

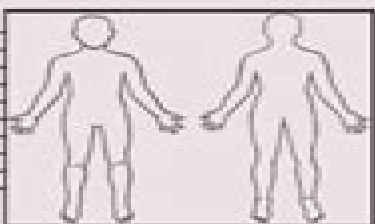
# Skilled Nursing Note

☐ Initial Assessment ☐ Follow up visit ☐ Supervisory visit

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**Vital Signs**  
 Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: A/R: \_\_\_\_\_ ☐ Regular ☐ Irregular  
 Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ ☐ Lying ☐ Sitting ☐ Standing ☐ Right ☐ Left

*Noting assessment and observation of signs/symptoms of health, all applicable with an "X" in circle nearest separated by "/"*

<b>CARDIOVASCULAR</b> <input type="checkbox"/> WNL <input type="checkbox"/> Edema (Specify) _____ <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> LLE <input type="checkbox"/> G2/G4+ <input type="checkbox"/> Flaring <input type="checkbox"/> Non-flaring <input type="checkbox"/> Other: _____	<b>RESPIRATORY</b> <input type="checkbox"/> WNL <input type="checkbox"/> Dyspnea/COB <input type="checkbox"/> Cough/Sputum <input type="checkbox"/> Other: _____	<b>PAIN</b> <input type="checkbox"/> None <input type="checkbox"/> Location: _____ Severity 00-100: _____ <input type="checkbox"/> Other: _____	<b>SKIN</b> <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>Penetrating</td><td></td><td></td><td></td></tr> <tr><td>Odor</td><td></td><td></td><td></td></tr> <tr><td>Scar tissue</td><td></td><td></td><td></td></tr> <tr><td>Wound bed</td><td></td><td></td><td></td></tr> <tr><td>Stems:</td><td></td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Steel 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				Penetrating				Odor				Scar tissue				Wound bed				Stems:			
	#1	#2	#3																																								
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<b>EMOTIONAL STATUS</b> <input type="checkbox"/> WNL <input type="checkbox"/> Disoriented <input type="checkbox"/> Fearful <input type="checkbox"/> Depressed <input type="checkbox"/> Other: _____	<b>GENITOURINARY</b> <input type="checkbox"/> WNL <input type="checkbox"/> Incontinence <input type="checkbox"/> Catheter/Site <input type="checkbox"/> Hemostasis <input type="checkbox"/> Other: _____	<b>DIGESTIVE</b> <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: _____																																									
<b>NEUROSENSORY</b> <input type="checkbox"/> WNL <input type="checkbox"/> Syncope/Vertigo <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other: _____	<b>MUSCULOSKELETAL</b> <input type="checkbox"/> WNL <input type="checkbox"/> ROM <input type="checkbox"/> RUE LUE RUE LLE <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Generalized weakness <input type="checkbox"/> Other: _____	<b>SAFETY CONCERNS:</b> <input type="checkbox"/> Clear pathways/cable 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: _____																																									
<b>SUPERVISORY VISIT</b> Follows Std Precautions <input type="checkbox"/> Yes <input type="checkbox"/> No Follows Plan of Care <input type="checkbox"/> Yes <input type="checkbox"/> No Performs Case 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																																											

Functional Needs (Circle): Bathing \_\_\_\_\_ Grooming \_\_\_\_\_ Dressing \_\_\_\_\_ Eating \_\_\_\_\_ Transferring \_\_\_\_\_ ☐ Patient/Client Independent in ADLs (IADLs)

**Reason for Visit:** ☐ Assessment ☐ Teaching/training ☐ Wound care ☐ IV Therapy ☐ Lab draw ☐ HHA/Companion services ☐ PT/OT/ST/MSW services  
☐ Medication management ☐ Other: \_\_\_\_\_  
 Recent history pertinent to reason for visit: \_\_\_\_\_  
☐ Patient is homebound. Why? \_\_\_\_\_

**Interventions/Instructions:** Teaching/training re: ☐ Medication regimen, actions, side effects ☐ Disease process ☐ Bleeding precautions  
☐ Wound/incision care ☐ IV therapy ☐ Infection control measures ☐ Complications to report ☐ Physician follow up ☐ Home safety ☐ Oxygen safety  
☐ Diet ☐ Elevating legs to decrease edema ☐ Off loading techniques ☐ Sharps disposal ☐ Plan of care review ☐ Medication management  
☐ Inability to void post Foley removal ☐ Discharge instructions

