

Nursing Clinical Progress Note**Paloma Home Health Agency, Inc**Visit ☐ Billable ☐ Non-Billable ☐ SN ☐ SN& Sup ☐ Sup Only ☐ PRN**Date:****Arrival Time:****Departure Time:****Patient Name:**

Vital Signs	Temp:	Respirations:	Apical Pulse:	Radial Pulse:
	B/P:	<input type="checkbox"/> Lying <input type="checkbox"/> Sitting <input type="checkbox"/> Standing	Weight :	

Physical Assessment (Check those areas that pertain to patient)**Respiratory**

☐ No Problem ☐ Apnea ☐ Dyspnea/Extent
☐ Respiration Uneven ☐ Cough ☐ Sputum
☐ Rales
 Breath Sounds: ☐ Clear ☐ Rhonchi ☐ Wheezing
☐ Oxygen

Neurological

☐ No Problem ☐ Alert ☐ Lethargic ☐ Forgetful
☐ Disoriented ☐ Dizziness ☐ Tremors ☐ Agitated
☐ Grasps: ☐ R ☐ L :
☐ Pupils equal/reactive to light
☐ Oriented to: ☐ Time ☐ Place ☐ Person
 Other:

Gastro Intestinal

☐ No Problem ☐ Appetite Decreased
☐ Weight Loss/Gain: Amount:
☐ Constipation ☐ Incontinent
☐ Date of Last BM:
☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Dysphagia
☐ Abdomen: ☐ Soft ☐ Firm ☐ Distended
☐ Diet Compliance: ☐ Yes ☐ No
☐ Ostomy Care Taught/Performed

Ears/Eyes/Nose/Throat

☐ No Problem ☐ Impaired Vision ☐ Cataract/Glaucoma
☐ Deaf ☐ Impaired Speech ☐ Blind
☐ Tinnitus ☐ Epistaxis ☐ Congestion
☐ Impaired Hearing

Musculoskeletal

☐ No Problem ☐ Bedbound ☐ Chair bound
☐ Ambulatory Aid ☐ Unsteady Balance/Gait
☐ Amputations ☐ Joint Pain/Stiffness ☐ Contracture
☐ Paralysis ☐ Arthritis ☐ Falls Date of last fall:

Circulatory

☐ No Problem ☐ Heart Irregular
☐ Gallop ☐ Murmur ☐ Edema
☐ Peripheral Pulses: LR: RR: LP: RP:
☐ Chest Pain -Describe:

Skin Condition

☐ No Problem ☐ Warm ☐ Cool ☐ Cold ☐ Clammy
☐ Turgor: ☐ Diaphoretic ☐ Skin Broken
☐ Pale ☐ Jaundice ☐ Cyanotic ☐ Dry

GU Status

☐ No Problem ☐ Incontinent ☐ Retention
☐ Dysuria – Frequency:
☐ Catheter ☐ Hematuria ☐ Bladder Program
☐ Foley Insertion ☐ Teaching Catheter care
 Output: ☐ Urine ☐ Clear ☐ Cloudy ☐ Odor
☐ Sediment ☐ Other:

Pain Assessment: ☐ No pain

Location:

Duration:

Intensity: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Current pain medication/s:

Glucometer: Control ☐ Results: FSBS obtained from: Finger using aseptic technique.Results: ☐ FBS ☐ RBS

Skilled Nursing Care Performed:

Additional clinical findings:

Progress Toward Goals on POC:

New Identified Problems/Goals:

 Universal Precautions followed: ☐ Hand washing ☐ Gloves Worn ☐ Sharps Disposal ☐ Alcohol gel/hand cleanser
☐ Other:

Homebound Status:

Coordination of Care: ☐ RN. ☐ LVN ☐ Therapist ☐ HHA ☐ MSW Discussion:Physician contact: ☐ N/A ☐ Yes Discussion:

Discharge Planning:

5day discharge notice given to patient/ physician <input type="checkbox"/>	
LVN/HHA Supervision	
<input type="checkbox"/> Patient/Caregiver satisfied with care <input type="checkbox"/> Change in ADL needs assessment <input type="checkbox"/> Care provided according to assignment	
<input type="checkbox"/> Employee courteous, respectful <input type="checkbox"/> Continue frequency at:	
<input type="checkbox"/> Supervisory Visit Onsite	
Employee Name:	<input type="checkbox"/> LVN <input type="checkbox"/> HHA
Instructed in:	
Date:	

<input type="checkbox"/> NA	Wound Care:
Site 1:	
Width:	Length: Undermining: Tunneling: Depth:
Drainage: <input type="checkbox"/> Serous <input type="checkbox"/> Serosanguinous. <input type="checkbox"/> Purulent	Amount: <input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large
Wound Bed Appearance: <input type="checkbox"/> Granulation <input type="checkbox"/> Slough <input type="checkbox"/> Eschar:	
Surrounding Tissue: <input type="checkbox"/> Erythematic <input type="checkbox"/> Indurations <input type="checkbox"/> Maceration	
Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Foul	
Signs/Symptoms of Infection: <input type="checkbox"/> Fever <input type="checkbox"/> Redness <input type="checkbox"/> Swelling <input type="checkbox"/> Warmth <input type="checkbox"/> Other:	
Dressing Change:	
<input type="checkbox"/> Teaching of Wound Care	
Site 2:	
Width:	Length: Undermining: Tunneling: Depth:
Drainage: <input type="checkbox"/> Serous <input type="checkbox"/> Serosanguinous. <input type="checkbox"/> Purulent	Amount: <input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large
Wound Bed Appearance: <input type="checkbox"/> Granulation <input type="checkbox"/> Slough <input type="checkbox"/> Eschar	
Surrounding Tissue: <input type="checkbox"/> Erythematic <input type="checkbox"/> Indurations <input type="checkbox"/> Maceration	
Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Foul	
Signs/Symptoms of Infection: <input type="checkbox"/> Fever <input type="checkbox"/> Redness <input type="checkbox"/> Swelling <input type="checkbox"/> Warmth <input type="checkbox"/> Other:	
Dressing Change:	
<input type="checkbox"/> Teaching of Wound Care	
Additional comments	
Nurse's Signature:	
Date:	