

# Skilled Nursing Visit

## Cheat Sheet - RN/LVN

### VITALS:

TEMP      HR      BP      RESP      O<sub>2</sub>      SUGAR

### CARDIOVASCULAR:

WNL  
CHEST PAIN: Y / N  
HEART SOUNDS:  
  MURMUR  
  GALLOP  
  CLICK  
  IRREGULAR  
PERIPHERAL PULSES: \_\_\_\_\_  
CAP REFILL:  
  <3 SECS / >3 SECS  
DIZZINESS  
EDEMA: Y / N  
  +1    +3  
  +2    +4  
NECK VEIN DISTENTION: Y / N

### GU:

WNL  
INCONTINENCE  
DISTENTION  
BURNING  
FREQUENCY  
DYSURIA  
RETENTION  
URGENCY  
UROSTOMY \_\_\_\_\_  
CATHETER: FOLEY / SUP.  
Size: \_\_\_\_ F \_\_\_\_ cc  
Last changed: \_\_\_\_\_

### URINE:

CLOUDY  
ODOROUS  
SEDIMENT  
HEMATURIA  
OTHER: \_\_\_\_\_

### EXTERNAL GENITALIA:

NORMAL  
ABNORMAL: \_\_\_\_\_

### MUSCULOSKELETAL:

WNL  
WEAKNESS  
AMBULATION DIFFICULTY  
LIMITED MOBILITY \_\_\_\_\_  
JOINT PAIN \_\_\_\_\_  
POOR BALANCE  
GRIP STRENGTH  
  EQUAL    UNEQUAL  
BEDBOUND  
CHAIRBOUND  
CONTRACTURE \_\_\_\_\_  
PARALYSIS \_\_\_\_\_

Pt's Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

PAIN:

Y

N

Pain Scale: \_\_\_\_\_ / 10 \_\_\_\_\_

Location: \_\_\_\_\_

Quality: \_\_\_\_\_

Management: \_\_\_\_\_

Aggravating Factor: \_\_\_\_\_

### MEDICATIONS:

CHANGES SINCE LAST VISIT?  
  YES    NO  
MED COMPLIANT?  
  YES    NO

### RESPIRATORY:

LUNG SOUNDS:  
  CTA    RALES  
  RHONCI    WHEEZES  
  CRACKLES    ABSENT  
  DIMINISHED    STRIDOR  
COUGH: Y / N  
  PRODUCTIVE  
  NONPRODUCTIVE  
SPUTUM: Y / N  
  
OXYGEN: Y / N  
  \_\_\_\_ LPM / \_\_\_\_  
  INT / CONTINUOUS  
  
NEBULIZER: Y / N

### DIGESTIVE / GI:

WNL  
NAUSEA/VOMITING  
NPO  
REFLUX/INDIGESTION  
DIARRHEA  
CONSTIPATION  
  CHRONIC  
  ACUTE  
  OCCASIONAL  
INCONTINENCE  
BOWEL SOUNDS:  
  HYPERACTIVE  
  HYPOACTIVE  
  NORMAL  
LAST BM: \_\_\_\_\_

