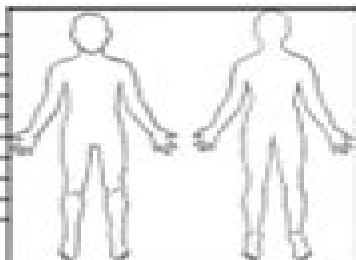


Skilled Nursing Note

☐ 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																																											
<i>Nursing assessment and observation of signs/symptoms (Mark all applicable with an "X" or circle number separated by "Y")</i>																																											
CARDIOVASCULAR ☐ WNL ☐ Edema (Specify): _____ ☐ R/L: ☐ L/L: ☐ R/L: ☐ L/L: ☐ M/D/A: ☐ Flitting ☐ Non-flitting ☐ Other: _____	RESPIRATORY ☐ WNL ☐ Dyspnea/SOB ☐ Cough/Sputum ☐ Other: _____	PAEN ☐ None ☐ Location: _____ Severity (0-10): _____ Other: _____	SKIN ☐ WNL ☐ Cellulitis ☐ Pressure sore ☐ Rash ☐ Skin tear ☐ Wound ☐ 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>Tissue/ing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Odor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nat tissue</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wound bed</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stoma</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> ☐ Steri-strips ☐ Sutures ☐ Staples ☐ JP drain ☐ IV line Type: _____		#1	#2	#3	Length				Width				Depth				Drainage				Tissue/ing				Odor				Nat tissue				Wound bed				Stoma			
	#1	#2	#3																																								
Length																																											
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EMOTIONAL STATUS ☐ WNL ☐ Disoriented ☐ Fearful ☐ Depressed ☐ Other: _____	GENITOURINARY ☐ WNL ☐ Incontinence ☐ Catheter/Stra ☐ Hematuria ☐ Other: _____	DEGESTIVE ☐ WNL ☐ Nausea/Vomiting ☐ Difficulty Swallowing ☐ Diarrhea/Constipation ☐ Colostomy ☐ Incontinence ☐ Last BM: _____																																									
NEUROSENSORY ☐ WNL ☐ Syncope/Vertigo ☐ Visual Impairment ☐ Other: _____	MUSCULOSKELETAL ☐ WNL ☐ ROM ☐ RUE LUE RUE LUE ☐ Unsteady gait ☐ Generalized weakness ☐ Other: _____	SAFETY CONCERNS: ☐ Clear pathways/stair ambulation ☐ Fall precautions ☐ Home safety ☐ Medication management ☐ IV safety ☐ Sharps disposal ☐ Oxygen safety ☐ Bleeding precautions ☐ Infection control ☐ Other: _____																																									
SUPERVISORY VISITS: Follows Std Precautions ☐ Yes ☐ No Follows Plan of Care ☐ Yes ☐ No Performs Care Properly ☐ Yes ☐ No Patient satisfied ☐ Yes ☐ No HHA Present ☐ Yes ☐ No																																											
Personal Needs (Circle): ☐ Bathing ☐ Dressing ☐ Eating ☐ Grooming ☐ Hygiene ☐ Transferring ☐ Patient/line 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/dressings 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 ☐ Cleansed with NS ☐ Cleansed with: _____ Product applied: _____ Covered with: ☐ Gauze ☐ ABD pad ☐ Telfa ☐ Packed: _____ ☐ Wet to dry-NS ☐ Secured with tape/face wrap/stockinette ☐ Wound vac applied with ☐ Black ☐ White ☐ Silver foam ☐ Canister changed ☐ Constant suction ☐ Intermittent suction ☐ Pressure: _____ mmHg ☐ Approx. drainage in canister: _____ mL Color: _____																																											
IV Therapy: Drug given: (name) _____ (dose) _____ (via) _____ (over) _____ minutes Flushed line: ☐ NS _____ mL ☐ Before ☐ After med/blood draw ☐ Final flush with Heparin _____ uL/mL _____ mL Peripheral IV inserted (site): _____ using (catheter): _____ Site prepped with ☐ alcohol ☐ betadine ☐ chloraprep _____ line dressing changed on using sterile technique ☐ 3 alcohol swabs ☐ 3 providone 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: _____ ☐ Pq/CG taught to administer: _____																																											

