Skilled Nursing Note

matrix HOME HEALTH CARE

Name of Patient: _____ Date: _____ **[ ] Initial Assessment [ ] Follow up visit [ ] Supervisory visit**

Vital Signs
Ht: _____ Wt: _____ Temp: _____ Pulse: A/R: _____ [ ] Regular [ ] Irregular Resp: _____ B/P: _____ [ ] Lying [ ] Sitting [ ] Standing [ ] Right [ ] Left

Nursing assessment and observation of signs/symptoms (Mark all applicable with an "X" or circle item(s) separated by "/"

CARDIOVASCULAR
[ ] WNL
[ ] Edema (Specify)
[ ] RUE [ ] LUE [ ] RLE [ ] LLE
1/2/3/4+ [ ] Pitting [ ] Non-pitting
[ ] Other:

EMOTIONAL STATUS
[ ] WNL
[ ] Disoriented
[ ] Forgetful
[ ] Depressed
[ ] Other:

NEUROSENSORY
[ ] WNL
[ ] Syncope/Vertigo
[ ] Visual Impairment
[ ] Other:

RESPIRATORY
[ ] WNL
[ ] Dyspnea/SOB
[ ] Cough/Sputum
[ ] Other:

GENITOURINARY
[ ] WNL
[ ] Incontinence
[ ] Catheter/Size
[ ] IIeostomy
[ ] Other:

MUSCULOSKELETAL
[ ] WNL
[ ] ROM:
RUE LUE RLE LLE
[ ] Unsteady gait
[ ] Generalized weakness
[ ] Other:

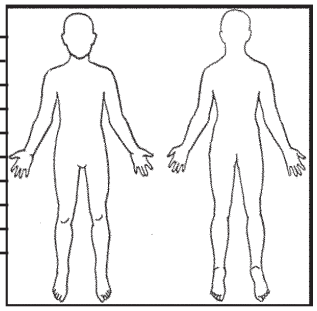
PAIN
[ ] None
[ ] Location:

Severity (0-10):
Other:

DIGESTIVE
[ ] WNL
[ ] Nausea/Vomiting
[ ] Difficulty Swallowing
[ ] Diarrhea/Constipation
[ ] Colostomy
[ ] Incontinence
[ ] Last BM

SKIN
[ ] WNL [ ] Cellulitis [ ] Pressure sore
[ ] Rash [ ] Skin tear [ ] Wound [ ] Incision

	#1	#2	#3
Length			
Width			
Depth			
Drainage			
Tunneling			
Odor			
Sur tissue			
Wound bed			



Stoma:

[ ] Steri-strips [ ] Sutures [ ] Staples
[ ] JP drain [ ] IV line Type:

SAFETY CONCERNS: [ ] Clear pathways/safe ambulation [ ] Fall precautions [ ] Home safety
[ ] Medication management [ ] IV safety [ ] Sharps disposal [ ] Oxygen safety [ ] Bleeding precautions
[ ] Infection control [ ] Other:

SUPERVISORY VISIT: Follows Std Precautions [ ] Yes [ ] No Follows Plan of Care [ ] Yes [ ] No
Performs Care Properly [ ] Yes [ ] No Patient satisfied [ ] Yes [ ] No HHA Present [ ] Yes [ ] No

Functional Needs (Circle): Bathing Grooming Dressing Eating Transferring [ ] Patient/client independent in ADL's / IADL's

Reason for Visit: [ ] Assessment [ ] Teaching/training [ ] Wound care [ ] IV Therapy [ ] Lab draw [ ] HHA/Companion services [ ] PT/OT/ST/MSW services
[ ] Medication management [ ] Other: _____
Recent history pertinent to reason for visit: _____
[ ] Patient is homebound Why? _____