### STOOL:

WNL  
ABNORMAL  
GRAY  
TARRY  
FRESH BLOOD  
BLACK

### OSTOMY:

STOMA APPEARANCE \_\_\_\_\_  
STOOL APPEARANCE \_\_\_\_\_  
SURROUNDING SKIN \_\_\_\_\_

### INTEGUMENTARY:

WNL      WARM  
DRY      COOL  
CLAMMY    PALLOR  
  
TURGOR:  
  GOOD/ELASTIC  
  DECREASED  
  POOR

### ORIENTATION:

PERSON      PLACE  
DISORIENTED    FORGETFUL  
LETHARGIC    SEIZURES

### SENSORY:

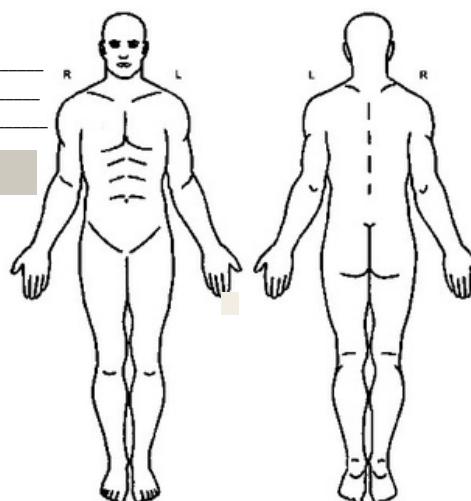
WNL  
HEARING IMPAIRED  
  LEFT    RIGHT    DEAF  
SPEECH IMPAIRED  
VISION  
  WNL    GLASSES  
  CONTACTS L / R    BLURRED  
  CATARACTS.    GLAUCOMA  
  BLIND    MAC. DEGEN.  
DECREASED SENSATION: \_\_\_\_\_

### NUTRITION:

WNL  
DYSPHAGIA  
DECREASED APPETITE  
WEIGHT LOSS/GAIN \_\_\_\_\_  
MEALS PREPARED APPROPRIATELY  
DIET  
  ADEQUATE  
  INADEQUATE  
  DECREASED APPETITE  
NG / DOBHOFF / PEG:  
  PLACEMENT CHECKED  
  RESIDUAL CHECKED  
DENTURES  
THROAT PROBLEMS  
DENTAL PROBLEMS  
HOARSENESS  
PROBLEMS CHewing

### DIET: \_\_\_\_\_

TUBE FEEDING  
  FORMULA: \_\_\_\_\_  
  BOLUS  
  CONTINUOUS @ \_\_\_\_ cc/hr  
  PUMP / GRAVITY  
  PLACEMENT CHECKED



### PROBLEMS / ISSUES DURING VISIT:

### MD NOTIFICATION:

### EDUCATION GIVEN:

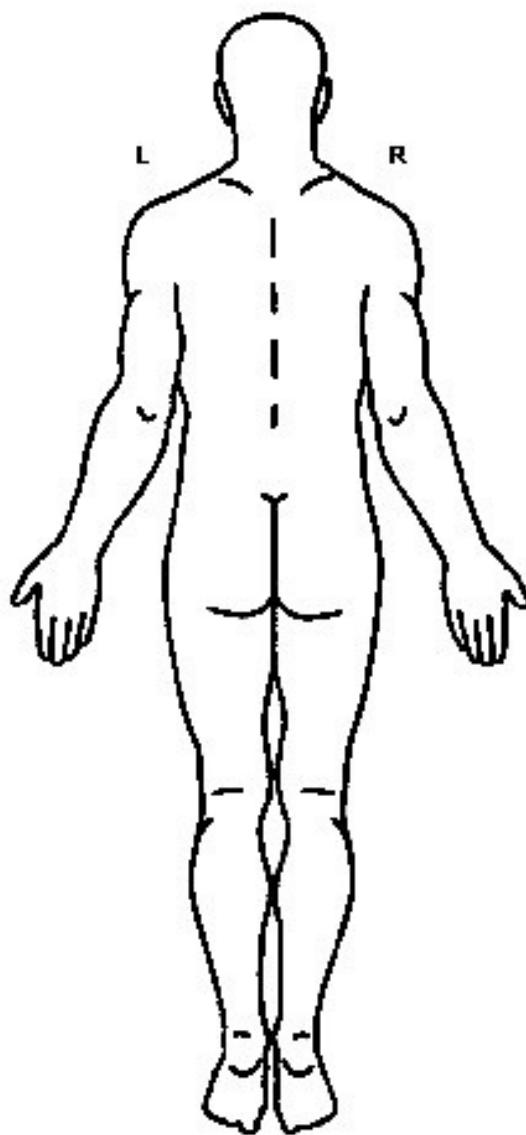
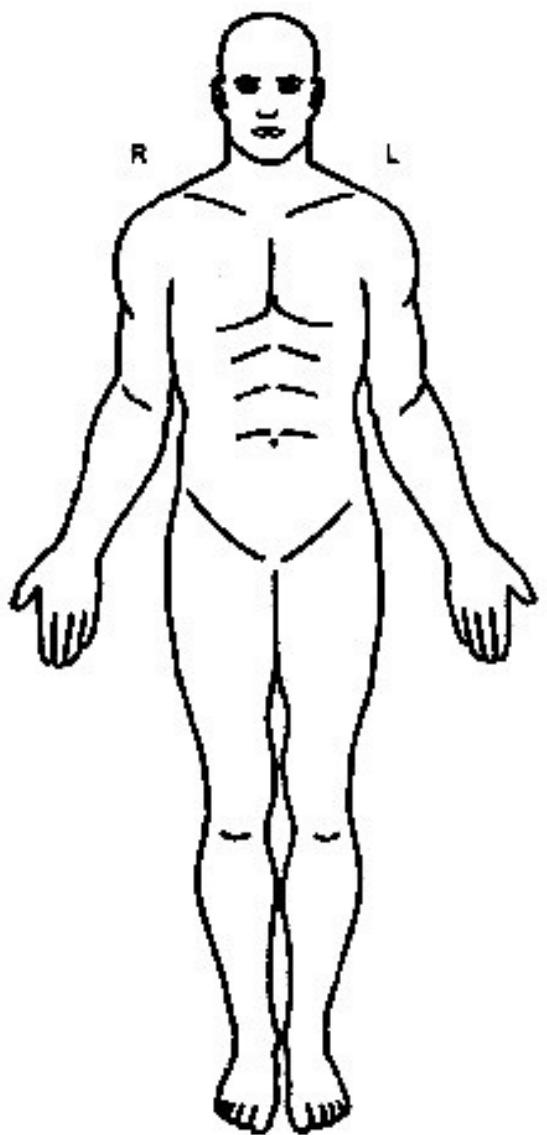
### SOURCE OF EDUCATION:

