

SKILLED NURSING VISIT NOTE

Patient Name:

MR No.:

Date:

Time In:

Time Out:

HOMEBOUND REASON: ☐ Needs assistance for all activities ☐ Residual weakness ☐ Requires assistance to ambulate
☐ Confusion, unable to go out of home alone ☐ Unable to safely leave home unassisted ☐ Severe SOB, SOB upon exertion
 Dependent upon adaptive device(s) ☐ Medical restrictions ☐ Other (specify):

TYPE OF VISIT: ☐ SN ☐ Medicare
☐ Medicaid ☐ SN & Supervisory ☐ Suprv. Only
 Other:

CARDIOVASCULAR

☐ Chest Pain
 Edema: ☐ RUE ☐ LUE
☐ RLE ☐ LLE
☐ Abnormal Rhythm
☐ Pulses
☐ Anticoagulant Therapy
☐ WNL
☐ Other:

PULMONARY

☐ Lungs
☐ SOB/Dysp
☐ Cough
☐ Sputum
☐ Oxygen
☐ WNL
☐ Other:

INTEGUMENTARY

☐ Warm ☐ Dry ☐ Cool ☐ Chills
☐ Intact
☐ Wound ☐ Ulcer ☐ Incision
☐ Rash ☐ Itching
☐ Turgor
☐ WNL
☐ Other:

MUSCULOSKELETAL

☐ Poor Balance
☐ Limited Movement
☐ Chair or Bed Bound
☐ Walks with:
☐ Contracture ☐ Paralysis
☐ WNL
☐ Other:

VITAL SIGNS and WOUND ASSESSMENT

T: A: E: R:
 HT: WT:
 Resp: ☐ REG ☐ IRR
 Pulse: A: R: ☐ REG ☐ IRR
 B/P: LYMING SITTING STANDING
 RIGHT LEFT
☐ PFS / RBS: via Glucometer

GASTROINTESTINAL

☐ Bowel Sounds
 Abdomen: ☐ Soft ☐ Tender
☐ Distended
☐ Nausea ☐ Vomiting ☐ NPO
☐ Diarrhea ☐ Constipation
☐ Incontinence
☐ Ostomy:
☐ PEG
☐ Feeding
☐ Flushing
☐ Last BM
☐ WNL
☐ Other:

GENITOURINARY

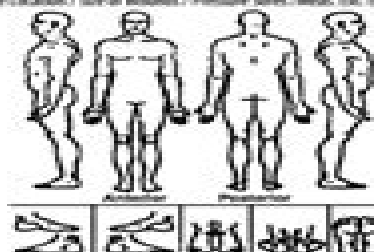
☐ Burning ☐ Dysuria ☐ Odor
☐ Discharge ☐ Retention
☐ Frequency ☐ Urgency
☐ Incontinence ☐ Hesitance
☐ Itching
☐ Color:
☐ Catheter:
☐ FR: ☐ OC:
☐ Last Changed:
☐ Irrigation
☐ WNL
☐ Other:

NEUROLOGICAL

☐ Headache
☐ Syncope ☐ Vertigo
☐ Gaze: ☐ Equal ☐ Unequal
☐ Movement:
☐ Pupils: ☐ Equal ☐ Unequal
☐ Hand Tremors
☐ Aphasia ☐ Dysphasia
☐ Speech Impairment
☐ Hearing Impairment
☐ Visual Impairment
☐ WNL
☐ Other:

MENTAL

☐ Oriented X:
☐ Forgetful ☐ Confused
☐ Disoriented
☐ Lethargic ☐ Comatose
☐ Restless ☐ Agitated
☐ Anxious ☐ Depressed
☐ Altered LOC
☐ Impaired Memory
☐ Psych HX
☐ WNL
☐ Other:



Length	#1	#2	#3	#4
Width				
Depth				
Drainage				
Tunneling				
Other				
Sec. Rx				
Refers				
Notes				

PAIN

☐ No Pain
☐ Less often than DAILY
☐ DAILY but not constant
☐ Constant
☐ Pain Level (1-10):
☐ Site:
 Believed w. Meds: ☐ Yes ☐ No
☐ Other:

INTERVENTIONS

☐ Skilled Assessment
☐ Foley Change ☐ Irrigation
☐ Wound ☐ Ulcer ☐ Incision
☐ Prep ☐ Admin Insulin
☐ Injection: ☐ IM ☐ SQ
☐ PEG ☐ ST Site Care
☐ Diet ☐ Med Instruction
☐ S/S Disease Process
☐ Other:

TECHNIQUE(S) USED

☐ Universal Precautions
☐ Aseptic Technique
☐ Proper Sharp Objects Disp.
☐ Proper Waste Disposal
☐ QC of Glucometer
☐ Glucometer Caliber:
☐ Other:

INFUSION / IV SITE

☐ IV Tubing Change
☐ Cap Change
☐ Catheter Site Change
☐ IV Site Change
 From:
 To:
☐ Med:
☐ Rate:
☐ WIA:

SKILLED INTERVENTION & TEACHING

SN ADMINISTERED

CONTINUE TO VISIT FOR: ☐ OBSERVATION ☐ ASSESS ☐ INSTRUCTIONS ☐ FOLEY ☐ WOUND CARE ☐ LABS ☐ PREP
☐ ADMIN INJECTION ☐ MAX TEACHING ATTAINED ☐ REINSTRUCT UNATTAINED

QUALITY CONTROL / GLUCOSE CONTROL SOLUTION

☐ N/A

RANGE: High:

Low:

Expiration Date: | Date Open: | Control Indicator:
☐ PT/CG verbalized understanding of instructions given | Compliant with ☐ Present ☐ Prior Instructions
☐ PT/CG able to demonstrate correct technique/procedure
 PT unable to: ☐ perform wound care | ☐ administer injection due to:
 CG unable to: ☐ perform wound care | ☐ administer injection due to:
☐ No able CG available at this time to assist with:
☐ Treatment/Injection tolerated well by patient ☐ Compliant with Diet ☐ Compliant with Medication Regimen
 PT ability with Oral Meds: ☐ Unable ☐ Able ☐ Demonstrates Understanding
 Supplies Used: ☐ Syringes ☐ Lancets ☐ N/S Gloves ☐ Alcohol Pads ☐ Glucometer Strips ☐ 4x4 ☐ Other:
☐ Discharge Planning Discussed:

CHANGE IN PATIENT CONDITION ☐ N/A
 MD Notified (name):
 Supervisor Notified: ☐ Yes ☐ No ☐ N/A
 New Orders / Comments: ☐ Yes ☐ No

SUPERVISORY VISITS

☐ N/A

☐ LPN

☐ HHA

	Yes	No
Following Care Plan	☐	☐
Patient's Needs Met	☐	☐
Assignment Updated	☐	☐
Service Change Request	☐	☐
Univ. & Safety Proc. Followed	☐	☐
Employee Present	☐	☐
Patient Satisfied With Service	☐	☐
Comments:		

Nurse Printed Name:

Nurse Signature:

RN ☐ LPN ☐

Skilled Nursing Visit Notes Example

SA Adler



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