

## LICENSED NURSES PROGRESS NOTES

Last Name	First Name	Attending Physician	Room No.	Hosp. No.
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[illegible]

WEEKLY PROGRESS NOTES MUST  
REFLECT THE FOLLOWING:

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|------------------------------|---------------------------------|--|
| 1. Adjustment to environment | 5. Identify behavioral problems | 9. Restorative measures                              |
| 2. Physical limitations      | 6. Skin problems                | 10. Effectiveness/Side Effects<br>Psychotropic Drugs |
| 3. Independent activities    | 7. Dietary problems             |  |
| 4. Response to plan of care  | 8. Postural supports            |  |

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9. Restorative measures  
10. Effectiveness/Side Effects  
Psychotropic Drugs