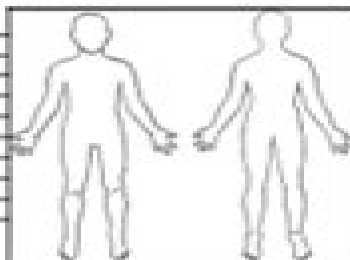


Skilled Nursing Note

☐ Initial Assessment ☐ Follow up visit ☐ Supervisory visit

Name of Patient: _____ Date: _____

Vital Signs Ht: _____ Wt: _____ Temp: _____ Pulse: A/R: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Resp: _____ B/P: _____ <input type="checkbox"/> Lying <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Right <input type="checkbox"/> Left																																											
<i>Nursing assessment and observation of signs/symptoms (Mark all applicable with an "X" or circle (circle) separated by "Y")</i>																																											
CARDIOVASCULAR <input type="checkbox"/> WNL <input type="checkbox"/> Edema (Specify): _____ <input type="checkbox"/> R/L: <input type="checkbox"/> L/L: <input type="checkbox"/> R/L: <input type="checkbox"/> L/L: <input type="checkbox"/> M/D/A: <input type="checkbox"/> Pitting: <input type="checkbox"/> Non-pitting: <input type="checkbox"/> Other: _____	RESPIRATORY <input type="checkbox"/> WNL <input type="checkbox"/> Dyspnea/SOB <input type="checkbox"/> Cough/Sputum <input type="checkbox"/> Other: _____	PAEN <input type="checkbox"/> None <input type="checkbox"/> Location: _____ Severity (0-10): _____ Other: _____	SKIN <input type="checkbox"/> WNL <input type="checkbox"/> Cellulitis <input type="checkbox"/> Pressure sore <input type="checkbox"/> Rash <input type="checkbox"/> Skin tear <input type="checkbox"/> Wound <input type="checkbox"/> Incision <table border="1"> <thead> <tr> <th></th> <th>#1</th> <th>#2</th> <th>#3</th> </tr> </thead> <tbody> <tr> <td>Length</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Width</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Depth</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Drainage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tissue/ing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Odor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nat tissue</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wound bed</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stoma</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Steri-strips <input type="checkbox"/> Sutures <input type="checkbox"/> Staples <input type="checkbox"/> JP drain <input type="checkbox"/> IV line Type: _____		#1	#2	#3	Length				Width				Depth				Drainage				Tissue/ing				Odor				Nat tissue				Wound bed				Stoma			
	#1	#2	#3																																								
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Wound bed																																											
Stoma																																											
EMOTIONAL STATUS <input type="checkbox"/> WNL <input type="checkbox"/> Disoriented <input type="checkbox"/> Fearful <input type="checkbox"/> Depressed <input type="checkbox"/> Other: _____	GENITOURINARY <input type="checkbox"/> WNL <input type="checkbox"/> Incontinence <input type="checkbox"/> Catheter/Stra <input type="checkbox"/> Hematuria <input type="checkbox"/> Other: _____	DEGESTIVE <input type="checkbox"/> WNL <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Diarrhea/Constipation <input type="checkbox"/> Colostomy <input type="checkbox"/> Incontinence <input type="checkbox"/> Last BM: _____																																									
NEUROSENSORY <input type="checkbox"/> WNL <input type="checkbox"/> Syncope/Vertigo <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other: _____	MUSCULOSKELETAL <input type="checkbox"/> WNL <input type="checkbox"/> ROM: R/L: L/R: L/R: L/R: L/R: <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Generalized weakness <input type="checkbox"/> Other: _____	SAFETY CONCERNS: <input type="checkbox"/> Clear pathways/adequate ambulation <input type="checkbox"/> Fall precautions <input type="checkbox"/> Home safety <input type="checkbox"/> Medication management <input type="checkbox"/> IV safety <input type="checkbox"/> Sharps disposal <input type="checkbox"/> Oxygen safety <input type="checkbox"/> Bleeding precautions <input type="checkbox"/> Infection control <input type="checkbox"/> Other: _____																																									