Skilled Nursing Documentation Examples

Rachel Sandford



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Complete Guide to Documentation Lippincott Williams & Wilkins, 2008 Thoroughly updated for its Second Edition this comprehensive reference provides clear practical guidelines on documenting patient care in all nursing practice settings the leading clinical specialties and current documentation systems This edition features greatly expanded coverage of computerized charting and electronic medical records EMRs complete guidelines for documenting JCAHO safety goals and new information on charting pain management Hundreds of filled in sample forms show specific content and wording Icons highlight tips and timesavers critical case law and legal safeguards and advice for special situations Appendices include NANDA taxonomy JCAHO documentation standards and documenting outcomes and interventions for key nursing diagnoses

Restorative Care Nursing for Older Adults Barbara Resnick, 2004-07-28 The purpose of restorative care nursing is to take an active role in helping older adults maintain their highest level of function thus preventing excess disability This book was written to help formal and informal caregivers and administrators at all levels to understand the basic philosophy of restorative care and be able to develop and implement successful restorative care programs The book provides a complete 6 week education program in restorative care for caregivers many suggestions for suitable activities and practical strategies for motivating both older adults and caregivers to engage in restorative care In addition the book provides an overview of the requirements for restorative care across all settings the necessary documentation and ways in which to complete that documentation

Nursing Care Plans & Documentation Lynda Juall Carpenito-Moyet, 2009 The Fifth Edition of Nursing Care Plans and Documentation provides nurses with a comprehensive guide to creating care plans and effectively documenting care This user friendly resource presents the most likely diagnoses and collaborative problems with step by step guidance on nursing action and rationales for interventions New chapters cover moral distress in nursing improving hospitalized patient outcomes and nursing diagnosis risk for compromised human dignity The book includes over 70 care plans that translate theory into clinical practice Online Tutoring powered by Smarthinking Free online tutoring powered by Smarthinking gives students access to expert nursing and allied health science educators whose mission like yours is to achieve success Students can access live tutoring support critiques of written work and other valuable tools

Inspector General Audit of Health Care Financing Administration Financial Statements United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 1998

Nursing Documentation Ellen Thomas Eggland, Denise Skelly Heinemann, 1994 Focuses on the communication skills that are the key to good documentation

Orientation to Home Care Nursing Carolyn J. Humphrey, Paula Milone-Nuzzo, 1996 Intended for both financial and nonfinancial managers this text covers six primary areas the author deems necessary for managers to incorporate into their decision making processes financial reporting prospective and retrospective payment systems cost accounting management accounting financial management and strategic management The author a business and finance consultant stresses the importance of teamwork

in working toward an outcome management system that honors clients and coworkers promotes innovation and balances clinical and financial organizational requirements Annotation c by Book News Inc Portland Or Infusion Nursing Infusion Nurses Society, Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, Roxanne Perucca, 2009-05-08 With a new focus on evidence based practice the 3rd edition of this authoritative reference covers every aspect of infusion therapy and can be applied to any clinical setting Completely updated content brings you the latest advances in equipment technology best practices guidelines and patient safety Other key topics include quality management ethical and legal issues patient education and financial considerations Ideal as a practical clinical reference this essential guide is also a perfect review tool for the CRNI examination Authored by the Infusion Nurses Society this highly respected reference sets the standard for infusion nursing practice Coverage of all 9 core areas of INS certification makes this a valuable review resource for the examination Material progresses from basic to advanced to help new practitioners build a solid foundation of knowledge before moving on to more advanced topics Each chapter focuses on a single topic and can serve as a stand alone reference for busy nursing professionals Expanded coverage of infusion therapy equipment product selection and evaluation help you provide safe effective care A separate chapter on infusion therapy across the continuum offers valuable guidance for treating patients with infusion therapy needs in outpatient long term and home care as well as hospice and ambulatory care centers Extensive information on specialties addresses key areas such as oncology pain management blood components and parenteral nutrition An evidence based approach and new Focus on Evidence boxes throughout the book emphasize the importance of research in achieving the best possible patient outcomes The user friendly design highlights essential information in handy boxes tables and lists for quick access Completely updated coverage ensures you are using the most current infusion therapy guidelines available **Nursing Homes** United States. General Accounting Office, 2002

