

# SKILLED NURSING VISIT NOTE

Patient Name:

MR No.:

Date:

Time In:

Time Out:

**HOMEBOUND REASON:** ☐ Needs assistance for all activities ☐ Residual weakness ☐ Requires assistance to ambulate  
☐ Confusion, unable to go out of home alone ☐ Unable to safely leave home unassisted ☐ Severe SOB, SOB upon exertion  
 Dependent upon adaptive device(s) ☐ Medical restrictions ☐ Other (specify):

**TYPE OF VISIT:** ☐ SN ☐ Medicare  
☐ Medicaid ☐ SN & Supervisory ☐ Suprv. Only  
 Other:

CARDIOVASCULAR	PULMONARY	INTEGUMENTARY	MUSCULOSKELETAL
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Lungs	<input type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Chills	<input type="checkbox"/> Poor Balance
Edema: <input type="checkbox"/> RUE <input type="checkbox"/> LUE	<input type="checkbox"/> SOB/Dysp	<input type="checkbox"/> Intact	<input type="checkbox"/> Limited Movement
<input type="checkbox"/> HLE <input type="checkbox"/> LLE	<input type="checkbox"/> Cough	<input type="checkbox"/> Wound <input type="checkbox"/> Ulcer <input type="checkbox"/> Incision	<input type="checkbox"/> Chair or Bed Bound
<input type="checkbox"/> Abnormal Rhythm	<input type="checkbox"/> Sputum	<input type="checkbox"/> Rash <input type="checkbox"/> Itching	<input type="checkbox"/> Walks with:
<input type="checkbox"/> Pulses	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Turgor	<input type="checkbox"/> Contracture <input type="checkbox"/> Paralysis
<input type="checkbox"/> Anticoagulant Therapy	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
<input type="checkbox"/> WNL	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

**VITAL SIGNS and WOUND ASSESSMENT**

T: A: E: R:

HT: WT: (☐ REG/ ☐ BRG)

Resp: (☐ REG/ ☐ BRG)

Pulse A: R: (☐ REG/ ☐ BRG)

B/P: EYING SITTING STANDING

RIGHT LEFT

☐ PFS /RBS: via Glucometer

GASTROINTESTINAL	GENITOURINARY	NEUROLOGICAL	MENTAL
<input type="checkbox"/> Bowel Sounds	<input type="checkbox"/> Burning <input type="checkbox"/> Dysuria <input type="checkbox"/> Odor	<input type="checkbox"/> Headache	<input type="checkbox"/> Oriented X:
Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Tender	<input type="checkbox"/> Distention <input type="checkbox"/> Retention	<input type="checkbox"/> Syncope <input type="checkbox"/> Vertigo	<input type="checkbox"/> Forgetful <input type="checkbox"/> Confused
<input type="checkbox"/> Discolored	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency	Grasp: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> NPO	<input type="checkbox"/> Incontinence <input type="checkbox"/> Hesitance	<input type="checkbox"/> Movement:	<input type="checkbox"/> Lethargic <input type="checkbox"/> Comatose
<input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation	<input type="checkbox"/> Itching	Pupils: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal	<input type="checkbox"/> Restless <input type="checkbox"/> Agitated
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Color:	<input type="checkbox"/> Hand Tremors	<input type="checkbox"/> Anxious <input type="checkbox"/> Depressed
<input type="checkbox"/> Oedema:	<input type="checkbox"/> Catheter:	<input type="checkbox"/> Aphasia <input type="checkbox"/> Dysphasia	<input type="checkbox"/> Altered LOC
<input type="checkbox"/> PEG	<input type="checkbox"/> FR: <input type="checkbox"/> OC:	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Impaired Memory
<input type="checkbox"/> Feeding	<input type="checkbox"/> Last Changed:	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Psych HX
<input type="checkbox"/> Flushing	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> WNL
<input type="checkbox"/> Last BM	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> Other:
<input type="checkbox"/> WNL	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Denote location / Type of Wounds / Pressure Sores / Moles, etc. (circle #)

	#1	#2	#3	#4
Length				
Width				
Depth				
Drainage				
Tumescence				
Other				
Sec. Rx				
Refers				
Notes				

