

Home Health

Skilled Nursing Visit Note

| PATIENT DATE | | | | TIME IN | | | | TIME OUT | | | | SKILLED NURSING VISIT | | | | NEUROLOGICAL | | | | | | | | | | | | | | |
|----------------------|--|--|--|-------------------------------------|--|--|--|-------------------------------------|--|--|--|--------------------------|--|--|--|----------------------------|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|
| VITAL SIGNS | | | | CARDIOVASCULAR | | | | RESPIRATORY | | | | PERIOPHARYNGEAL | | | | HEARING | | | | VISION | | | | | | | | | | |
| T | | | | Chest pain | | | | Lung sounds | | | | Swallow | | | | | | | | | | | | | | | | | | |
| P | | | | Heart sounds | | | | SOB | | | | Hearing left | | | | | | | | | | | | | | | | | | |
| HR | | | | S. galvus | | | | Cough | | | | Hearing right | | | | | | | | | | | | | | | | | | |
| BP | | | | Cap refill | | | | Sputum | | | | | | | | | | | | | | | | | | | | | | |
| SpO2 | | | | Edema | | | | CO2 | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | Comments: | | | | Comments: | | | | Comments: | | | | Comments: | | | | | | | | | | | | | | |
| GENITOURINARY | | | | MUSCULOSKELETAL | | | | PSYCHOLOGICAL | | | | PAIN | | | | DIGESTIVE NUTRITION | | | | OTHER | | | | | | | | | | |
| Incontinence | | | | Weakness | | | | Poor home care | | | | Prng | | | | | | | | | | | | | | | | | | |
| Frequency | | | | Swell. Diff | | | | Poor coping skills | | | | Primary site | | | | | | | | | | | | | | | | | | |
| Retention | | | | Limited ROM | | | | Agitation | | | | Pain intensity | | | | | | | | | | | | | | | | | | |
| S. Discharge | | | | Swell. Diff | | | | Depressed mood | | | | Pain mgts/ effectiveness | | | | | | | | | | | | | | | | | | |
| Urinary | | | | Poor balance | | | | Imp. Sec. making | | | | What makes it worse | | | | | | | | | | | | | | | | | | |
| Voiding | | | | Stiffness | | | | Imp. Anxiety | | | | | | | | | | | | | | | | | | | | | | |
| Wetness | | | | Char/round | | | | Imp. Behavior | | | | | | | | | | | | | | | | | | | | | | |
| Odor | | | | Contracture | | | | Instability | | | | | | | | | | | | | | | | | | | | | | |
| Urgency | | | | Paralysis | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Catheter | | | | Ass. Device | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wet changed | | | | Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insert / CC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | Medication change since last visit? | | | | Demonstrated medication compliance? | | | | Next physician visit: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SKIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Itchy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Warm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flatter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Turgor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| good/elastic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| decreased | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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General Accounting Office, Catalog of reports decisions and opinions testimonies and speeches **MEDINFO 2019: Health**

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