

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:	
Vital	Temp: Respirations: Apical Pulse: Radial Pulse:
Signs	B/P: Lying Sitting Standing Weight:
Physical Assessment (Check those areas that pertain to patient)	
Respiratory <input type="checkbox"/> No Problem <input type="checkbox"/> Apnea <input type="checkbox"/> Dyspnea/Extent <input type="checkbox"/> Cough <input type="checkbox"/> Sputum Respiration Uneven Rales Breath Sounds: Clear Rhonchi Wheezing Oxygen	Gastro Intestinal <input type="checkbox"/> No Problem <input type="checkbox"/> Appetite Decreased Weight Loss/Gain: Amount: Constipation <input type="checkbox"/> Incontinent Date of Last BM: Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dysphagia Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended Diet Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No Ostomy Care Taught/Performed
Neurological <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 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 Other:	Ears/Eyes/Nose/Throat <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 <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:	Circulatory <input type="checkbox"/> No Problem <input type="checkbox"/> Heart Irregular <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur <input type="checkbox"/> Edema Peripheral Pulses: LR: 0 RR: 0 LP: 0 RP: 0 <input type="checkbox"/> Chest Pain -Describe:
Skin Condition <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	GU Status <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 Output: <input type="checkbox"/> Urine <input checked="" 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: 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: FSBS 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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