

SKILLED NURSING VISIT NOTE

DATE OF VISIT _____ TIME IN _____ OUT _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Q5001: Hospice or HH Care provided in patient's home/residence <input type="checkbox"/> Q5002: Hospice or HH Care provided in Assisted Living Facility <input type="checkbox"/> Q5009: Hospice or HH Care provided in place not otherwise specified | <input type="checkbox"/> G0162: Management/Evaluation <input type="checkbox"/> G0299: Direct Skill (RN) <input type="checkbox"/> G0300: Direct Skill (LPN) <input type="checkbox"/> G0493: Observation/Assessment (RN) | <input type="checkbox"/> G0494: Observation/Assessment (LPN) <input type="checkbox"/> G0495: Education/Training (RN) <input type="checkbox"/> G0496: Education/Training (LPN) |
|--|--|---|

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) _____

NURSING DIAGNOSIS/PROBLEM _____

TYPE OF VISIT: SN SN & Supervisory
 Supervisory Only Other _____

VITALS

T° _____ Wt. _____
 Resp. _____ Reg. Irreg.
 Pulse: A _____ R _____
 Regular Irregular

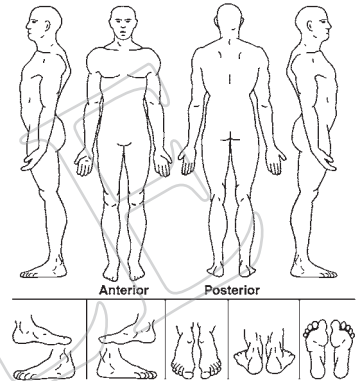
NURSING ASSESSMENT AND OBSERVATION SIGNS/SYMPTOMS (Mark all applicable with an "X". Circle appropriate item(s) separated by "/".)

| CARDIOVASCULAR | GENITOURINARY | MUSCULOSKELETAL |
|--|---|--|
| Fluid retention | Burning | Balance/Unsteady gait |
| Chest pain | Distension/Retention | Weakness |
| Neck vein distension | Frequency/Urgency | Other: _____ |
| Edema (specify)- <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE | Hesitancy | NEUROSENSORY |
| Peripheral pulses | Hematuria | Syncope |
| Other: _____ | Bladder incontinence | Headache |
| | Catheter | Grasp- Right: _____ Left: _____ |
| | Urine- Color: _____ Consistency: _____ Odor: _____ | Movement <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE |
| RESPIRATORY | Pain | Pupil reaction- Right: _____ Left: _____ |
| Rales/Rhonchi/Wheeze | Discharge | Tremors |
| Cough | Diabetic urine testing | Vertigo |
| Dyspnea/SOB | Other: _____ | Speech impairment |
| Orthopnea | | Hearing impairment |
| Other: _____ | SKIN | Visual impairment |
| | Color: _____ | Decreased sensitivity |
| | Jaundiced | Other: _____ |
| | Temperature | EMOTIONAL STATUS |
| | Chills | Disoriented |
| | Decubitus/Wound | Lethargic |
| | Rash/Itching | Agitated |
| | Turgor | Oriented |
| | Other: _____ | Comatose |
| | | Forgetful |
| | PAIN | Depressed |
| | Origin: _____ | Other: _____ |
| | Location: _____ | |
| | Duration: _____ | |
| | Intensity: (0-10): _____ | |
| | Other: _____ | |

B/P LYING SITTING STANDING

Right Left

Denote Location / Size of Wounds / Pressure Sores / Measure Extremity Edema Bilaterally



| | #1 | #2 | #3 | #4 |
|-------------|----|----|----|----|
| Length | | | | |
| Width | | | | |
| Depth | | | | |
| Drainage | | | | |
| Tunneling | | | | |
| Odor | | | | |
| Sur. Tissue | | | | |
| Edema | | | | |
| Stoma | | | | |

INTERVENTIONS/INSTRUCTIONS (Mark all applicable with an "X". Circle appropriate item(s) separated by "/".)

| | | | |
|--|---------------------------------|--|----------------------------|
| Skilled observation & assessment | Chest physio./Postural drainage | Psych. intervention | Prenatal assessment |
| Foley care | Change NG/G tube | Observe S/S infection | Post-partum assessment |
| Urine testing | Admin. of vitamin B12 | Observe/Teach medication (N or C) effects/side effects | Teach infant/child care |
| Wound care/dressing | Teach/Admin. IVs/Clysis | Physiology/Disease process teaching | Pain Management |
| Decubitus care | Teach ostomy/ileo. conduit care | Observe ADLs | Diabetic observation/teach |
| Venipuncture | Teach/Admin. tube feedings | Evaluate diet/fluid intake | Prep./Admin. insulin |
| Post-cataract care | Teach/Admin. care of trach. | Diet teaching | BS/A1C results: |
| Bowel/Bladder training | Teach/Admin. Inhalation Rx | Safety factors | Results reported/assessed |
| Digital exam with manual removal/Enema | Teach care - terminally ill | | Other: _____ |
| | IM injection | | |

ANALYSIS/INTERVENTIONS/INSTRUCTIONS/PATIENT RESPONSE _____

CARE PLAN: Reviewed/Revised with patient involvement
 Outcome achieved PRN order obtained
PLAN FOR NEXT VISIT _____
APPROXIMATE NEXT VISIT DATE ____/____/____
MEDICATION STATUS: No change Order obtained
DISCHARGE PLANNING DISCUSSED? Yes No N/A
BILLABLE SUPPLIES RECORDED? Yes No
CARE COORDINATION: Physician PT OT ST SS
 SN Other (specify) _____

AIDE SUPERVISORY VISIT (Complete if applicable.)

AIDE: Present Not present
SUPERVISORY VISIT: Scheduled Unscheduled
AIDE CARE PLAN UPDATED? Yes No
OBSERVATION OF _____

TEACHING/TRAINING OF _____

NEXT SCHEDULED SUPERVISORY VISIT ____/____/____

SIGNATURE/DATE—Complete **TIME OUT** (above) prior to signing below.
X _____ Date ____/____/____
Nurse (signature/title)
 Patient Signature (optional) _____

PART 1 – Clinical Record

PART 2 – Care Coordination

| | |
|--|-----|
| PATIENT NAME – Last, First, Middle Initial | ID# |
|--|-----|