**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 **can**  **PAIN**: ☐No ☒Yes Location: **Lower Back, Left Knee, Bilateral shoulders, Multiple Joints**  Intensity: pain scale **4/10**  ☐Sharp ☒Dull ☐Radiating ☐Burning  Controlled ☐No ☒Yes by rest/relaxation, repositioning, massage, diversion, and medication  **Ibuprofen 400 mg, 1 tablet by mouth every 6 hours as needed for pain; Tylenol 500 mg, 1 capsule by mouth every 6 hours as needed for pain**  **GASTROINTESTINAL**:  ☐Nausea ☐Vomiting ☐Diarrhea  ☐Constipation ☐Impaction ☐ Abd.Dist.  ☐Incontinent ☒Last BM:**03/03/25**  Appetite ☐Good ☒Fair ☐Poor  **Diet**: **NAS, Controlled Carbohydrate, Low Fat, Low Cholesterol, NCS**  **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 - 16 per min BS 152 mg/dl per patient/PCG F ☐ R ☒ Repeat **BP**: R / **L** Lying \_\_ Sitting 139/68 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 Tremor. Knowledge deficit regarding measures to control Tremor and the medication ibuprofen 400 mg 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 record blood sugar test results checked by Pt/PCG during the visits and report any significant changes to MD. SN to perform diabetic foot exam upon every visit. PCG assumes DM responsibilities, is confident, capable, and competent in checking blood sugar daily. SN to record blood sugar test results checked by Pt/PCG during the visits and report any significant changes to MD. SN to perform diabetic foot exam upon every visit. PCG assumes DM responsibilities, is confident, capable, and competent in checking blood sugar daily. SN to record blood sugar test results checked by Pt/PCG during the visits and report any significant changes to MD. SN to perform diabetic foot exam upon every visit. PCG assumes DM responsibilities, is confident, capable, and competent in checking blood sugar daily. SN to evaluate therapeutic response to current/new medications and compliance to medication/diet regimen, home safety issues and psychosocial adjustment. Tremor is a nervous system (neurological) disorder that causes involuntary and rhythmic shaking. It can affect almost any part of your body, but trembling occurs most often in your hands — especially when you do simple tasks. A tremor is most often in your hands, but it could also affect your arms, head, vocal cords, trunk, and legs. It may come and go, or it may be constant. Tremors can happen on their own or be caused by another disorder. Generally, tremors are caused by a problem in the deep parts of the brain that control movements. For most types, the cause is unknown. Some types are inherited and run in families. There is no cure for most forms of tremor, but there are treatments to help manage symptoms. In some cases, the symptoms may be so mild that you do not need treatment. Finding the right treatment depends on getting the right diagnosis of the cause. SN instructed Patient/PCG regarding the medication ibuprofen 400 mg. Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID) used to relieve pain, reduce inflammation, and lower fever. It works by blocking the production of certain chemicals in the body that cause inflammation and pain. SN advised Patient/PCG to take medication ibuprofen 400 mg as ordered by MD.    **SAFETY MEASURES/INFECTION CONTROL MEASURES:**  ☒Fall precautions ☒Clear pathways ☒Infection control measures ☒Universal precautions ☒Precautions ☒911 protocol ☒COVID-19 Precautions ☒Cane  **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: Parker, peter NEXT MD APPOINTMENT**  **SN SIGNATURE** **MR# 114-002**  **PATIENT DATE TIME IN/OUT**   |  |  |  | | --- | --- | --- | | **TATE, ANDREW** | **03/04/25** | **08:33-09:18** | |