SUPERVISORY VISITS: Follows Std Precautions <input type="checkbox"/> Yes <input type="checkbox"/> No Follows Plan of Care <input type="checkbox"/> Yes <input type="checkbox"/> No Performs Care Properly <input type="checkbox"/> Yes <input type="checkbox"/> No Patient satisfied <input type="checkbox"/> Yes <input type="checkbox"/> No HHA Present <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
Personal Needs (Circle): <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Grooming <input type="checkbox"/> Hygiene <input type="checkbox"/> Transferring <input type="checkbox"/> Patient/Client Independent in ADLs/IADLs																																											
Reason for Visit: <input type="checkbox"/> Assessment <input type="checkbox"/> Teaching/Training <input type="checkbox"/> Wound care <input type="checkbox"/> IV Therapy <input type="checkbox"/> Lab draw <input type="checkbox"/> HHA/Companion services <input type="checkbox"/> PT/OT/ST/MSW services <input type="checkbox"/> Medication management <input type="checkbox"/> Other: _____ Recent history pertinent to reason for visit: _____ <input type="checkbox"/> Patient is homebound Why? _____																																											
Interventions/Instructions: Teaching/Training re: <input type="checkbox"/> Medication regimen, actions, side effects <input type="checkbox"/> Disease process <input type="checkbox"/> Bleeding precautions <input type="checkbox"/> Wound/Infection care <input type="checkbox"/> IV therapy <input type="checkbox"/> Infection control measures <input type="checkbox"/> Complications to report <input type="checkbox"/> Physician follow up <input type="checkbox"/> Home safety <input type="checkbox"/> Oxygen safety <input type="checkbox"/> Diet <input type="checkbox"/> Elevating legs to decrease edema <input type="checkbox"/> Off loading techniques <input type="checkbox"/> Sharps disposal <input type="checkbox"/> Plan of care review <input type="checkbox"/> Medication management <input type="checkbox"/> Inability to void post foley removal <input type="checkbox"/> Discharge instructions																																											
Wound Care Performed: <input type="checkbox"/> Aseptic technique <input type="checkbox"/> Sterile technique <input type="checkbox"/> Cleansed with NS <input type="checkbox"/> Cleansed with: _____ Product applied: _____ Covered with: <input type="checkbox"/> Gauze <input type="checkbox"/> ABD pad <input type="checkbox"/> Telfa <input type="checkbox"/> Packed: _____ <input type="checkbox"/> Wet to dry-NS <input type="checkbox"/> Secured with tape/face wrap/stockinette <input type="checkbox"/> Wound vac applied with <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Silver foam <input type="checkbox"/> Canister changed <input type="checkbox"/> Constant suction <input type="checkbox"/> Intermittent suction <input type="checkbox"/> Pressure: _____ mmHg <input type="checkbox"/> Approx. drainage in canister: _____ mL Color: _____																																											
IV Therapy: Drug given: (name) _____ (dose) _____ (via) _____ (over) _____ minutes Flushed line: <input type="checkbox"/> NS _____ mL <input type="checkbox"/> Before <input type="checkbox"/> After med/blood draw <input type="checkbox"/> Final flush with Heparin _____ mL Peripheral IV inserted (site): _____ using (catheter): _____ Site prepped with <input type="checkbox"/> alcohol <input type="checkbox"/> betadine <input type="checkbox"/> chloraprep _____ line dressing changed on using sterile technique <input type="checkbox"/> 3 alcohol swabs <input type="checkbox"/> 3 providone swabs <input type="checkbox"/> chloraprep swab <input type="checkbox"/> antimicrobial patch Applied <input type="checkbox"/> Occlusive dressing <input type="checkbox"/> Gauze dressing <input type="checkbox"/> Extension set <input type="checkbox"/> Injection site <input type="checkbox"/> Site free of complications <input type="checkbox"/> Flushes easily <input type="checkbox"/> Good blood return <input type="checkbox"/> Line removed (type) _____ Length _____ cm <input type="checkbox"/> Tip intact <input type="checkbox"/> Pressure dressing applied <input type="checkbox"/> Lab draw of: _____ from (site): _____ Taken to (Lab name): _____ <input type="checkbox"/> Administered: _____ <input type="checkbox"/> IM <input type="checkbox"/> SQ Site: _____ <input type="checkbox"/> Pq/CG taught to administer: _____																																											