### WOUND CARE:

LOCATION: \_\_\_\_\_  
ONSET DATE: \_\_\_\_\_  
SIZE: \_\_\_\_\_  
DRAINAGE: \_\_\_\_\_  
ODOR: \_\_\_\_\_  
ETIOLOGY: \_\_\_\_\_  
STAGE: \_\_\_\_\_  
UNDERMINING: Y / N  
INFLAMMATION: Y / N  
TREATMENT: \_\_\_\_\_

### WOUND PHOTO OBTAINED?

## WOUND CARE WORKSHEET



LOCATION: \_\_\_\_\_

ONSET DATE: \_\_\_\_\_

SIZE: \_\_\_\_\_

DRAINAGE: \_\_\_\_\_

ODOR: \_\_\_\_\_

ETIOLOGY: \_\_\_\_\_

STAGE: \_\_\_\_\_

UNDERMINING: Y / N

INFLAMMATION: Y / N

COMMENTS:

LOCATION: \_\_\_\_\_

ONSET DATE: \_\_\_\_\_

SIZE: \_\_\_\_\_

DRAINAGE: \_\_\_\_\_

ODOR: \_\_\_\_\_

ETIOLOGY: \_\_\_\_\_

STAGE: \_\_\_\_\_

UNDERMINING: Y / N

INFLAMMATION: Y / N

COMMENTS:

LOCATION: \_\_\_\_\_

ONSET DATE: \_\_\_\_\_

SIZE: \_\_\_\_\_

DRAINAGE: \_\_\_\_\_

ODOR: \_\_\_\_\_

ETIOLOGY: \_\_\_\_\_

STAGE: \_\_\_\_\_

UNDERMINING: Y / N

INFLAMMATION: Y / N

COMMENTS:

LOCATION: \_\_\_\_\_

ONSET DATE: \_\_\_\_\_

SIZE: \_\_\_\_\_

DRAINAGE: \_\_\_\_\_

ODOR: \_\_\_\_\_

ETIOLOGY: \_\_\_\_\_

STAGE: \_\_\_\_\_

UNDERMINING: Y / N

INFLAMMATION: Y / N

COMMENTS:

LOCATION: \_\_\_\_\_

ONSET DATE: \_\_\_\_\_

SIZE: \_\_\_\_\_

DRAINAGE: \_\_\_\_\_

ODOR: \_\_\_\_\_

ETIOLOGY: \_\_\_\_\_

STAGE: \_\_\_\_\_

UNDERMINING: Y / N

INFLAMMATION: Y / N

COMMENTS: