Date:

SKILLED DAILY NURSES NOTE

DIRECTIONS: ✓ all applicable items each shift. Enter code where directed. Record additional notes on reverse side, including date, time, signature and title of nurse for corresponding shift. For 12 hour shifts, do not record in "E" boxes. Draw a line through those boxes.

Date Skilled Stay Began:_

Primary Diagnosis for Skilled Stay (I0020B):_

): T P	R_	E: T	_ P	R	N: T_		PR	
B (B		D (D						
· · · · · · · · · · · · · · · · · · ·	DEN		DEN	<u></u>				
Hearing/Speech/Visi		Behavior		Functional Abilities (C			GI (Cont'd.)	DE
o Problems Observed		No Problems Observed		1 step (curb)		<u> </u>	Holding food in mouth/	
nable to Hear		Hallucinations		4 steps			residual food in mouth	
earing Aid: Rt ear		Delusions		12 steps			after meals	
Lt ear		Inappropriate Physical		Picking up object			Coughing/choking during	
nable to Speak		Behaviors (hitting, kicking,		Wheel 50 feet w/2 turns			meals or swallowing meds	
nclear Speech		scratching, pushing)		Wheel 150 feet			Pain or difficulty swallowing	
nable to Make Self		Inappropriate Verbal		Bowel & Bladde	er		Pain	
Understood		Behaviors (screaming,		No Problems Observed //		2	No Complaints of Pain	
nable to Comprehend		cursing, threatening)		Catheter, Type:	5Pr		Origin:	
nable to See		Inappropriate Sexual		O Indwelling O Extern	al		Location:	
orrective Lenses		Behaviors		Intermittent Catheterization		6	Intensity (0-10):	
Cognitive Patterns		Inappropriate Social		Scheduled Toileting Progra			Scheduled Pain Med	
ert/Oriented x 3		Behaviors (throwing food)		Bladder Training Program			Regimen	
isoriented:		Wandering		Prompted Voiding			PRN Pain Meds Received	
		U U			\square	_		\vdash
Person	$\left \right $	Rejects Care	Y	Burning	\rightarrow	_	PRN Pain Meds Offered and Declined	
Place	$\left \right $	Intrudes on Privacy of Others	++	Distention/Retention	$\overline{\mathbf{A}}$	_		
Time	$\left \right $	Disrupts Care/Living		Frequency/Urgency	+	_	Non-medication Pain Interventions Provided	
ong-term Memory:				Hematuria	-	\setminus		
Able to Recall Long		Puts Others at Risk for		Discharge		+	Pain Effects Sleep	\vdash
Past		/Injury		Bladder Incontinence		X	Pain Interferes with	
nort-term Memory:		Change in Behavior					Therapies	
Able to Recall After	201	Functional Abilities		Color:			Pain Interferes with Daily	
5 Minutes		CODE 1: SELF-PERFORMANCE 01. Dependent 07. Resident refus		Consistency:			Activities	
cute Onset Mental Status		02. Substantial/ 09. Not applicable	e	Odor:			Cardiovascular	
Change (Delirium)		maximal assist 10. Not attempted 03. Partial/moderate environmental I	due to limitation	s	<u> </u>	J.E	No Problems Observed	
ole to Make Decisions		assist 88. Not attempted 04. Supervision or medical conditi	d due to	Briefs/Pads Utilized))/	Régular Rhythm	
attention		touching assist concerns	ion/salet	Bowei Incontinence	11=	/	Radial/Apical Irregular	
isorganized Thinking		05. Setup or clean-up assist		Ostomy, Type:			Capillary Refill Sluggish	
gilant	Ŭ	06. Independent	Code 1	Diarrhea			Neck Vein Distention	
ethargic		Eating		Constipation/Impaction			Chest Pain	
uporous		Oral hygiene	A	Bowel Sounds:			Edema	
omatose		Toileting hygiene		Present			Dependent	
ersistent Vegetative State		Shower/Bathe self	11 K	Absent			Pedal: Lt L Rt	
/ / (Mood		Upper body dressing	Y	Hyperactive			Pitting:+1 Lt L Rt	
o Mood Issues Observed		Lower body dressing		Hypoactive			+2 🗆 Lt 🗆 Rt	
ttle Interest/Pleasure in		Put on/take off footwear		Bowel Training Program			+3 🗆 Lt 🗆 Rt	
Doing Things		Personal hygiene		GI			+4 🗆 Lt 🗆 Rt	
epressed/Hopeless		Roll left and right		No Problems Observed			Abn. Peripheral Pulses 🗆 Lt 🗅 Rt	
onormal Sleep Patterns		Sit to lying		Nausea			Change in Vital Signs	$ \uparrow $
red/Little Energy		Lying to sitting on side of bed		Vomiting			Abnormal Heart Sounds/	+
por Appetite		Sit to stand	++	Epigastric Distress			Murmur Present	
vereating		Chair/bed to chair transfer	++	Difficulty Swallowing			Dizziness When Standing	
eling Bad About Self		Toilet transfer	++	Difficulty Chewing	++	+	Increased Fatigue	+
ouble Concentrating		Tub/Shower transfer	++	Mouth Pain			Increased Weight	\vdash
estless/Fidgety/Anxious		Car transfer	++	Poor Fitting Denture/Part	ial		Respiratory	
0 ,		Walk 10 feet	++	Abnormal Mouth/Gum Tiss			No Problems Observed	
Self-deprivation/Suicidal		Walk 50 feet w/2 turns	++	Edentulous			Labored Breathing	$\left \cdot \right $
-		Walk 150 feet	++	Abdominal Distension	++		Shallow Respirations	\vdash
Short-tempered/Easily			++	Loss of liquids/solids from		_	Rales/Rhonchi	\vdash
		Walk 10 feet on uneven surfaces		mouth-eating or drinking				\vdash
		Sullaces			2		Wheezing	
gnature/								
Title: D:		E:			N:			
/IE-Last	First	Middle	At	tending Physician	B	ecord	No. Room/Bed	

