

Patient Name: Date:

Skilled Nurse Visit

Type of Visit: ☐ Initial ☐ Skilled Nursing Revisit ☐ Skilled Nursing s/p hospitalization ☐ Patient status change

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

Skilled Observation/Assessment

(Circle all applicable)

Mental: ☐ No Change, ☐ Alert & Oriented, ☐ Confused/Forgetful, ☐ Disoriented, ☐ Agitated

Vitals: Temperature ☐ Oral, ☐ axillary, ☐ tympanic, ☐ rectal Pulse:

☐ Radial, ☐ Apical, ☐ Brachial, ☐ regular, ☐ irregular

Respirations: ☐ regular, ☐ irregular

Blood Pressure: Right / Left / ☐

Lying, ☐ standing, ☐ sitting

Weight: ☐ Actual, ☐ Reported Blood Sugar: ☐ Actual / ☐ Reported

Skin: (Temperature, Color, Turgor)

Breath Sounds: ☐ Clear, ☐ Crackles/Rales, ☐ Rhonchi/Wheeze Other:

O2 Saturation %

Bowel Sounds: ☐ Active / ☐ absent / ☐ hypoactive / ☐ hyperactive x quadrants

Last BM ☐ incontinence, ☐ diarrhea, ☐ constipation, ☐ Impaction

Pain: ☐ None, ☐ Same, ☐ improved, ☐ worse Origin: Location(s)

Hearing: Vision:

Relief measures

Cardiopulmonary Neuromuscular

☐ No problem

☐ Chest pain/palpitations

☐ Pedal Edema: ☐ LUE +1/+2/+3/+4 ☐ LLE +1/+2/+3/+4

☐ RUE +1/+2/+3/+4 ☐ RLE +1/+2/+3/+4

Other:

☐ Pedal Pulses present / ☐ absent

☐ Cough: ☐ Nonproductive ☐ Productive

Color: Character:

☐ Dyspnea ☐ Orthopnea ☐ Cyanosis

☐ O2 liters/minute via ☐ NC / ☐ mask / ☐ trach

☐ PRN (Continuous)

Comments:

Trach Type: Size

Ventilator Settings

RR:

TV:

PEEP:

☐ No problem

Pupils: ☐ PERRLA ☐ Other:

☐ Decreased Sensation ☐ Tremors ☐ Headache

Grasp: Right ☐ Equal ☐ Unequal ☐ Other

Left ☐ Equal ☐ Unequal ☐ Other

☐ Numbness/Tingling ☐ Vertigo/Ataxia

☐ Syncope

☐ ambulates: ☐ independent, ☐ Assist x1, ☐ Equipment

Balance: ☐ WNL ☐ Unsteady Gait

☐ Weakness

☐ Adaptive Equipment

Comments:

☐

O2:

Gastrointestinal Genitourinary

☐ Anorexia ☐ Nausea/Vomiting ☐ Difficulty Swallowing

☐ Tube Feeding (specify) _____

☐ Continuous ☐ Intermittent

Comments: _____

☐ Burning ☐ Frequency/Urgency ☐ Retention/Hesitancy

☐ Odor ☐ Hematuria ☐ Incontinence

☐ Catheter (specify) type _____ French _____ ml/balloon

Bulb inflated _____ ml ☐ Changed ☐ Inserted ☐ Removed

Irrigated with (specify) _____

Comments: _____

Wound Care

☐ Not applicable/ostomy care

Wound care/dressing change performed by ☐ Self ☐ Nurse

☐ Caregiver/family member

☐ Soiled dressing removed/disposed of properly

☐ Wound cleaned (specify) _____

☐ Wound irrigated (specify) _____

☐ Type of dressing(s) used _____

☐ Wound debridement

☐ Drainage collection container emptied. Volume _____

☐ Patient tolerated procedure well

☐ Medicated prior to wound care

☐ Patient/family/caregiver instructed on wound

care/ostomy/disposal of soiled dressing

☐ Patient/family/caregiver to perform wound care/ostomy/dressing

change

Wound

1

2

3

Location

Length

Width

Depth

Drainage

Tunneling

Odor

Stoma

Comments: _____

Interventions/Instructions

☐ Observe/Teach:

☐ Disease Process (specify) _____

☐ Diet: _____

☐ Safety: ☐ Fall ☐ Medications ☐ Fire

☐ Other: _____

☐ Pain Management

☐ Care of: ☐ Terminally Ill, ☐ Ventilator Dependent,

☐ Tracheostomy Care ☐ s/p CVA

☐ wound care, ☐ Diabetes management, _____

Teach/Administer:

☐ Tube feedings/Special diet: _____

☐ Medication Administration: ☐ injections, ☐ GT/GJ,

☐ nebulizer treatment ☐ infusion

☐ medication purpose & Side effects:

☐ Ambu bag use

☐ Oxygen tank use

☐ Ventilator settings and alarms

☐ Miscellaneous equipment _____

Summary Checklist

Care Plan: ☐ Reviewed/Revised with patient involvement

☐ Outcome achieved ☐ PRN order obtained

☐ Discharge Planning Discussed

Plan for next visit: _____

Approximate next visit date: ____/____/____

Next physician Date: ____/____/____

Care coordination: ☐ MD, ☐ SN ☐ PT ☐ OT ☐ ST ☐ MSW ☐ LPN/PDN ☐

Billable services recorded? ☐ yes ☐ No

Nurses Signature/Title: _____ Date: // Time In:

Time Out: