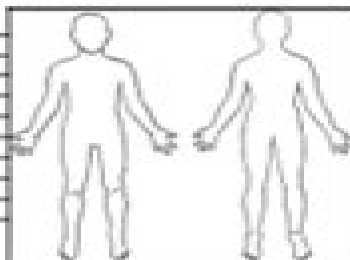


# Skilled Nursing Note

☐ Initial Assessment ☐ Follow up visit ☐ Supervisory visit

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Vital Signs</b> Ht: _____ Wt: _____ Temp: _____ Pulse: A/R: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Resp: _____ B/P: _____ <input type="checkbox"/> Lying <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Right <input type="checkbox"/> Left																																											
<i>Nursing assessment and observation of signs/symptoms (Mark all applicable with an "X" or circle number separated by "Y")</i>																																											
<b>CARDIOVASCULAR</b> <input type="checkbox"/> WNL <input type="checkbox"/> Edema (Specify): _____ <input type="checkbox"/> R/L: <input type="checkbox"/> L/L: <input type="checkbox"/> R/L: <input type="checkbox"/> L/L: <input type="checkbox"/> M/D/A: <input type="checkbox"/> Flitting <input type="checkbox"/> Non-flitting <input type="checkbox"/> Other: _____	<b>RESPIRATORY</b> <input type="checkbox"/> WNL <input type="checkbox"/> Dyspnea/SOB <input type="checkbox"/> Cough/Sputum <input type="checkbox"/> Other: _____	<b>PAEN</b> <input type="checkbox"/> None <input type="checkbox"/> Location: _____ Severity (0-10): _____ Other: _____	<b>SKIN</b> <input type="checkbox"/> WNL <input type="checkbox"/> Cellulitis <input type="checkbox"/> Pressure sore <input type="checkbox"/> Rash <input type="checkbox"/> Skin tear <input type="checkbox"/> Wound <input type="checkbox"/> 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> <input type="checkbox"/> Steri-strips <input type="checkbox"/> Sutures <input type="checkbox"/> Staples <input type="checkbox"/> JP drain <input type="checkbox"/> 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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Tissue/ing																																											
Odor																																											
Nat tissue																																											
Wound bed																																											
Stoma																																											
<b>EMOTIONAL STATUS</b> <input type="checkbox"/> WNL <input type="checkbox"/> Disoriented <input type="checkbox"/> Fearful <input type="checkbox"/> Depressed <input type="checkbox"/> Other: _____	<b>GENITOURINARY</b> <input type="checkbox"/> WNL <input type="checkbox"/> Incontinence <input type="checkbox"/> Catheter/Stra <input type="checkbox"/> Hematuria <input type="checkbox"/> Other: _____	<b>DEGESTIVE</b> <input type="checkbox"/> WNL <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Diarrhea/Constipation <input type="checkbox"/> Colostomy <input type="checkbox"/> Incontinence <input type="checkbox"/> Last BM: _____																																									
<b>NEUROSENSORY</b> <input type="checkbox"/> WNL <input type="checkbox"/> Syncope/Vertigo <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other: _____	<b>MUSCULOSKELETAL</b> <input type="checkbox"/> WNL <input type="checkbox"/> ROM <input type="checkbox"/> RUE LUE RUE LUE <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Generalized weakness <input type="checkbox"/> Other: _____	<b>SAFETY CONCERNS:</b> <input type="checkbox"/> Clear pathways/stair ambulation <input type="checkbox"/> Fall precautions <input type="checkbox"/> Home safety <input type="checkbox"/> Medication management <input type="checkbox"/> IV safety <input type="checkbox"/> Sharps disposal <input type="checkbox"/> Oxygen safety <input type="checkbox"/> Bleeding precautions <input type="checkbox"/> Infection control <input type="checkbox"/> Other: _____																																									
<b>SUPERVISORY VISITS:</b> Follows Std Precautions <input type="checkbox"/> Yes <input type="checkbox"/> No Follows Plan of Care <input type="checkbox"/> Yes <input type="checkbox"/> No Performs Care Properly <input type="checkbox"/> Yes <input type="checkbox"/> No Patient satisfied <input type="checkbox"/> Yes <input type="checkbox"/> No HHA Present <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
<b>Personal Needs (Circle):</b> <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Grooming <input type="checkbox"/> Hygiene <input type="checkbox"/> Transferring <input type="checkbox"/> Patient/Client Independent in ADLs/IADLs																																											
<b>Reason for Visit:</b> <input type="checkbox"/> Assessment <input type="checkbox"/> Teaching/training <input type="checkbox"/> Wound care <input type="checkbox"/> IV Therapy <input type="checkbox"/> Lab draw <input type="checkbox"/> HHA/Companion services <input type="checkbox"/> PT/OT/ST/MSW services <input type="checkbox"/> Medication management <input type="checkbox"/> Other: _____ Recent history pertinent to reason for visit: _____ <input type="checkbox"/> Patient is homebound Why? _____																																											
<b>Interventions/Instructions:</b> Teaching/training re: <input type="checkbox"/> Medication regimen, actions, side effects <input type="checkbox"/> Disease process <input type="checkbox"/> Bleeding precautions <input type="checkbox"/> Wound/diagnosis care <input type="checkbox"/> IV therapy <input type="checkbox"/> Infection control measures <input type="checkbox"/> Complications to report <input type="checkbox"/> Physician follow up <input type="checkbox"/> Home safety <input type="checkbox"/> Oxygen safety <input type="checkbox"/> Diet <input type="checkbox"/> Elevating legs to decrease edema <input type="checkbox"/> Off loading techniques <input type="checkbox"/> Sharps disposal <input type="checkbox"/> Plan of care review <input type="checkbox"/> Medication management <input type="checkbox"/> Inability to void post foley removal <input type="checkbox"/> Discharge instructions																																											
<b>Wound Care Performed:</b> <input type="checkbox"/> Aseptic technique <input type="checkbox"/> Sterile technique <input type="checkbox"/> Cleansed with NS <input type="checkbox"/> Cleansed with: _____ Product applied: _____ Covered with: <input type="checkbox"/> Gauze <input type="checkbox"/> ABD pad <input type="checkbox"/> Telfa <input type="checkbox"/> Packed: _____ <input type="checkbox"/> Wet to dry-NS <input type="checkbox"/> Secured with tape/face wrap/stockinette <input type="checkbox"/> Wound vac applied with <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Silver foam <input type="checkbox"/> Canister changed <input type="checkbox"/> Constant suction <input type="checkbox"/> Intermittent suction <input type="checkbox"/> Pressure: _____ mmHg <input type="checkbox"/> Approx. drainage in canister: _____ mL Color: _____																																											
<b>IV Therapy:</b> Drug given: (name) _____ (dose) _____ (via) _____ (over) _____ minutes Flushed line: <input type="checkbox"/> NS _____ mL <input type="checkbox"/> Before <input type="checkbox"/> After med/blood draw <input type="checkbox"/> Final flush with Heparin _____ mL Peripheral IV inserted (site): _____ using (catheter): _____ Site prepped with <input type="checkbox"/> alcohol <input type="checkbox"/> betadine <input type="checkbox"/> chloraprep _____ line dressing changed on using sterile technique <input type="checkbox"/> 3 alcohol swabs <input type="checkbox"/> 3 providone swabs <input type="checkbox"/> chloraprep swab <input type="checkbox"/> antimicrobial patch Applied <input type="checkbox"/> Occlusive dressing <input type="checkbox"/> Gauze dressing <input type="checkbox"/> Extension set <input type="checkbox"/> Injection site <input type="checkbox"/> Site free of complications <input type="checkbox"/> Flushes easily <input type="checkbox"/> Good blood return <input type="checkbox"/> Line removed (type) _____ Length _____ cm <input type="checkbox"/> Tip intact <input type="checkbox"/> Pressure dressing applied <input type="checkbox"/> Lab draw of: _____ from (site): _____ Taken to (Lab name): _____ <input type="checkbox"/> Administered: _____ <input type="checkbox"/> IM <input type="checkbox"/> SQ Site: _____ <input type="checkbox"/> Pq/CG taught to administer: _____																																											

# Skilled Nursing Documentation Sheet

**Y Pai**



## **Skilled Nursing Documentation Sheet:**

## Decoding **Skilled Nursing Documentation Sheet**: Revealing the Captivating Potential of Verbal Expression

In a time characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its ability to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**Skilled Nursing Documentation Sheet**," a mesmerizing literary creation penned by a celebrated wordsmith, readers attempt an enlightening odyssey, unraveling the intricate significance of language and its enduring affect our lives. In this appraisal, we shall explore the book is central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

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web mar 22 2023 the correct answer is magnetic field lines because these lines represent the direction and strength of the magnetic field around a magnet they show the path that a magnetic object would take if placed in the field with the lines closer together indicating a