**CLINICAL NOTE**

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| **ASSESSMENTS**:  **MENTAL:** ☒Oriented ☐Fair ☒Forgetful ☒Confused at times ☒Anxious at times☐Depressed ☐Other  **INTEGUMENTARY**:  ☐Wound ☐ Decub Stage☐1☐2☐3☐4  ☐Infected ☐ Foul odor drainage  **EENT**: ☐Legally blind ☒ Impaired, blurred vision  ☐Epistaxis ☐Dysphagia ☒ HOH R/L  ☐Prone to aspiration  **RESPIRATORY**:SOB☐Rest ☒ Mod. Exertion ☐Cough ☐Productive ☐Non-productive Sputum Color: Amount:\_\_\_\_\_ ☒Lung Sound: diminished/  **clear**  O2\_\_\_\_LPM/  **MUSCULOSKELETAL**:  Stiff joints ☒Weakness ☒Limited ROM ☐Contractures ☐ Foot drop  ☐Unsteady balance ☒Other: uses **cane, walker**  **PAIN**: ☐No ☒Yes Location: **Lower Back, Bilateral Shoulders, Joints**  Intensity: pain scale **4/10**  ☐Sharp ☒Dull ☐Radiating ☐Burning  Controlled ☐No ☒Yes by rest/relaxation, repositioning, massage, diversion, and medication  **Ibuprofen 600 mg, 1 tablet by mouth every 6 hours as needed for pain**  **GASTROINTESTINAL**:  ☐Nausea ☐Vomiting ☐Diarrhea  ☐Constipation ☐Impaction ☐ Abd.Dist.  ☐Incontinent ☒Last BM:**03/12/25**  Appetite ☐Good ☒Fair ☐Poor  **Diet**: **NAS, Low fat, Low cholesterol,**  **NEUROLOGICAL**:  ☐Aphasic ☐Slurred speech ☐Seizures  ☐Headache ☐Tremors ☐Vertigo  ☒PERRLA ☒Weakness R☐ L☐  **CARDIOVASCULAR**:  ☐Chest pain ☒Palpitations ☐Dizziness  Pedal pulses: ☒Present ☐Absent  Edema: ☒Pitting ☐Non-pitting ☐ Pacer.  ☒1+ ☐2+ ☐3+ ☐4+ ☐ Dependent  Location: ☒Pedal R/L ☐Dorsum R/L  **GENITOURINARY**:  ☒Incontinent ☐Frequency ☐Urgency  ☐Pain ☐Nocturia☐Burning☐Retention  ☐Catheter ☐Condom ☐IFC☐  **ENDOCRINE**:  ☐Weak ☐Diaphoretic ☐Polyuria  ☐DM II | **Vital Signs**: T- 99.1 F, HR- 62 bpm, RR - 18 per min BS 173 mg/dl per patient/PCG F ☒ R ☐ Repeat **BP**: R / **L** Lying \_\_ Sitting 130/65 mm/Hg Standing Repeat Wight lbs.  **HOMEBOUND STATUS**: ☒Poor/Limited Endurance ☒ Poor/Limited Strength ☒ SOBOE ☒Poor Unsteady Gait ☒Requires Assist with ADL ☐ Unable to Negotiate Uneven Surfaces or Steps ☐ Medical Restrictions ☐Non-wt. bearing ☐Ambulates \_18-20\_ ft then requires rest/stop ☐Requires assist with transfer ☒Requires assistive device to ambulate ☒Confusion ☒Unable to leave home without assistance ☐Bedbound ☐Paralysis UE/LE/both ☒Requires assist to ambulate ☒Poor coordination or balance ☐Partial wt. bearing ☒ Others: requires considerable, taxing effort to leave home even with Caregiver assistance. Patient is using solid and stable objects to move around the house.  **CLINICAL PROBLEM(S) / KNOWLEDGE DEFICIT / NURSING DIAGNOSES**:  ***(Problems/Significant Findings)*** Altered status due to Essential (primary) hypertension. Knowledge deficit regarding measures to control Essential (primary) hypertension and the medication chlorthalidone 25 mg, 1 tablet by mouth daily as ordered by MD.  **INTERVENTIONS:** (Specific to problems identified and who was given the instructions.) SN admitted the patient for comprehensive skilled nursing assessment, observation and evaluation of all body systems. SN to assess vital signs, pain level. SN performed to check vital signs and scale pain (1-10) every visit. SN to evaluate therapeutic response to current/new medications and compliance to medication/diet regimen, home safety issues and psychosocial adjustment. Essential hypertension is high blood pressure that doesn't have a known secondary cause. It's also referred to as primary hypertension. Blood pressure is the force of blood against your artery walls as your heart pumps blood through your body. Lifestyle adjustments are the standard, first-line treatment for hypertension. People can prevent high blood pressure by following a heart-healthy diet (HTN- NAS diet). HTN- NAS diet’s purpose is to control sodium in the body: regulation of body fluids. Lowering salt intake can benefit people with hypertension. SN instructed Patient/PCG regarding the medication chlorthalidone. Chlorthalidone is a diuretic that helps lower blood pressure by reducing the amount of water in the body. Common side effects may include dizziness and electrolyte imbalance. SN advised Patient/PCG to take medication chlorthalidone 25 mg, 1 tablet by mouth daily as ordered by MD.    **SAFETY MEASURES/INFECTION CONTROL MEASURES:**  ☒Bleeding precautions ☒Fall precautions ☒Clear pathways ☒Universal Precautions ☒911 protocol ☒Cane, walker Precautions  **PATIENT/PCG RESPONSE/PROGRESS TOWARDS TREATMENT/TEACHING/GOAL(S):**  ☒Verbalized fair understanding ☐Verbalized lack of understanding ☐Procedure(s) well tolerated ☐Return demonstration performed ☐Responding well to treatment ☒No side effects/ adverse reactions ☐Continues to have no willing/able/available PCG for injection(s)/treatment ☒Requires more instruction ☐BP/Pain decreased/increased ☒Patient has been identified with two forms of ID  ☐Other  **PLAN:** (for next visit): continue to implement plan of care as approved by PMD.  **COMMUNICATION**:☐MD ☐Supervisor ☐RN ☐PT ☐MSW ☐Other  Re:  **SN NAME: Davit NEXT MD APPOINTMENT**  **SN SIGNATURE** **MR# 156-001**  **PATIENT DATE TIME IN/OUT**   |  |  |  | | --- | --- | --- | | **FORD, HENRY** | **03/13/25** | **07:45-08:30** | |