP refill: = > 3 sec / < 3 sec	Dietary Compliance	Drainage Amt.
Knowledge Deficit/Coping Sleep Disturbance	Pupillary Reaction: Rt: _____ Lt: _____	Edema: +1 +2 +3 +4	Fluid Intake _____ 24hrs Meals QD _____	Purulent: Yellow / Tan / Green Type: Serous / Ser.Sang / Frank
Evidence of Abuse, Neglect, Drug or ETOH use	HA / Syncope / Vertigo Numbness / Tingling	RUE RLE, LUE LLE Other:	BS x _____ Quads Normal / Hypo / Hyperactive	Tunnel _____ cm o'clock Odor: Yes No
No Problem Assessed	Tremors / Spasms / Seizures	No Problem Assessed	Diarrhea / Incont / Colostomy Flatulence / LBM _____	Wound Bed:
<b>ENVIRONMENT/SAFETY</b>	Balance Poor / Unsteady Gait	<b>CP</b>	Constipation / Impaction	
Hazards: Fire / Mobility / O2	Cane / Walker / WC	SOB / Dyspnea / DOE / Orthopnea	G-tube / NG-tube / J-tube	
Lifeline Use / Sharps Impaired Phone Access	Weakness Endurance	O2 _____ lpm/ _____ % pox	Abdomen: Tenderness / Distention	Surrounding Tissue:
No Problem Assessed	Bed / Chair Bound		Abdomen: Girth	Wound Care: Cleanse / Irrigate
<b>PAIN</b>	No Problem Assessed	Cough / Prod / Non-prod	Urinary Output _____ 24hrs	Apply _____; Pack _____
None / Chronic / Acute	<b>SKIN</b>	Cyanosis / Pallor	Pain / Burning / Hematuria	Cover _____; Wrap _____
Scale 0-10:	Pale / Jaundice / Flush /Mottled	Breath Sounds: CTA	Distention / Retention	Secure _____; Other _____
Location:	Clammy / Diaphoretic / Dry	Crackles / Wheeze / Rhonchi	Frequency / Urgency / Incont	Other:
Character:	Hot / Warm / Cool / Cold	Absent / Diminished / Clear	Catheter: Foley / Suprapubic	
Pain Management Tx/Intervention (see narrative)	Turgor / Poor / Fair / Elastic Rash / Itch / open area	Location:	Blood Glucose _____ Random / FBS / Trends	Wound #2-see narrative
Tx. Effective / Ineffective	WNL / Other:	No Problem Assessed	No Problem Assessed	No Wounds

Teaching \_\_\_\_\_

Response to teaching \_\_\_\_\_

SERVICES PROVIDED	INSTRUCT	GOALS
Skilled Assessment	Medication Effects / Side Effects	Verbalizes knowledge of Medication Regime
Urinary Catheter Care	Pain Management Techniques (Pharm / NonPharm)	Verbalizes Two Pain Management Techniques
Wound Care / Dressing	Diet / Fluid Intake	Knowledge of Appropriate Nutrition / Hydration
Venipuncture / Central Line / Port Access	Falls Prevention / Ambulation Safety	Demonstrates Safe Ambulation / Transfers
Bowel / Bladder Training	Universal Precautions / Infection Control	Demonstrates Infection Control
Medication Box/Dispenser Fill	Disease Process	Verbalizes Two Disease Management Skills
Administration Med:	Emergency Protocols / 911	Knowledge of Emergency Phone Numbers
Labs:	Diabetic Management	Participates in POC Development / Modification
	Smoking Cessation	Exhibits Goal Directed Behavior

Medical Necessity for visit: \_\_\_\_\_

Narrative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan: \_\_\_\_\_

Communications with Physician / Discipline \_\_\_\_\_

Supervision:  Aide  LPN  PT  OT  ST  SW \_\_\_\_\_

Orders/Instructions followed Care plan appropriate / revised Pt / CG satisfied with care Staff present

RN /LPN Signature \_\_\_\_\_ Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_

Signature of Patient and/or Caregiver \_\_\_\_\_