Interventions/Instructions: Teaching/training re: [ ] Medication regimen, actions, side effects [ ] Disease process [ ] Bleeding precautions
[ ] Wound/incision care [ ] IV therapy [ ] Infection control measures [ ] Complications to report [ ] Physician follow up [ ] Home safety [ ] Oxygen safety
[ ] Diet [ ] Elevating legs to decrease edema [ ] Off loading techniques [ ] Sharps disposal [ ] Plan of care review [ ] Medication management
[ ] Inability to void post foley removal [ ] Discharge instructions

Wound Care Performed: [ ] Aseptic technique [ ] Sterile technique [ ] Cleansed with NS [ ] Cleansed with: _____
Product applied: _____
Covered with: [ ] Gauze [ ] ABD pad [ ] Telfa [ ] Packed: _____ [ ] Wet to dry-NS [ ] Secured with tape/ace wrap/stockinette
[ ] Wound vac applied with [ ] Black [ ] White [ ] Silver foam [ ] Canister changed [ ] Constant suction [ ] Intermittent suction [ ] Pressure: _____mmHg
[ ] Approx. drainage in canister: _____mls Color: _____

IV Therapy: Drug given: (name) _____ (dose) _____ (via) _____ (over) _____ minutes
Flushed line: [ ] NS _____ mls [ ] Before [ ] After meds/blood draw [ ] Final flush with Heparin _____u/cc _____ mls
Peripheral IV inserted (site): _____ using (catheter): _____ Site prepped with [ ] alcohol [ ] betadine [ ] choloraprep _____
line dressing changed on using sterile technique [ ] 3 alcohol swabs [ ] 3 provodine swabs [ ] chloraprep swab [ ] antimicrobial patch
Applied [ ] Occlusive dressing [ ] Gauze dressing [ ] Extension set [ ] Injection site [ ] Site free of complications [ ] Flushes easily [ ] Good blood return
[ ] Line removed (type) _____ [ ] Length _____cm [ ] Tip intact [ ] Pressure dressing applied
[ ] Lab draw of: _____ from (site): _____ Taken to (Lab name): _____
[ ] Administered: _____ [ ] IM [ ] SQ Site: _____ [ ] Pt/CG taught to administer: _____

Bowel Bladder: [ ] Foley catheter inserted _____ Fr _____ cc balloon using sterile technique with _____ return
Connected to [ ] Leg bag [ ] Bedside drainage bag [ ] Foley removed without incident [ ] Instructions given regarding complications to report
[ ] Bowel program performed [ ] Suppository used _____ [ ] Digital stimulation Results: _____
[ ] Written instructions given re: _____
Other: _____
[ ] See communication sheet for addendum notes

Patient/Caregiver Response: [ ] Patient tolerated interventions well [ ] Patient /CG verbalized/demonstrated understanding of instructions provided Patient/
Caregiver independent with: [ ] Wound care [ ] IV therapy [ ] Medication management [ ] Wound/ incision healing without complications
[ ] Tolerating medications without side effects or adverse reactions [ ] Patient will follow with physician as instructed
[ ] Discharge/no other nursing visits needed/ordered Other: _____ Next visit: _____
Patient/Caregiver unable to be independent in care due to: [ ] Physical limitations [ ] Learning limitations [ ] Refuses to learn [ ] N/A Pt/CG are independent

Patient Rights & Responsibilities:
[ ] Reviewed Advance Directives Any Changes [ ] Yes [ ] No [ ] [ ] POC Any Changes [ ] Yes [ ] No [ ]
[ ] Rights for a Representative Any Changes [ ] Yes [ ] No If yes, document on reverse

Patient/Designee: I certify that the Matrix Home Care Employee listed on this note worked the times indicated and the work was performed in a satisfactory manner. I agree to the times regarding this slip. Time in: _____ [ ] am [ ] pm Time out: _____ [ ] am [ ] pm

Patient Signature: _____ Date: _____

Caregiver signature/title: _____ Date: _____ Rvsd 03/19

matrix
HOME HEALTH CARE

Communication / Progress Notes

Patient/Client Name: _____

Date	Time	Progress Notes