

Skilled Nursing Charting Guidelines – g. Shift Documentation

g. NEUROLOGICAL

1. Level of Consciousness
2. Pupils (Size / Reaction)
3. Speech / Swallowing
4. Bowel / Bladder Function
5. Contractility
6. Other (Reflex)

h. CARDIOVASCULAR

1. Skin Color / Temp

g. GASTROINTESTINAL

1. Nausea / Vomiting / Burping
2. Constipation
3. Bowel Sounds
4. Abdominal Distention / Pain
5. Guaiac Stool / Hemoc Stooling
6. GI – Local Intake
7. Choking / Swallowing

h. PAIN MANAGEMENT

g. NEUROLOGICAL

1. Level of Consciousness
2. Weight Bearing Status
3. Size – Right / Left
4. Observe L/R Bleeding
5. Surgical Site – Description
6. Non-Removal Dressing
7. Neurovascular Status – (Circ)
8. Edema
9. L/R of Infection

h. OTHER PHYSIOLOGICAL CONDITIONS / OTHER FUNCTIONS / OTHER SUBJECTIVE CONDITIONS

1. Surgical Site

g. LABS

1. Interpretation
2. N/P/Ref
3. Send Changes

h. VITAL SIGNS

h. RESPIRATORY

1. Respiratory
2. Airway (Dist / Throat)
3. Spontaneous
4. L/R Discomfort

g. SOAP (SAB)

1. Activity Restrictions
2. Skin Condition

Skilled Nursing Charting / Documentation Guidelines

1. Unit Assessment
2. Insulin / Medication Adjustments

g. LABORATORY

1. Pain Management
2. Chemo/Radiation Received
3. N/P/Ref
4. Nausea / Vomiting
5. Bowel / Stoma / Apical
6. L/R of Dehydration
7. Nutritional Status

h. CARDIOVASCULAR

1. L/R of L/R / Hematoma
2. Frequency / Incontinence
3. Foley, AP Tube
4. Respiratory / Incontinence
5. Urinary Retention
6. Bowel / Bladder (Dist)
7. Bowel / Polypoid
8. Mental Status

h. LABS

1. L/R of Infection
2. Temp, not antineoplastic

1. High Prostatectomy
2. Weight Bearing Status
3. Size – Right / Left
4. Observe L/R Bleeding
5. Surgical Site – Description
6. Non-Removal Dressing
7. Neurovascular Status – (Circ)
8. Edema
9. L/R of Infection

g. LABS

1. AP Tube
2. Indwelling Catheter
3. Weight Cath
4. Respiratory
5. Urinary / Incontinence / Hematoma
6. Wound Care
7. Surgical Therapy
 1. Test Treatment
 2. Eyes
 3. OAP

h. RESPIRATORY

1. Participation
2. Intubation
3. Transfer / Bed Mobility / Triage / Triage Use
4. Also Response to P/O/N/O
5. Non-Compliance / Refusal / Intubation

1. Location Type & Rate
2. Appearance of N/P/Ref
3. Response to Therapy
4. I/O Monitoring
5. Cuts
6. Order Changes

Skilled Nursing Documentation Sheet

Stein, Chiplin



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