Medicare at Risk United States. Congress. Senate. Committee on Governmental Affairs. Permanent Subcommittee on Investigations, 1997 Medicare, Home Health Agency Manual United States. Health Care Financing Administration, 1990

Quick Reference to Wound Care Pamela Brown, 2008-05-07 Quick Reference to Wound Care Third Edition provides healthcare professional with the information they need to provide optimal care to patients in the most cost effective manner This is a nuts and bolts resource that cover the basics of wound care from A to Z illustrating the most common wound types with color photographs There are numerous exhibits to aid clinicians in assessment documentation and day to day treatment of wounds Quick Reference to Wound Care provides step by step instructions for developing a care plan for patients with wounds it addresses the normal healing process basics of wound management and topical treatments as well as the major wound types that are most commonly seen by healthcare professionals and nurses in the home healthcare setting *Quick Reference to Wound Care* Pamela A. Brown, Julie Phelps Maloy, 2005 Quick Look Nursing Growth and Development Through the Lifespan includes chapters in biological psychological and social information that includes information on genetics fetal

development cognition and information processing roles of families peers school and society and many other chapters The Second Edition includes all the new key learning features such a Closer Look Warnings Questions to Ask key terms and an updated glossary and references **Handbook of Home Health Standards E-Book** Tina M. Marrelli,2008-09-03

Handbook of Home Health Standards Quality Documentation and Reimbursement includes everything the home care nurse needs to provide quality care and effectively document care based on accepted professional standards This handbook offers detailed standards and documentation guidelines including ICD 9 CM diagnostic codes OASIS considerations service skills including the skills of the multidisciplinary health care team factors justifying homebound status interdisciplinary goals and outcomes reimbursement and resources for practice and education The fifth edition of this little red book has been updated to include new information from the most recently revised Federal Register Final Rule and up to date coding All information in this handbook has been thoroughly reviewed revised and updated Offers easy to access and easy to read format that guides users step by step through important home care standards and documentation guidelines Provides practical tips for effective documentation of diagnoses clinical conditions commonly treated in the home designed to positively influence reimbursement from third party payors Lists ICD 9 CM diagnostic codes needed for completing CMS billing forms in each body system section along with a complete alphabetical list of all codes included in the book in an appendix Incorporates hospice care and documentation standards so providers can create effective hospice documentation Emphasizes the provision of quality care by providing guidelines based on the most current approved standards of care Includes the most current NANDA approved nursing diagnoses so that providers have the most accurate and up to date information at their fingertips Identifies skilled services including services appropriate for the multidisciplinary team to perform Offers discharge planning solutions to address specific concerns so providers can easily identify the plan of discharge that most effectively meets the patient s needs Lists the crucial parts of all standards that specific members of the multidisciplinary team e g the nurse social worker must uphold to work effectively together to achieve optimum patient outcomes Resources for care and practice direct providers to useful sources to improve patient care and or enhance their professional practice Each set of guidelines includes patient family and caregiver education so that health care providers can supply clients with necessary information for specific problems or concerns Communication tips identify quantifiable data that assists in providing insurance case managers with information on which to make effective patient care decisions Several useful sections make the handbook thorough and complete medicare guidelines home care definitions roles and abbreviations NANDA approved nursing diagnoses guidelines for home medical equipment and supplies Small size for convenient carrying in bag or pocket Provides the most up to date information about the newest and predominant reimbursement mechanisms in home care the Prospective Payment System PPS and Pay For Performance P4P Updated terminology definitions and language to reflect the federal agency change from Health Care Financing Administration HCFA to Centers for Medicare Medicaid Services CMS

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Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020
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