Skilled Nursing Notes Home Health

**Susan C. deWit, Patricia A. Williams,
RN, MSN, CCRN**



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Home Health Care United States. Congress. House. Select Committee on Aging. Subcommittee on Health and Long-Term Care, 1983 *Health Care Financing Notes*, 1983

Orientation to Home Care Nursing Carolyn J. Humphrey, Paula Milone-Nuzzo, 1996 Intended for both financial and nonfinancial managers this text covers six primary areas the author deems necessary for managers to incorporate into their decision making processes financial reporting prospective and retrospective payment systems cost accounting management accounting financial management and strategic management The author a business and finance consultant stresses the importance of teamwork in working toward an outcome management system that honors clients and coworkers promotes innovation and balances clinical and financial organizational requirements Annotation c by Book News Inc Portland Or *Basic Nursing* Leslie S Treas, Judith M Wilkinson, 2013-09-04 Thinking Doing Caring In every chapter you ll first explore the theoretical knowledge behind the concepts principles and rationales Then you ll study the practical knowledge involved in the processes and finally you ll learn the skills and procedures Student resources available at DavisPlus davisplus.fadavis.com

Home Care Nursing Handbook Carolyn J. Humphrey, 1998 Here s the brand new third edition of the very popular Home Care Nursing Handbook considered by readers as a beacon of excellence in home care nursing Now better than ever this book that so many nurses have turned to for immediate excellent advice has been significantly expanded It is reorganized for quicker access to expert guidance devotes separate chapters to interventions for each impairment Use this guide every day to assess situations quickly develop efficient plans of care provide accurate intervention strategies document patient care quickly precisely promote quality patient outcomes in the shortest number of contacts so much more This book is a vital addition to critical

pathways point of care computer systems OASIS data collection *Complete Guide to Documentation* Lippincott Williams & Wilkins, 2008 Thoroughly updated for its Second Edition this comprehensive reference provides clear practical guidelines on documenting patient care in all nursing practice settings the leading clinical specialties and current documentation systems This edition features greatly expanded coverage of computerized charting and electronic medical records EMRs complete guidelines for documenting JCAHO safety goals and new information on charting pain management Hundreds of filled in sample forms show specific content and wording Icons highlight tips and timesavers critical case law and legal safeguards and advice for special situations Appendices include NANDA taxonomy JCAHO documentation standards and documenting outcomes and interventions for key nursing diagnoses **Physical Therapy Documentation** Mia Erickson, Mia L. Erickson, Rebecca McKnight, Ralph Utzman, 2008 Complete accurate documentation is one of the essential skills for a physical therapist This book covers all the fundamentals includes practice exercises case studies throughout The OTA's Guide to Documentation Marie Morreale, 2024-06-01 The bestselling newly updated occupational therapy assistant OTA textbook The OTA's Guide to Documentation Writing SOAP Notes Fifth Edition explains the critical skill of documentation while offering multiple opportunities for OTA students to practice documentation through learning activities worksheets and bonus videos The Fifth Edition contains step by step instruction on occupational therapy documentation and the legal ethical and professional documentation standards required for clinical practice and reimbursement of services Students and professors alike can expect the same easy to read format from previous editions to aid OTAs in learning the purpose and standards of documentation throughout all stages of the occupational therapy process and different areas of clinical practice Essentials of documentation reimbursement and best practice are reflected in the many examples presented throughout the text Worksheets and learning activities provide the reader with multiple opportunities to practice observation skills and clinical reasoning learn documentation methods create occupation based goals and develop a repertoire of professional language Templates are provided to assist beginning OTA students in formatting occupation based SOAP notes and the task of documentation is broken down into smaller units to make learning easier Other formats and methods of recording client care are also explained such as the use of electronic health records and narrative notes This text also presents an overview of the initial evaluation process delineating the roles of the OT and OTA and guidelines for implementing appropriate interventions New in the Fifth Edition Incorporation of the Occupational Therapy Practice Framework Domain and Process Fourth Edition and other updated American Occupational Therapy Association documents Updated information to meet Medicare Part B and other third party payer requirements Revised clinical terminology on par with current trends Added examples from emerging practice areas Expanded tables along with new worksheets and learning activities Included with the text are online supplemental materials for faculty use in the classroom this includes access to supplemental website worksheets learning activities and scenario based videos to practice the documentation process deWit's Fundamental Concepts and Skills for

