

Nursing Clinical Progress Note**Paloma Home Health Agency, Inc**Visit ☐ Billable ☐ Non-Billable ☐ SN ☐ SN& Sup ☐ Sup Only ☐ PRN

Date: _____ Arrival Time: _____ Departure Time: _____

Patient Name: _____**Vital** Temp: _____ Respirations: _____ Apical Pulse: _____ Radial Pulse: _____**Signs** B/P: _____ ☐ Lying ☐ Sitting ☐ Standing Weight: _____**Physical Assessment (Check those areas that pertain to patient)****Respiratory**
☐ No Problem ☐ Apnea ☐ Dyspnea/Extent
☐ Respiration Uneven ☐ Cough ☐ Sputum
☐ Rales
 Breath Sounds: ☐ Clear ☐ Rhonchi ☐ Wheezing
☐ Oxygen
Neurological
☐ No Problem ☐ Alert ☐ Lethargic ☐ Forgetful
☐ Disoriented ☐ Dizziness ☐ Tremors ☐ Agitated
☐ Grasps: ☐ R ☐ L :
☐ Pupils equal/reactive to light
☐ Oriented to: ☐ Time ☐ Place ☐ Person

Other: _____

Musculoskeletal
☐ No Problem ☐ Bedbound ☐ Chair bound
☐ Ambulatory Aid ☐ Unsteady Balance/Gait
☐ Amputations ☐ Joint Pain/Stiffness ☐ Contracture
☐ Paralysis ☐ Arthritis ☐ Falls Date of last fall: _____
Skin Condition
☐ No Problem ☐ Warm ☐ Cool ☐ Cold ☐ Clammy
☐ Turgor: ☐ Diaphoretic ☐ Skin Broken
☐ Pale ☐ Jaundice ☐ Cyanotic ☐ Dry
Gastro Intestinal
☐ No Problem ☐ Appetite Decreased
☐ Weight Loss/Gain: Amount: _____
☐ Constipation ☐ Incontinent
☐ Date of Last BM: _____
☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Dysphagia
☐ Abdomen: ☐ Soft ☐ Firm ☐ Distended
☐ Diet Compliance: ☐ Yes ☐ No
☐ Ostomy Care Taught/Performed
Ears/Eyes/Nose/Throat
☐ No Problem ☐ Impaired Vision ☐ Cataract/Glaucoma
☐ Deaf ☐ Impaired Speech ☐ Blind
☐ Tinnitus ☐ Epistaxis ☐ Congestion
☐ Impaired Hearing
Circulatory
☐ No Problem ☐ Heart Irregular
☐ Gallop ☐ Murmur ☐ Edema
☐ Peripheral Pulses: LR: 0 RR: 0 LP: 0 RP: 0
☐ Chest Pain -Describe: _____
GU Status
☐ No Problem ☐ Incontinent ☐ Retention
☐ Dysuria - Frequency: _____
☐ Catheter ☐ Hematuria ☐ Bladder Program
☐ Foley Insertion ☐ Teaching Catheter care
 Output: ☐ Urine ☐ Clear ☐ Cloudy ☐ Odor
☐ Sediment ☐ Other: _____
Pain Assessment: ☐ No pain

Location: _____

Duration: _____

Intensity: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Current pain medication/s: _____

Glucometer: Control ☐ Results: FSBS obtained from: _____ Finger using aseptic technique.Results: ☐ FBS ☐ RBS

Skilled Nursing Care Performed: _____

Additional clinical findings: _____