Submit

SKILLED NURSING VISIT NOTE				Date:		
Patient Name:			MR No.:	Time in:	Time lis: Time Out:	
Confusion, unable to go ou	it of home alone Unable to sah	Residual weakness Require dy leave home unassisted Sev	s assistance to ambulate ere SOS, SOS upon exertion	TYPE OF VISIT: SN Medicaid SN & Supe	misory Sup	rv. Only
Dependent upon adaptive	device(s) Medical restrictions	Other (specify):				
CARDIOVASCULAR	PULMONARY	INTEGUMENTARY	MUSCULOSKELETAL	VITAL SIGNS and WO	The second secon	
☐ Chest Pain	□ Longs	☐ Warm ☐ Dry ☐ Cool ☐ Chills		To A:	0:	R:
Edema: DRUE DIUE	S08 Okry	☐ Intact	☐ Limited Movement	HT:	WT	
	Cough	☐ Wound ☐Ulcer ☐Incision		Resp:		G/ IIIIRR)
☐ Abnormal Rhythm	☐ Spetam	Rash Ditching	Walks with:	Pulse A: R:		6/ (1880)
☐ Pulses	□ Oxygen	☐ Turgor		B/P LYMG	SITTING	STANDONS
Anticoagulant Therapy	☐ WNL	□ WNL	☐ Contracture ☐ Paralysis	RIGHT		
□ WNI	Other:	Other:	□ www.	LEFT		
Other:			□Other:	General acution / Survey Bounds / Pr		Glucometer is follow bit.
GASTROINTESTINAL	GENITOURINARY	NEUROLOGICAL	MENTAL	1 D D	0 6	3
☐ Sowel Sounds	☐ Burning ☐Dysuria ☐Odor	Objectable	☐ Oriented X		1.5	X
Andones Diot D lender	Dictention Distention	□Syncare □Vertican	☐ Forgetful ☐Confused	1 (7/10-7)	11 . 11 4	r)
☐ Dispended	☐ Frequency ☐ Urgency	Grasp: Diffount D'Unequal	☐ Disorientind	1 (1) (1)	$H = H \lambda$	{3}
☐ Racora ☐ Vomiting ☐ MPO	☐ Incontinentor ☐ tesitance	☐ Movement:	C) Letharoic C)Comutose	→ W/H + W/	M + M C	U.
☐ Diarries ☐Constipation	☐ truthing	Pupils: D Equal DUnequal	☐ Restless ☐ Agitated	1 415/0/63	$\Lambda \Lambda / \Psi I$	7
☐ incontinence	Color:	☐ Hand Inemon.	☐ Anxious ☐ Depressed	1 // HH	HH /	
C Octomy:	☐ Catheter:	☐ Aphasia ☐ Dysphasia	☐ Altered LOC	1 1/1/10/	MM/M	
□ PEG	□ Rt. □ CC.	Speech Impairment	☐ Impaired Memory		88 6	_
☐ Feeding	☐ Last Changed	☐ Finanting Impairment	Psych HX	Antester	Property	
☐ Flushing		O Visual Impairment	☐ www.	1 600 and 1	De Bear to	323
☐ Liet 8M	☐ Irrigation	☐ wivi.	Other:			3U
☐ WNL	☐ WNL	D Other:	Districts Control Control	#1	#2 #3	84
C Other:	Other:			Length Width		
Park	INTERVINDONS	TECHNIQUE(S) USED	INFUSION / IV SITE	Despth.	_	
☐ So Fam	☐ Skilled Assessment	☐ Universal Precautions	N Tubing Change	Drainage	_	_
☐ Less often than DALY	☐ Foley Change ☐ Irrigation	☐ Aseptic Technique	☐ Cap Change	Tymoding	_	
☐ SALY but not constant.	☐ Wound ☐ Ulter ☐ Incision	Proper Sharp Objects Disp.	☐ Catheter Ste Change	Other	_	
☐ Constant	Prep - Admin Insulin	Proper Waste Disposal	☐ IV Site Change	Sur. Do.		
Pain Level (1-10):	Injection: DIM DISO	DOC of Glucometer	From:	Liberton	_	_
D See	PRG DST Ste Care	☐ Slucometer Calibr:	Tec	Stema		
Relieved in Medic Tim No	☐ Diet ☐ Med Instruction	□ Other:	☐ Med:	CHANGE IN PATIENT CONDIT	HOM D N/A	
C100er	S/S Disease Process	1 TO 1 TO 1 TO 1	☐ Sate:	MD Notified (name):		-
	D Other:	1	D WA	Supervisor Notified: Y	n DNo D	No.
	SKILLED INTERVENTION & TEACHING			New Orders / Comments: Yes No		
SN BOMINISTERED				4		
CONTINUE TO VISIT FOR: DOESE		IM/SQ ONS DEOLLY DWOUND CARE D	DLASS CHREP			
	TEACHING ATTAINED REINSTRU			_		
QUALITY CONTROL / GLUCOSE			Low:	-		
Expiration Date: Date Open: Control Indicator: PT/CG verbalized understanding of instructions given: Compliant with Present Prior Instructions				SUPERVISORY VISITS	A CUM I	HHA
EPTO State to demonstrate connect Technique Procedure				Following Cary Plan.	0	- 6
PT unable to Decripm wound care Dadminister injection due to:				Patients Needs Met	- 6	
Of unable to: perform wound care Cadminister injection due to				Assignment Updated	- 6	
Ste able CG available at this time to assist with:				Service Change Request		
☐ Treatment Injection tolerated well by patient □Compliant with Diet □Compliant with Medication Regimen				Univ. & Safety Pres. Followed		- H
FT ability with Onal Medi: Unable Abie Demonstrates Understanding				Employee Present		
Supplies thed: Syrings Lancets N.S. Goves Alcohol Pads Glocometer Strips 4x4 Other.				Patient Satisfied With Service	- 6	
☐ Discharge Planning Discussed				Comments:		
Norse Printed Name:	No.	use Signature:	N D UN D			

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Xiang Xie

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