**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 **3/10**  ☐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- 98.9 F, HR- 90 bpm, RR - 17 per min BS 167 mg/dl per patient/PCG F ☐ R ☒ Repeat **BP**: R / **L** Lying \_\_ Sitting 137/81 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 Unilateral primary osteoarthritis. Knowledge deficit regarding measures to control Unilateral primary osteoarthritis 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. Unilateral primary osteoarthritis is a degenerative, non-inflammatory joint disease characterized by the wearing away of cartilage that protects the ends of bones. It primarily affects weight-bearing joints, such as the hips and knees, and can lead to pain, stiffness, and reduced mobility. Symptoms often worsen with activity and improve with rest. Diagnosis typically involves physical examination and imaging studies. SN instructed Patient/PCG regarding the medication ibuprofen. Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID) used to relieve pain and reduce inflammation. 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** | |