SKILLED DAILY NURSES NOTE (Cont'd.)

	D	ΕI	N		D	E	Ν	[D	EN		
Respiratory (Cont'd				Neuro-Muscular Syste		_		Musculoskeletal (Cont'o	i.)	S	kin (Cont'd.)		
Cough			T	No Problems Observed			\Box	Paralysis/Weakness		Diabetic Ulo	er(s)		
Orthopnea				Syncope				Fall this Shift		Pressure Inj	urv(ies)		
Dyspnea/SOB Exertion				Headache				Skin		Length			
Dyspnea/SOB at Rest				Abnormal Pupil Reaction				Skin Color Normal/Intact-		Width			
Dyspnea/SOB Lying Flat				Right			\Box	No Problems Observed		Depth			
O ₂ @ LPM				Left				Jaundiced			Pressure Injury		
O PRN			Т	Tremors				Cyanosis		Deep Tissue			
O Continuous				Vertigo				Pallor	++	Venous/Arte			
SaO ₂ %%%				Decreased Grasp Rt				Clammy	++		ce Related Injury		
Nebulizer Tx			Т	Decreased Grasp Lt				Chills			mbrane Injury		
Suctioning			-	Decreased Movement				Flushing of Skin		Surgical Wo			
Tracheostomy Care			-					Rash/Itching	++	Skin Tear/La	()		
Ventilator/Respirator	-	\vdash	-		-		+	Abnormal Turgor/Elasticity		Burn(s)	1001011(0)		
BiPAP				Musculoskeletal				Bruise(s)		· · · ·	sociated Skin		
CPAP			-	Steady Gait				()		Damage (M.			
			-	Gait Unsteady			+	Desensitized to Pain/ Pressure		Other:			
Fever			-	Problem With Balance			\square	2	J	_	$ \longrightarrow $		
Uses Tobacco								Open Lesions(s)		Other:			
				SE				PROVIDED		\sim $^{\prime}$			
	D	EI	N		D	E	Ν	\wedge $(\sim$ $($ $) > 2^{-}$	DE			D	EN
Skilled Observation & Assessment Manage/Evaluate				Gait Training				Trach/IV Catheter Sites Care	11	Pain Manag		0	
				Teach Diabetic Care)	Surgical Wound Care/		Therapy (PT	, OT, SLP, RT)	$\langle \rangle$	
				(Insulin, Diet, Foot care, etc.)			\mathcal{O}	Dressings		Nursing Ref	abilitation/	\mathcal{V}	
Resident Care Plan				Prosthesis(es) Care	χ	K	JA	Pressure Injury Tx			e Program(s)		
Dehydration/Fluid Intake				Self-administration of	\geq			Stasis Ulcers Tx/Mgmt		Chest Physio	Postural Drainage		
Chemotherapy Mgmt/			Injectable Meds				Central/Peripheral IV Therapy		Teach Inhala	ation Rx			
Teaching/Treatments			Teach Ostomy/lleal Conduit			\square	IV Medication(s)		Braces, Cas	ts, Splints,			
Radiation Tx/Mgmt		٦	Care				Transfusion(s)			etc. Care/Teach			
Hemodialysis Tx/Mgmt					\square	Intramuscular Injection(s)		Mechanical	Altered Diet				
Peritoneal Dialysis Tx/Mgmt						Insulin Injections		Therapeutic	Diet				
Observe for/Teach Medication Admin/Side Effects		<u>p</u>	7	Disease	0			Tube Feeding (must meet		Chemothera	py IV/Oral		
				Diet Teaching	7		\square	requirements)		Rhysical Re	<u> </u>		
Observe S/Sx Infection			٦	Bowel & Bladder Training		Ń	П	IV Fluids-Hydration	6	Alarm(s)	<i>y ()</i>		
DATE/TIME				ADDITIC	DN/	V	NO	DTES))	SIGNATURE/1	ITL	E
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NAME-Last		Fire	st	Middle			Atte	nding Physician	Reco	u No.	Room/Bed		