NURSING CLINICAL NOTE
SKILLED NURSING

Time: ____________
Patient's Name: ______________________ Date: ____________

Vital Signs: Weight:
Temp: ______AP: _____ RP:________
Resp:____________________
Blood Pressures: Rt Lt
Lying: ________________
Sitting:________________
Standing:_______________
□ Description:___________________

C/P □ No problem reported
Breath sounds clear: □ Rt □ Lt
□ 02 at _______via _______ Ireg _______
□ Inhalation Tx □ Incentive spirometry
□ Pedal pulses present □ Bilat □ rt □ lt
Problem: □ breath sounds □ change
□ Rt: ____________________
□ Lt: ____________________
□ Cough: __________________
dyspnea:□ exertional □ @ rest □ chest pain
□ cap refill > 2 sec □ cyanosis □ fatigue
□ edema:_______________
Leg Measurements: Rt Lt
I:________________
A:________________
C:________________
Description:__________________

ENDOCRINE: □ No problem reported
□ FBG _______ □ Random BG _____
□ Hyperglycemic □ Hypoglycemic
Description: ________________

PSYCHOSOCIAL/SPIRITUAL:
□ No problem reported
Description:

GI/NUTRITION/HYDRATION:
□ No problem reported □ Last BM:____
Problem: □ incontinent □ constipation
□ diarrhea □ nausea □ emesis □ turgor
□ bowel sounds: □ sluggish □ absent
□ swallowing deficit □ appetite □ diet
compl. Description: ____________

GU: □ No problem reported
Catheter: □ external □ internal: ______
□ foley change Size: ___ Balloon: ___
Problem: □ incontinent □ pain □ burning □
hesitancy □ urgency
Urine color: _______ Clarity: _______
Description: ______________

EENT: □ No problem reported
Problem: □ thrush □ vision changes
□ linnitus □ drainage: ___________

SKIN: □ No problem reported
Problem: □ stoma □ fistula □ wound
□ Incision □ lesion □ warmth □ rash
□ tenderness □ ecchymosis □ tubes/drains □
discoloration □ other:__

#1________________
size: L ___cm W ____cm D____cm
□ drainage (amt):______type: ______
#2________________
size: L ___cm W ____cm D____cm
□ drainage (amt):______type: ______
Description: ______________

Comfort: □ No problem reported
Pain level: ___scale: □ 0-10 □ faces
Onset: ________________
Duration: ______________
Location: ______________
Relieved by: ____________
Pain level after intervention: ______

Musculoskeletal/Neurologic:
Homebound due to: ___________
□ No problem reported
Problem: □ headache □ dizziness
□ pupil changes □ tremors
□ decreased ROM □ weakness □ paralysis
□ limited manual dexterity
□ deficit □ mobility □ ADL
□ cognitive Description: _________

Medication: □ new □ change □ MD orders
Med(s):______________
Responses:______________
□ IV Access:______________
□ insertion location: ___date:_____
□ dressing change: ___________
□ cap change □ tubing change
Medication: ___________
Time: _____By: □ RN □ Pt. □ CG
Dose: ________________
Rule:________________
Conc:________________
Res Vol: ___________Pump:______
Flush: ________________
Problem: □ drainage □ streaking □ warmth
□ tracking □ redness □ edema
□ No acute ADR. Description: _____

Problem	Intervention	Response	Status

Status Codes: Clinical status: W=warning, O = ongoing, I=Improving, R=reported Teaching Outcomes: X – Refuse teaching, 1= evidence of learning, 3 = Partial, 6 = learned

□ D/C Planning: ______________________
□ Discussed with Pt/CG: ______________________
□ Pan for next visit: ______________________

PCA/HHA Supervision completed □ Yes □ No
Coordination of Care done with: □ MD □ RN □ PT □ OT□ ST□ LPN □ PCA □ MSW □ RPH □ Other ____________
Date: _________Name(s): ______________________Discussed/Outcome: ____________

______________________Next MD Appt: ____________

□ See Addendum Nurse Signature ______________________ Patient Signature ______________________

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Additional Nursing Progress Notes: