

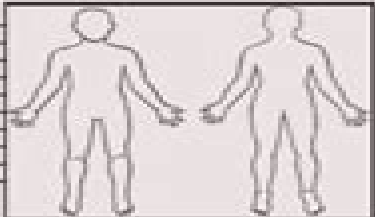
# Skilled Nursing Note

☐ 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 column 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"/> Pitting <input type="checkbox"/> Non-pitting <input type="checkbox"/> Other: _____	<b>RESPIRATORY</b> <input type="checkbox"/> WNL <input type="checkbox"/> Dyspnea/SOB <input type="checkbox"/> Cough/Sputum <input type="checkbox"/> Other: _____	<b>PAIN</b> <input type="checkbox"/> None <input type="checkbox"/> Location: _____  Severity 0-10: _____ <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>Stitches</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				Stitches			
	#1	#2	#3																																								
Length																																											
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Scar tissue																																											
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Stitches																																											
<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/Wire <input type="checkbox"/> Hematuria <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

**United States. Congress. House.  
Committee on Government  
Operations. Special Studies  
Subcommittee**

## **Skilled Nurse Progress Note:**

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care 723 Ch 57 Disease management programs 736 Ch 58 The process of visiting nurse association affiliation with a major teaching hospital 756 Ch 59 Grantsmanship in home health care seeking foundation support 771 Ch 60 Home care volunteer program 778 Ch 61 The manager as published author tips on writing for publication 796 Ch 62 Student placements in home health care agencies boost or barrier to quality patient care 810 Ch 63 A student program in one home health agency 818 Ch 64 The role of the physician in home care 834 Ch 65 Research in home health agencies 840 Ch 66 Hospice care pioneering the ultimate love connection about living not dying 850 App 66 A State of Connecticut physician assisted living PAL directive 863 App 66 B Summary guidelines for initiation of advanced care 864 Ch 67 Safe harbor a bereavement program for children teens and families 866 Ch 68 Planning implementing and managing a community based nursing center current challenges and future opportunities 872 Ch 69 Adult day services the next frontier 883 Ch 70 Partners in healing home care hospice and parish nurses 891 Ch 71 Meeting the present challenges and continuing to thrive in the future tips on how to be successful as an administrator in home health and hospice care 899      **Documentation in Action** Lippincott Williams & Wilkins,2006

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Code of Federal Regulations ,2001      **Health Care for Older Americans** United States. Congress. Senate. Special Committee on Aging,1977      **Handbook of Home Health Care Administration** Harris,2015-10 Professional reference for Nurses on Home Health Care      **Master Medicare Guide 2015** Wolters Kluwer Law & Business Health Editorial,2015-02-25 The 2015 Master Medicare Guide is a one volume desk reference packed with timely and useful information for providers attorneys accountants and consultants who need to stay on top of one of the most complex programs maintained by the federal government      **Master Medicare Guide** Wolters Kluwer Law & Business,2015-02-25

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**Health Facility Surveyor Training** United States. Health Standards and Quality Bureau,1990 **Medicare and Medicaid Guide** ,1969 **Problems of the Aging** United States. Congress. House. Committee on Government Operations. Special Studies Subcommittee,1972 Conditions and Problems in the Nation's Nursing Homes United States. Congress. Senate. Special Committee on Aging. Subcommittee on Long-Term Care,1965 *Medicaid: Medical Review in Skilled Nursing Homes and Mental Hospitals* United States. Medical Services Administration,1972 *Conditions and Problems in the Nation's Nursing Homes: New York City, N.Y., August 2 and 3, 1965* United States. Congress. Senate. Special Committee on Aging. Subcommittee on Long-Term Care,1965

**Federal Register** ,1971-02 *Home Health Care for the Elderly* United States. Congress. House. Select Committee on Aging,1979 **Compilation of Regulations Published in Code of Federal Regulations, Title 45, Public Welfare, Chapter II, Social and Rehabilitation Service (Assistance Programs).** United States,United States. Social and Rehabilitation Service,1971 **Craven & Hirnle's Fundamentals of Nursing** Christine Henshaw,Renee Rassilyer,2023-12-15 Instilling a foundation for success from the classroom to the clinical setting Craven Hirnle s Fundamentals of Nursing Concepts and Competencies for Practice 10th Edition fosters the strong critical thinking clinical judgment clear communication and sound clinical skills students need to succeed throughout the nursing curriculum and to meet the challenges practicing nurses confront each day Drawing on the latest clinical evidence this immersive text trains students to think and act like nurses immersing them in a proven nursing process framework that clarifies key capabilities from promoting health to identifying dysfunction to the use of scientific rationales and the nursing process *The Code of Federal Regulations of the United States of America* ,1992 The Code of Federal Regulations is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government Code of Federal Regulations ,1992 Special edition of the Federal register containing a codification of documents of general applicability and future effect as of July with ancillaries

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## **Table of Contents Skilled Nurse Progress Note**

1. Understanding the eBook Skilled Nurse Progress Note
  - The Rise of Digital Reading Skilled Nurse Progress Note
  - Advantages of eBooks Over Traditional Books
2. Identifying Skilled Nurse Progress Note
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Skilled Nurse Progress Note
  - User-Friendly Interface
4. Exploring eBook Recommendations from Skilled Nurse Progress Note
  - Personalized Recommendations
  - Skilled Nurse Progress Note User Reviews and Ratings
  - Skilled Nurse Progress Note and Bestseller Lists
5. Accessing Skilled Nurse Progress Note Free and Paid eBooks

- Skilled Nurse Progress Note Public Domain eBooks
- Skilled Nurse Progress Note eBook Subscription Services
- Skilled Nurse Progress Note Budget-Friendly Options
- 6. Navigating Skilled Nurse Progress Note eBook Formats
  - ePub, PDF, MOBI, and More
  - Skilled Nurse Progress Note Compatibility with Devices
  - Skilled Nurse Progress Note Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Skilled Nurse Progress Note
  - Highlighting and Note-Taking Skilled Nurse Progress Note
  - Interactive Elements Skilled Nurse Progress Note
- 8. Staying Engaged with Skilled Nurse Progress Note
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Skilled Nurse Progress Note
- 9. Balancing eBooks and Physical Books Skilled Nurse Progress Note
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Skilled Nurse Progress Note
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine Skilled Nurse Progress Note
  - Setting Reading Goals Skilled Nurse Progress Note
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Skilled Nurse Progress Note
  - Fact-Checking eBook Content of Skilled Nurse Progress Note
  - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

#### 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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