Patient:

ALLSTAR HEALTH PROVIDERS, INC

9521 Business Center Drive, Suite 9-101, Rancho Cucamonga, CA 91730
Tel: (909)945-9899 / Fax: (909)945-9799

NURSING PROGRESS NOTE

Patient Name: **MR #:** **Type:** ☐ Regular ☐ PRN/Emergency
Physician Name:

HOMEBOUND STATUS

- ☐ Bed/chair bound
- ☐ Poor endurance/easy fatigability
- ☐ Requires assistance to ambulate
- ☐ Requires assistive device to ambulate
- ☐ SOB on minimal exertion
- ☐ SOB when ambulating > 20 ft
- ☐ Requires assistance with ADL's
- ☐ Poor ambulation, prone to falls
- ☐ Weakness
- ☐ Respiratory instability
- ☐ Cardiac instability
- ☐ Confused/Disoriented
- ☐ Antibiotic IV therapy
- ☐ Wound Care
- ☐ Falls
- ☐ Sever dizziness
- ☐ Post OP:
- ☐ Severe pain

VITAL SIGNS

Temp: _____ ☐ O ☐ Tymp/temporal ☐ Ax
Blood Pressure: _____/_____ ☐ L ☐ R ▼
Weight: _____
Pulse: ☐ Radial _____ ☐ Apical _____
☐ Resp: _____
Diet:
Fluid Restriction:
Appetite: ☐ Good ☐ Fair ☐ Poor

ASSESSMENTS:

MENTAL STATUS

- ☐ Alert ☐ Anxious
- ☐ Oriented
  - ☐ Person ☐ Place ☐ Time
- ☐ Forgetful ☐ Confused
- ☐ Lethargic ☐ Disoriented
- ☐ Comatose ☐ Depressed

CARDIOVASCULAR

- ☐ No Problem ☐ Dizziness
- ☐ Chest Pain ☐ Other
- ☐ Edema ☐ Pedal ☐ R ☐ L
- ☐ Dependent
- ☐ Pitting ☐ +1 ☐ +2 ☐ +3 ☐ +4
  - ☐ Site
- ☐ Non-Pitting ☐ Site
- ☐ Palpitations
- ☐ Pacemaker

RESPIRATORY

- ☐ No Problem
- ☐ O2 _____L/min via
- ☐ Cough ☐ dry ☐ wet
- ☐ Lung Sounds: ☐ clear ☐ rales
  - ☐ wheeze ☐ rhonchi
- ☐ SOB > 20 FT
- ☐ SOB mod exertion < 20 FT

O2 Sat: _____%
MD Order

EENT

- ☐ No Problem
- ☐ Oral Mucosa ☐ Normal
- ☐ Vision ☐ Wears eye glasses
- ☐ Legally Blind
- ☐ Dysphagia
- ☐ Hearing ☐ Wears hearing aid
- ☐ Glaucoma
- ☐ Others:

MOTOR/MUSCULO-SKELETAL

- ☐ Non-Ambulatory
- ☐ With Assistive Device ☐ Assist
- ☐ Decreased mobility/endurance
- ☐ Weakness/Fatigue
- ☐ Joint Swelling ☐ Tremors
- ☐ Falls ☐ Fracture ☐ Pain
- ☐ Amputation of

PAIN

- ☐ YES ☐ NO
- ☐ Unable to communicate

Location:
Intensity (0-10): _____

- ☐ Achy ☐ Dull ☐ Radiating ☐ Sharp
- ☐ Intermittent ☐ Continuous
- ☐ Treatment:

Gastrointestinal

- ☐ No Problem
- ☐ Diarrhea
- ☐ Constipation
- ☐ Nausea/Vomiting
- ☐ Colostomy/Ileostomy
- ☐ Bowel Sounds:
- ☐ Last BM:
- ☐ Tube feeding:

GENITOURINARY

- ☐ No Problem
- ☐ Incontinent ☐ Burning Pain
- ☐ Urgency
- ☐ Dysuria ☐ Anuria
- ☐ Catheter ☐ Straight ☐ External

Cath. Size/FR: _____/_____ cc balloon
Date last change: _____

ENDOCRINE

- ☐ Blood Sugar ranges: _____
- ☐ RBS: _____ mg/dl
- ☐ Hypoglycemia
- ☐ Hyperglycemia
- ☐ Insulin SQ _____units
- ☐ Unable to self-inject insulin
- ☐ Competent glucometer use
- ☐ Others: _____

INTEGUMENTARY

- ☐ Intact ☐ Turgor ☐ Dry
- ☐ Lesion/Rash
- ☐ Pruritus
- ☐ Excoriation
- ☐ Bruises ☐ Ecchymosis
- ☐ Cellulitis
- ☐ Skin & Diabetic Foot Care
- ☐ Others:

Wound Type

- ☐ Decubitus

Stage: ☐ I ☐ II ☐ III ☐ IV

- ☐ Stasis
- ☐ Surgical
- ☐ See Wound sheet assessment and treatment

VENOUS

- ☐ Peripheral IV / Central line
- ☐ Site condition
- ☐ IV site changed
- ☐ IV tubing changed
- ☐ Infiltration
- ☐ Hemodialysis ☐ AV Fistula
- ☐ AV graft ☐ Venous catheter
- ☐ Bruit

SKILLED TEACHING/INSTRUCTIONS:

- ☐ Skilled Observation and assessment
- ☐ Teach disease process R/T:
- ☐ Teach prevention of disease Exacerbation & hospitalization
- ☐ Teach edema reduction techniques
- ☐ Teach Diabetic Care
- ☐ Hypoglycemia
- ☐ Hyperglycemia
- ☐ Proper disposal of sharps
- ☐ Train Pt/CG blood sugar monitoring, glucometer use
- ☐ Prepare/administer insulin injections

TO PATIENT / CAREGIVER

- ☐ Teach med effects/side effects with focus on new/changed medications R/T
- ☐ Prescribed diet ☐ Adequate hydration ☐ Restricted fluid intake when ordered
- ☐ PICC line/peripheral line S/S of infection, effectiveness of treatment
- ☐ S/S of infection: ☐ Wound ☐ UTI ☐ Respiratory
- ☐ Teach wound care ☐ Decubitus ☐ Surgical Incision ☐ Stasis Ulcer ☐ Others
- ☐ Instructed on pain control measures, use of pain medication & non pharmacological measures
- ☐ Instructed on infection control/ hand washing/ universal precautions
- ☐ Instructed on the correct use of O2; O2 precautions/no smoking sign ☐ use of rescue inhalers
- ☐ Instructed on energy conservation / relaxation technique R/T
- ☐ S/S of bleeding R/T anti-coagulant therapy and or aspirin use
- ☐ Home safety, fall prevention strategies, use of assistive devices
- ☐ Teach ☐ Administer TF ☐ GT/JT site care ☐ Colostomy care/Ileostomy ☐ Foley cath care
- ☐ Others:

Patient/PCG Response:	SUPERVISORY VISITS: ☐ Scheduled ☐ Unscheduled
☐ Verbalized understanding ☐ Requires more instructions ☐ Return demonstration performed ☐ Unable to demonstrate ☐ Questionable comprehension ☐ Patient non-compliant	LVN: ☐ Present ☐ Not Present CHHA: ☐ Present ☐ Not Present ☐ Aide care plan updated Is patient/family satisfied? ☐ Yes ☐ No Explain: ..... Next scheduled supervisory visit: _____

Approximate date and Plan For Next Visit:

Discharge Planning Discussed ☐ Yes ☐ No
Billable Supplies recorded ☐ Yes ☐ No
Next physician Visit Date: _____
Communication with: ☐ MD ☐ OT ☐ PT ☐ ST ☐ MSW ☐ HHA ☐ SN

ADDITIONAL SN NOTES:

Clinician Name: **Clinician Signature and Title:**	**Date:**