DAILY SKILLED NURSES NOTES

	The second of th	CHILD.	responding by r. Oldinam	i e anu	live of nurse for annionrial	a shim	
DI	able boxes. Circle appropriate it	DEN		DE		DE N	
Mental Status	Cardiovascular		GI]= -	Musculoskeletal		
Alert	Regular Rhythm		Anorexia		Steady Gait		
Disoriented:	Radial/Apical Irregular	-	Nausea/Vomiting		Balance/Gait Unsteady		
Person Place	Capillary Refill Sluggish	$\bot\bot$	Epigastric Distress		Paralysis/Weakness		
Time	Neck Vein Distortion	\perp	Difficulty Swallowing				
Anxious/Agitated	Chest Pain		Pain	$\perp \perp \perp$			
Restless	Edema Non-Pitting		Abdominal Distention		Nervous System		
Depressed	Pedal: Lt/Rt		Colostomy Diarrhea		Syncope	+ $+$ $+$	
Lethargic	Pitting: +1		Constipation/Impaction		Headache		
Comatose	+2	+	Bowel Incontinence	1 1 1	Decreased Grasp		
Abnormal Sleep Pattern	+3		Bowel Sounds		Rt Lt	+ -	
Forgetful/Confused	+4		Present		Decreased Movement		
Hallucinations/Delusions	Abnormal Peripheral Pulses		Absent	++++	□ RUE □ LUE		
		TI	Hyperactive	- - -	D RLE D LLE	+++	
		7 1-	Hypoactive	1	Abnormal Pupil Reaction		
Respiratory	Sensory			+++	Right		
Normal	Unclear Speech			1	Left	+++	
Labored Breathing	Unable to Speak		G.U.		Tremors	+++	
Shallow Respirations	Unable to Make Self		Burning	1	Vertigo	† -	
Rales/Rhonchi	Understood		Distention/Retention			 	
Wheezing	Unable to Hear		Frequency/Urgency		Skin		
Cough	Hearing Aid: Rt/Lt		Hematuria		Skin Color Normal	\Box	
Orthopnea Drawn (2008)	Unable to See		Hesitancy		Jaundiced		
Dyspnea/SOB	Wears Glasses	Ш	Bladder Incontinence		Cyanosis		
O ₂ LPM	Decreased Tactile Sensation	_	Catheter		Pallor		
☐ Continuous		+	Urine		Clammy		
SaO ₂ %% %	Pain		Color:		Chills		
Nebulizer Tx	Pain No c/o's of Pain		Consistency:		Flushing of Skin	1	
Suctioning	Origin:	+-	Odor:	+	Rash/Itching	\bot	
Trach Care	Location:	++	Pain		Abnormal Turgor/Elasticity	+++	
Vent Care	Intensity (0-10)		Discharge		Decubitus Wound		
John Gallo	Thensity (0-10)	++	Diabetic Urine Testing	+++	<u> </u>	+11-	
		++		+ +-+		+	
Signature/			<u>. </u>	++-			
Title: D:	E:			N:			
SERVICES PROVIDED:	☐ Transfusions	W	☐ Direct Skilled Nursing Set	rvices	☐ Urine Testing		
☐ Skilled Observation &	☐ Teaching & Training		☐ Wound Care/Dressings	11000	☐ Therapy (PT, OT, ST)		
Assessment			☐ Pressure Ulcer Managem	ent	☐ Supportive Therapy		
☐ Glucometer Readings	(Insulin, Diet, Foot-care, etc.)		☐ Stasis Ulcers		☐ Nursing Rehabilitation		
☐ Management & Eval of	☐ Gait Training/Prosthesis Care ☐ Self-administration of	9	☐ Central/Peripheral IV The	rapy	→ Respiratory Therapy		
Resident Care Plan	Injectable Meds		☐ Tracheostomy Care ☐ Suctioning		☐ Chest Physio/Postural Drainage		
☐ Dehydration/Fluid Intake	☐ Teach & Ostomy/lleo Condui	it			□ Ventilator/Respirator		
☐ Chemotherapy Management/	Care		☐ IV Medication		□ Adm./Teach Inhalation Rx		
Teach	☐ Terminal Illness Care/Teach		□ IV Feeding		☐ Braces, Casts, Splints,		
☐ Dialysis Management	☐ Diet Teaching		☐ Intramuscular Injections☐ Tube Feeding (must meet		Orthotics, etc. Care/Teach Safety Factors		
☐ Teach/Adm. Antibiotics ☐ Observe for/Teach Medication	☐ Bowel & Bladder Training		requirements)		D		
Effects/Side Effects	☐ Teach/Train on Treatment		☐ Pain Management		ū	-	
□ Observe S/Sx infection	Regimen ☐ Teach/Care IV Catheter Sites	,	☐ Post-cataract Care			-	
DATE/TIME					(3)7		
DATE/TIME	СОММ	ENTS			SIGNATURE/1	ITLE	
				3			
				20			
		-					
AME-Last Fi	rst Middle	7.44	nding Physician	Record	No. Room/Bed		