## **Skilled Nursing Note**

[] Initial Assessment [] Foll Name of Patient:	ow up visit [] Superv	isory visit	
Vital Signs He: We: Tee Hexp: B/P: I	ngs Pulse: A/9   ] Lying [ ] Sitting [ ] Star	6 [ ] Regular iding [ ] Right [ ] Left	[ ] Inecostar
CARDIOVASCULAR [] WNL [] Edoma Operaty) [] RUE [] LUE [] BLE [] LLE [/2004-1] Pitting [] Non-pitting [] Other	RESPIRATORY     W.N.L.     Dyspenci/SOB     Cough/Spetture     Other:	PAIN  [] None  [] Location  Severity 09-100  Other	SKIN
EMOTIONAL STATUS   WNL     WNL     Dissricated     Fragerial     Depressed     Other	WNL     Incontingues     CarlescoNice     Hosmony     Other:   MUSCULOSKELETAL	DOGRSTIVE     WNL.     Nanoca/Vocating     Difficulty Scallowing     Diamhea/Cocatipation     Collocation     I Incontinuous	Elementarion Colors Col
NEUROSENSORY     WNL     Systempe/Vertign     Visual Impairment     Other:	WNL     ROM: RUE LUE REE LLE     Unsteady gain     Generalized weakness     Other:	SAFETY CONCERNS: [   Medication management   Helication counted     O SUPERVISORY VISTE	1   Secri-antips   1   Seaunes   1   Scaples   1   1   P denie   1   1   N fare Type:     Clear pathways/lafe ambulation   1   Fall procussions   1   House safety   m   1   IV safety   1   Sharps disposal   1   Ovegen safety   1   Blooding potentiates there     Poses   1   N   Poses   1   N   N   Poses   1   N   N   N   N   N   N   N   N   N
[] Wound/incision care [] IV th [] Diet [] Elevating legs to do [] Inability to void post foley to	saching/training re: [] Noterapy [] Infection con- orcase edema [] Off lo- moval [] Discharge ins-	trol measures [] Compading techniques [] Si tractions	ons, side effects [] Disease process [] Bleeding precautions plications to report []Physician follow up [] Home safety [] Oxygen safety surps disposal []Plan of care review [] Medication management
Product applied: Covered with: [ ] Gause [ ] ABI [ ] Wound was applied with [ ] B [ ] Appess, drainage in canisser:	D pad     Telfa     Paci tlack     White     Silve	ied: r foam []Canister char is Color:	ed with NS [[Cleansed with:
	_ mbs [] Before [] After uni- nged on using sterile [] Gause dressing [] E. [] Length	er meds/blood draw [] ng (catheter); ;hnique [] 3 alcohol su stension set [] Injectio	Final flush with Heparin
[] Administered:	or inserted odside drainage bag [] I   Suppository used	foley removed without	PoCG taught to administer:
Patient/Caregiver independent     Tolerating medications with:     Discharge/no other marsing v	Parient tolerated inter with: [] Wound care [] not side effects or adven- isits needed/ondered. O	IV therapy [] Medicat e reactions [] Patient v then	r /CG verbalised/demonstrated understanding of instructions provided ion management. [ ] Wound/ incision healing without complications will follow with physician as instructed.  Next visit:  ons. [ ] Learning limitations. [ ] Refuses to learn. [ ] N/A PUCG are independent.
Patient/Designee: I certify that the I agree to the times regarding this			e worked the times indicated and the work was performed in a satisfactory manner.
Patient Signature:	The same section of the sa	-1.7 am (1.5 pm 11mc	Dute:
Caregiver signature/side:			Dune Ryad 11/12

# **Skilled Nursing Progress Notes Forms**

**Victor M. Corman** 

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rehabilitation settings Special elements found throughout the book make it easy to remember key points This edition includes new information on cultural needs assessment HIPAA National Patient Safety Goals and electronic health records

Nursing Diagnosis Lynda Juall Carpenito-Moyet, 2006 Revised to incorporate the latest NANDA approved nursing diagnoses the Eleventh Edition of this classic text offers definitive guidance on key elements of nursing diagnosis and its application to clinical practice Section 1 thoroughly explains the role of nursing diagnosis in the nursing process and in care planning Section 2 is a comprehensive A to Z guide to current nursing diagnoses Section 3 focuses on collaborative problems This edition lists associated NIC Nursing Interventions Classifications and NOC Nursing Outcomes Classifications for every NANDA diagnosis New diagnoses added and modified in accordance with the latest NANDA meeting are in an appendix for easy access

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