PAIN	INTERVENTIONS	TECHNIQUE(S) USED	INFUSION / IV SITE
<input type="checkbox"/> No Pain	<input type="checkbox"/> Skilled Assessment	<input type="checkbox"/> Universal Precautions	<input type="checkbox"/> IV Tubing Change
<input type="checkbox"/> Less often than DAILY	<input type="checkbox"/> Foley Change <input type="checkbox"/> Irrigation	<input type="checkbox"/> Aseptic Technique	<input type="checkbox"/> Cap Change
<input type="checkbox"/> DAILY but not constant	<input type="checkbox"/> Wound <input type="checkbox"/> Ulcer <input type="checkbox"/> Incision	<input type="checkbox"/> Proper Sharp Objects Disp.	<input type="checkbox"/> Catheter Site Change
<input type="checkbox"/> Constant	<input type="checkbox"/> Prep <input type="checkbox"/> Admin Insulin	<input type="checkbox"/> Proper Waste Disposal	<input type="checkbox"/> IV Site Change
<input type="checkbox"/> Pain Level (1-10):	Injection: <input type="checkbox"/> IM <input type="checkbox"/> SQ	<input type="checkbox"/> QC of Glucometer	From:
<input type="checkbox"/> Site:	<input type="checkbox"/> PEG <input type="checkbox"/> ST Site Care	<input type="checkbox"/> Glucometer Caliber:	To:
Believed w. Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diet <input type="checkbox"/> Med. Instruction	<input type="checkbox"/> Other:	<input type="checkbox"/> Med:
<input type="checkbox"/> Other:	<input type="checkbox"/> S/S Disease Process		<input type="checkbox"/> Rdx:
	<input type="checkbox"/> Other:		<input type="checkbox"/> W/A:

**CHANGE IN PATIENT CONDITION** ☐ N/A

MD Notified (name):

Supervisor Notified: ☐ Yes ☐ No ☐ N/A

New Orders / Comments: ☐ Yes ☐ No

## SKILLED INTERVENTION & TEACHING

SN ADMINISTERED

BM/SO

CONTINUE TO VISIT FOR: ☐ OBSERVATION ☐ ASSESS ☐ INSTRUCTIONS ☐ FOLEY ☐ WOUND CARE ☐ LABS ☐ PREP

☐ ADMIN. INJECTION ☐ MAX TEACHING ATTAINED ☐ REINSTRUCT UNATTAINED

**QUALITY CONTROL / GLUCOSE CONTROL SOLUTION** ☐ N/A RANGE: High: Low:

Expiration Date: | Date Open: | Control Indicator:

☐ PT/CG verbalized understanding of instructions given | Compliant with ☐ Present ☐ Prior Instructions

☐ PT/CG able to demonstrate correct technique/procedure

PT unable to: ☐ perform wound care | ☐ administer injection due to:

CG unable to: ☐ perform wound care | ☐ administer injection due to:

☐ No able CG available at this time to assist with:

☐ Treatment/injection tolerated well by patient ☐ Compliant with Diet ☐ Compliant with Medication Regimen

PT ability with Oral Meds: ☐ Unable ☐ Able ☐ Demonstrates Understanding

Supplies Used: ☐ Syringes ☐ Lancets ☐ N/S Gloves ☐ Alcohol Pads ☐ Glucometer Strips ☐ 4x4 ☐ Other:

☐ Discharge Planning Discussed:

**SUPERVISORY VISITS** ☐ N/A ☐ LPN ☐ HHA

	Yes	No
Following Care Plan	<input type="checkbox"/>	<input type="checkbox"/>
Patient's Needs Met	<input type="checkbox"/>	<input type="checkbox"/>
Assignment Updated	<input type="checkbox"/>	<input type="checkbox"/>
Service Change Request	<input type="checkbox"/>	<input type="checkbox"/>
Univ. & Safety Proc. Followed	<input type="checkbox"/>	<input type="checkbox"/>
Employee Present	<input type="checkbox"/>	<input type="checkbox"/>
Patient Satisfied With Service	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Nurse Printed Name:

Nurse Signature:

RN ☐ LPN ☐

# Sample Of Skilled Nurse Visit Note

**A Loxley**



## **Sample Of Skilled Nurse Visit Note:**

This book delves into Sample Of Skilled Nurse Visit Note. Sample Of Skilled Nurse Visit Note is a vital topic that must be grasped by everyone, ranging from students and scholars to the general public. This book will furnish comprehensive and in-depth insights into Sample Of Skilled Nurse Visit Note, encompassing both the fundamentals and more intricate discussions.

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    - Chapter 1: Introduction to Sample Of Skilled Nurse Visit Note
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    - Chapter 4: Sample Of Skilled Nurse Visit Note in Specific Contexts
    - Chapter 5: Conclusion
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- The book is crafted in an easy-to-understand language and is complemented by engaging illustrations. It is highly recommended for anyone seeking to gain a comprehensive understanding of Sample Of Skilled Nurse Visit Note.

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