

Nursing Clinical Progress Note

Paloma Home Health Agency, Inc

Visit: Billable Non-Billable SN SN & Sup Sup Only PRN

Date: Arrival Time:

Departure Time:

Patient Name:		Respirations:		Apical Pulse:	Radial Pulse:
Vital Signs	Temp: <input type="checkbox"/> B/P: <input type="checkbox"/>	Lying <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/>	Weight: <input type="checkbox"/>		
Physical Assessment (Check those areas that pertain to patient)					
Respiratory			Gastro-Intestinal		
<input type="checkbox"/> No Problem <input type="checkbox"/> Apnea <input type="checkbox"/> Dyspnea/Extent <input type="checkbox"/> Respiration Uneven <input type="checkbox"/> Cough <input type="checkbox"/> Sputum <input type="checkbox"/> Rales Breath Sounds: <input type="checkbox"/> Clear <input type="checkbox"/> Rhonchi <input type="checkbox"/> Wheezing <input type="checkbox"/> Oxygen			<input type="checkbox"/> No Problem <input type="checkbox"/> Appetite Decreased <input type="checkbox"/> Weight Loss/Gain: Amount: <input type="checkbox"/> <input type="checkbox"/> Constipation <input type="checkbox"/> Incontinent <input type="checkbox"/> Date of Last BM: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dysphagia <input type="checkbox"/> Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Diet Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ostomy Care Taught/Performed		
Neurological			Ears/Eyes/Nose/Throat		
<input type="checkbox"/> No Problem <input type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Forgetful <input type="checkbox"/> Disoriented <input type="checkbox"/> Dizziness <input type="checkbox"/> Tremors <input type="checkbox"/> Agitated <input type="checkbox"/> Grasps: <input type="checkbox"/> R <input type="checkbox"/> L: <input type="checkbox"/> Pupils equal/reactive to light <input type="checkbox"/> Oriented to: <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person			<input type="checkbox"/> No Problem <input type="checkbox"/> Impaired Vision <input type="checkbox"/> Cataract/Glaucoma <input type="checkbox"/> Deaf <input type="checkbox"/> Impaired Speech <input type="checkbox"/> Blind <input type="checkbox"/> Tinnitus <input type="checkbox"/> Epistaxis <input type="checkbox"/> Congestion <input type="checkbox"/> Impaired Hearing		
Musculoskeletal			Circulatory		
<input type="checkbox"/> No Problem <input type="checkbox"/> Bedbound <input type="checkbox"/> Chair bound <input type="checkbox"/> Ambulatory Aid: <input type="checkbox"/> Unsteady Balance/Gait <input type="checkbox"/> Amputations <input type="checkbox"/> Joint Pain/Stiffness <input type="checkbox"/> Contracture <input type="checkbox"/> Paralysis <input type="checkbox"/> Arthritis <input type="checkbox"/> Falls Date of last fall:			<input type="checkbox"/> No Problem <input type="checkbox"/> Heart Irregular <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur <input type="checkbox"/> Edema <input type="checkbox"/> Peripheral Pulses: LR: 0 RR: 0 LP: 0 RP: 0 <input type="checkbox"/> Chest Pain -Describe:		
Skin Condition			GU Status		
<input type="checkbox"/> No Problem <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> Clammy <input type="checkbox"/> Turgor: <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Skin Broken <input type="checkbox"/> Pale <input type="checkbox"/> Jaundice <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry			<input type="checkbox"/> No Problem <input type="checkbox"/> Incontinent <input type="checkbox"/> Retention <input type="checkbox"/> Dysuria - Frequency: <input type="checkbox"/> Catheter <input type="checkbox"/> Hematuria <input type="checkbox"/> Bladder Program <input type="checkbox"/> Foley Insertion <input type="checkbox"/> Teaching Catheter care <input type="checkbox"/> Output: <input type="checkbox"/> Urine <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odor <input type="checkbox"/> Sediment <input type="checkbox"/> Other:		
Pain Assessment: <input type="checkbox"/> No pain		Location: <input type="checkbox"/>		Duration:	
Intensity: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10					
Current pain medication/s:					
Glucometer: Control <input type="checkbox"/> Results: FBS obtained from: Finger using aseptic technique.					
Results: <input type="checkbox"/> FBS <input type="checkbox"/> RBS					
Skilled Nursing Care Performed:					
Additional clinical findings:					
Progress Toward Goals on POC:					
New Identified Problems/Goals:					
Universal Precautions followed: <input type="checkbox"/> Hand washing <input type="checkbox"/> Gloves Worn <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Alcohol gel/hand cleanser <input type="checkbox"/> Other:					
Homebound Status:					

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Matthew Vecera

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Fundamentals of Nursing Carol Taylor (CSFN.), Carol R. Taylor, 2008. Designed to maximize visual learning this Sixth Edition features a new art program and an integrated cohesive student focused suite of multimedia products. Brand new icons direct students to free video clips and online activities. New concept maps walk students through the nursing process for selected case study patients. Unexpected outcomes are now included in skills descriptions. Like previous editions the text maintains its unique holistic blended skills approach to nursing care and focuses on case based learning and critical thinking. A back of book CD ROM includes video clips and a Spanish English audio glossary. A companion online course is available free with purchase of the text. **"Code of Massachusetts regulations, 2016"**, 2016. Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020

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