**Wound Care Performed:** ☐ Aseptic technique ☐ Sterile technique ☐ Cleaned with NS ☐ Cleaned with: \_\_\_\_\_  
 Product applied: \_\_\_\_\_  
 Covered with: ☐ Gauze ☐ ABD pad ☐ Telfa ☐ Packed: \_\_\_\_\_ ☐ Wet to dry-NS ☐ Secured with tape/ace wrap/stockinette  
☐ Wound vac applied with ☐ Black ☐ White ☐ Silver foam ☐ Canister changed ☐ Constant suction ☐ Intermittent suction ☐ Pressure: \_\_\_\_\_ mmHg  
☐ Approx. drainage in canister: \_\_\_\_\_ mLs Color: \_\_\_\_\_

**IV Therapy:** Drug given: (name) \_\_\_\_\_ (dose) \_\_\_\_\_ (via) \_\_\_\_\_ (over) \_\_\_\_\_ minutes  
 Flushed line: ☐ NS \_\_\_\_\_ mLs ☐ Before ☐ After med/blood draw ☐ Final flush with Heparin \_\_\_\_\_ mLs  
 Peripheral IV inserted (site): \_\_\_\_\_ using (catheter): \_\_\_\_\_ Site prepped with ☐ alcohol ☐ betadine ☐ chloraprep  
 \_\_\_\_\_ line dressing changed on using sterile technique ☐ 5 alcohol swabs ☐ 5 povidone swabs ☐ chloraprep swab ☐ antimicrobial patch  
 Applied ☐ Occlusive dressing ☐ Gauze dressing ☐ Extension set ☐ Injection site ☐ Site free of complications ☐ Flushes easily ☐ Good blood return  
☐ Line removed (type) \_\_\_\_\_ Length \_\_\_\_\_ cm ☐ Tip intact ☐ Pressure dressing applied  
☐ Lab draw of: \_\_\_\_\_ from (site): \_\_\_\_\_ Taken to (Lab name): \_\_\_\_\_  
☐ Administered: \_\_\_\_\_ ☐ IM ☐ SQ Site: \_\_\_\_\_ ☐ POC taught to administer: \_\_\_\_\_

**Bowel/Bladder:** ☐ Foley catheter inserted \_\_\_\_\_ Fr \_\_\_\_\_ cc balloon using sterile technique with \_\_\_\_\_ return  
 Connected to ☐ Leg bag ☐ Bedside drainage bag ☐ Foley removed without incident ☐ Instructions given regarding complications to report  
☐ Bowel program performed ☐ Suppository used \_\_\_\_\_ ☐ Digital stimulation Results: \_\_\_\_\_  
☐ Written instructions given re: \_\_\_\_\_  
 Other: \_\_\_\_\_  
☐ See communication sheet for addendum notes

**Patient/Caregiver Response:** ☐ Patient tolerated interventions well ☐ Patient /CG verbalized/demonstrated understanding of instructions provided  
 Patient/Caregiver independent with ☐ Wound care ☐ IV therapy ☐ Medication management ☐ Wound/ incision healing without complications  
☐ Tolerating medications without side effects or adverse reactions ☐ Patient will follow with physician as instructed  
☐ Discharge/no other nursing visits needed/ordered Other: \_\_\_\_\_ Next visit: \_\_\_\_\_  
 Patient/Caregiver unable to be independent in care due to ☐ Physical limitations ☐ Learning limitations ☐ Refuses to learn ☐ N/A POC are independent

**Patient/Designee:** I certify that the Marris Home Care Employee listed on this note worked the times indicated and the work was performed in a satisfactory manner.

I agree to the times regarding this slip. Time in: \_\_\_\_\_ ☐ am ☐ pm Time out: \_\_\_\_\_ ☐ am ☐ pm

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver signature/side: \_\_\_\_\_ Date: \_\_\_\_\_ Rvnd 11/12

# Skilled Nurse Progress Note

**Guillaume Favre**

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

**Skilled Nurse Progress Note:**

## **Skilled Nurse Progress Note** Book Review: Unveiling the Power of Words

In some sort of driven by information and connectivity, the energy of words has be much more evident than ever. They have the capability to inspire, provoke, and ignite change. Such could be the essence of the book **Skilled Nurse Progress Note**, a literary masterpiece that delves deep in to the significance of words and their impact on our lives. Written by a renowned author, this captivating work takes readers on a transformative journey, unraveling the secrets and potential behind every word. In this review, we shall explore the book is key themes, examine its writing style, and analyze its overall impact on readers.

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