Nursing -Second South Asia Edition, E-Book Ambika Ravindran,Sonali Banerjee,2022-09-26 Fundamental Concepts and Skills for Nursing 6th Edition prepares students to learn the basic concepts and fundamental skills that LPNs LVNs need to practice in a number of care settings including hospitals long term care facilities medical offices clinics surgery centres and home care agencies This second South Asia Edition of DeWit s Fundamental Concepts and Skills for Nursing is a uniquely featured textbook designed to make a worthy impact on its readers The book is customised as per the revised B Sc Nursing curriculum prescribed by the Indian Nursing Council INC to meet the learning requirements of undergraduate students Nursing professionals aspiring for higher education or career progression will also find this book useful for reference The full colour text contains theoretical nursing concepts step by step skills and procedures and clinical applications to build a strong foundation in the patient care experience The underlying framework of all the chapters pivots around the nursing process and also portrays the concepts like psycho social aspects critical thinking communication skills inter professional collaborations patient family education and cultural integrity Discusses more than 80 essential skills and around 30 petite forms of skills with step by step format supported with coloured illustrations along with action rationale format Each chapter starts with key terms objectives and has supportive glossary Enhanced with stimulating highpoints such as Special Clinical Cues Cultural Considerations Lifespan Considerations Focused Assessment Health Promotion Legal Ethical Considerations Patient Education QSEN Considerations Safety Alert and Think Critically boxes Includes nursing process framework featuring the application of the nursing process and nursing care plans reinforcing its application in the clinical setting More than 20 Nursing Care Plans illustrating each step of the nursing process Includes Concept Maps that help students visualise concepts addressed in the text and learn how a condition or response relating to symptoms treatments and side effects can affect more than one body system *Fundamental Concepts and Skills for Nursing - E-Book* Patricia A. Williams,2021-02-03 NEW Coverage of the NCSBN Clinical Judgment Measurement Model introduces students to the testing model used on the Next Generation NCLEX Exam NEW case studies and Next Generation NCLEX Exam style questions give students practice and prepare them for the Next Generation NCLEX Examination NEW photos and illustrations show critical skills and procedures NEW Updated guidelines include those from the American Heart Association The Joint Commission National Pressure Ulcer Advisory Panel Dietary Guidelines and more NEW Expanded Evidence Based Practice boxes and best practices are highlighted throughout the book **Fundamental Concepts and Skills for Nursing** Susan C. deWit,Patricia A. Williams, RN, MSN, CCRN,2013-01-18 Part of the popular LPN Threads series this market leading text features an easy to follow writing style and organization to teach you the concepts and skills you need to know to practice nursing in a variety of care settings This new edition offers in depth discussion of QSEN competencies rationales for the NCLEX PN review questions and new icons to point out the most current evidence based information Standard LPN Threads features include helpful characteristics such as full color design key terms numbered objectives key points critical thinking questions critical

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Nursing Informatics Ulla Gerdin,M. Tallberg,Paul Wainwright,1997 This book reflects the evolution of a vibrant discipline in its chosen The Impact of Nursing Knowledge on health Care Informatics Nursing Informatics has changed the practice defining new roles for nursing in education research patient care and administration reaching out into industry government and consultancies The range of issues addressed in this book is extraordinary including nursing language cognitive skills education and training nursing research systems design decision support patient record patient management standards and more It also clarifies values strategies and practices central to the profession of nursing This book is a part of the global network building bridges between teachers students clinicians administrators and researchers around the world and creating a lasting bond *Guide to Record Retention Requirements* ,1994 *Nursing Basic for Clinical Practice* Mr. Rohit Manglik,2024-07-30 Designed for students and novice nurses this text presents essential knowledge and practical skills needed for everyday clinical nursing responsibilities and patient interactions *Guide to Record Retention Requirements in the Code of Federal Regulations* ,1986 *Library of Congress Subject Headings* Library of Congress,1993 **Library of Congress Subject Headings** Library of Congress. Cataloging Policy and Support Office,2005

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