NURSING CLINICAL NOTE
MEDICAID

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 _____ lreg _____
□ 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: