Skilled Nursing Note

RN ☐ LPN ☐ * To be used by nurses only not CNA's

Start Time: _____

End Time: _____

Name of Patient: _____ Date: _____

Allergies: _____

Reason for Visit: ☐ Initial Assessment ☐ Teaching/training ☐ Clinical Services/Shift ☐ Wound Care ☐ Lab draw
☐ Medication Mgmt. ☐ Supervisory Visit Other _____
Recent history pertinent to reason for visit: _____
☐ Patient is homebound, Why? _____

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

Supervisory Visit: Plan of care reviewed: ◯ Yes ◯ No Patient: A/R: ◯ Yes ◯ No

Nursing assessment and observation of signs/symptoms(Mark all applicable with a "/")

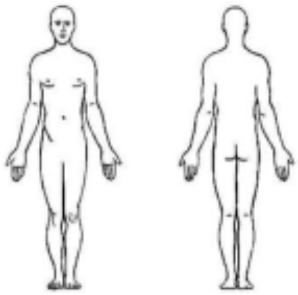
Interventions/Instructions:

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

SKIN

☐ WNL ☐ Cellulitis ☐ Pressure sore ☐ Rash ☐ Skin tear
☐ Wound ☐ Incision

	#1	#2	#3
Lenght			
Width			
Depth			
Drainage			
Tunneling			
Odor			
Sur tissue			
Wounded bed			



Stoma:

☐ Steri-strips ☐ Sutures ☐ Staples ☐ JP drain

Wound Care Performed: ◯ Yes ◯ No

☐ Aseptic technique ☐ Sterile technique
☐ Cleansed with NS ☐ Cleansed 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
☐ Constant suction Intermittent suction
☐ Pressure: _____ mHg
☐ Approx. drainage in canister _____ mls
☐ Color: _____
☐ Writen/verbal instructions given re _____

Bowel Bladder:

Foley catheler inserted _____ Fr _____ cc balloon using sterile technique with _____
Connected to ☐ Leg bag ☐ Bedside drainage bag ☐ Foley removed without accident ☐ Instructions given regarding complications to report ☐ Bowel program performed ☐ Suprapubic catheter care performed ☐ Suppository used _____
☐ Digital simulation result: _____ ☐ Dysreflexia intervention *please specify in the nursing notes*
☐ Other: _____

CARDIOVASCULAR
☐ WNL
☐ Edema (Specify)
☐ RUE ☐ LUE ☐ RLE
☐ LLE 1/2/3/4+
☐ Pitting ☐ Non-Pitting
☐ Other: _____

RESPIRATORY
☐ WNL
☐ Dyspnea
☐ SOB
☐ Cough
☐ Sputum
☐ Other: _____

PAIN
☐ None
☐ Location: _____
Severity(0-10): _____
☐ Other: _____

EMOTIONAL STATUS
☐ WNL
☐ Disoriented
☐ Forgetful
☐ Depressed
☐ Other: _____

GENITOURINARY
☐ WNL
☐ Incontinence
☐ Catheter/Size
☐ Ileostomy
☐ Other: _____

DIGESTIVE
☐ WNL
☐ Nausea ☐ Vomiting
☐ Diffuclty Swallowing ☐ Constipation
☐ Diarrhea
☐ Colostomy
☐ Incontinence
☐ Last BM

MUSCULOSKELETAL
☐ WNL
☐ ROM: ☐ RUE ☐ LUE ☐ RUE ☐ LUE
☐ Unsteady gait
☐ Generalized weakness
☐ Other: _____

NEUROSENSORY
☐ WNL
☐ Syncope
☐ Vertigo
☐ Visual Impairment
☐ Other: _____

FUNCTIONAL NEEDS:
☐ Bathing ☐ Grooming ☐ Dressing
☐ Elimination assist/toilet/urin bag/bed pan
☐ Meal preparation ☐ Eating ☐ Assist feeding
☐ Tube Feeding ☐ Encourage Fluids
☐ Transferring ☐ Positioning - encourage/assist
☐ Turn Q2 Hrs.
☐ Assitance with Activities of Daily Living (ADLs)

Other Activities:
☐ Grocery shopping/access food & supplies ☐ Special outing ☐ Special event attended ☐ New activity successfully completed (please document) ☐ See Skilled Nursing Note Page for addeddum notes

Nurse Name, Title: _____ **Signature:** _____

SUBMIT