

# Nurse Visit Note

_____	CPU/CLA
_____	485/CLA/CPU
_____	SNV
_____	SNV/CLA
_____	Sup/Skill/Obsv
Staff: _____	

**Client Name** \_\_\_\_\_ **Date** \_\_\_\_\_

BP \_\_\_\_\_ RT, LT, SIT, STAND, SUPINE TEMPERATURE \_\_\_\_\_ AP \_\_\_\_\_ RP \_\_\_\_\_ REG \_\_\_\_\_ IRREG \_\_\_\_\_ RESP \_\_\_\_\_ WT \_\_\_\_\_  
(CIRCLE ONE OF THE ABOVE)

**Nursing Diagnosis:** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10A \_\_\_\_\_ 10B \_\_\_\_\_ 12 \_\_\_\_\_ 13 \_\_\_\_\_ 14 \_\_\_\_\_

**ASSESSMENT:** (1) Improving (2) Unchanged (3) Declining (4) Resolved (5) New/Temporary (add to Temporary Problem List)

## 1. INTEGUMENT

Problem List \_\_\_\_\_  
Color/Inspect. \_\_\_\_\_  
Temperature \_\_\_\_\_  
Turgor \_\_\_\_\_  
Rash/Bruise \_\_\_\_\_  
Dressing \_\_\_\_\_  
Wound \_\_\_\_\_  
Location \_\_\_\_\_  
Size \_\_\_\_\_  
Drainage \_\_\_\_\_  
Odor \_\_\_\_\_  
Mucus Memb. \_\_\_\_\_  
Oral Cavity/Teeth \_\_\_\_\_  
Other \_\_\_\_\_

## 2. COMMUNICATION

Problem List \_\_\_\_\_  
Impairment \_\_\_\_\_  
Call System \_\_\_\_\_  
Other \_\_\_\_\_

## 3. NEUROLOGICAL

Problem List \_\_\_\_\_  
Oriented \_\_\_\_\_  
Level of Alertness \_\_\_\_\_  
Vertigo \_\_\_\_\_  
Pupils \_\_\_\_\_  
Sensation \_\_\_\_\_  
Memory \_\_\_\_\_  
Sleep \_\_\_\_\_  
Other \_\_\_\_\_

## 4. CARDIOVASCULAR

Problem List \_\_\_\_\_  
Fluid Retention \_\_\_\_\_  
Chest Pain \_\_\_\_\_  
Jugular Vein Distention \_\_\_\_\_

Edema \_\_\_\_\_  
RUE \_\_\_\_\_ LUE \_\_\_\_\_  
RLE \_\_\_\_\_ LLE \_\_\_\_\_  
Measurement (cm) on back \_\_\_\_\_

Peripheral Pulses \_\_\_\_\_  
Nail Beds \_\_\_\_\_  
Autonomic Dysreflexia Episode \_\_\_\_\_

Orthostasis \_\_\_\_\_

## 5. RESPIRATORY

Problem List \_\_\_\_\_  
Lung Sounds \_\_\_\_\_  
Cough \_\_\_\_\_  
Dyspnea \_\_\_\_\_  
Suction \_\_\_\_\_  
Secretions \_\_\_\_\_  
Oxygen \_\_\_\_\_  
Pulse Oximetry \_\_\_\_\_  
Trach \_\_\_\_\_  
Other \_\_\_\_\_

## 6. PAIN

Problem List \_\_\_\_\_  
Location \_\_\_\_\_  
Duration \_\_\_\_\_  
Severity (0-10) \_\_\_\_\_  
Precip. Factors \_\_\_\_\_  
Alleviating Factors \_\_\_\_\_

## 7. KNOWLEDGE DEFICIT

Problem List \_\_\_\_\_  
Pain Meds \_\_\_\_\_  
Other \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Medications \_\_\_\_\_  
Other \_\_\_\_\_  
Teaching Provided? \_\_\_\_\_

## 8. NUTRITION

Problem List \_\_\_\_\_  
Diet \_\_\_\_\_  
Appetite \_\_\_\_\_  
Nausea/Vomiting \_\_\_\_\_  
G-Tube \_\_\_\_\_  
Dysphagia \_\_\_\_\_  
Epigastric Distress \_\_\_\_\_  
Abd. Distention \_\_\_\_\_  
Formula \_\_\_\_\_  
Pump Checked \_\_\_\_\_  
Other \_\_\_\_\_

## 9. ENDOCRINE

Problem List \_\_\_\_\_  
Blood Sugar \_\_\_\_\_  
Fasting \_\_\_\_\_  
Random \_\_\_\_\_  
S/SX \_\_\_\_\_  
Hyperglycemia \_\_\_\_\_  
Hypoglycemia \_\_\_\_\_  
Insulin Administration \_\_\_\_\_  
Feet \_\_\_\_\_

## 10A. BLADDER

Problem List \_\_\_\_\_  
Urination/Void \_\_\_\_\_  
Catheter \_\_\_\_\_

## Urine

Color \_\_\_\_\_  
Odor \_\_\_\_\_  
Sediment \_\_\_\_\_  
Hematuria \_\_\_\_\_  
Distention \_\_\_\_\_  
Urostomy \_\_\_\_\_  
Discharge \_\_\_\_\_  
Incontinent \_\_\_\_\_  
Bladder \_\_\_\_\_

## 10B. BOWEL

Problem List \_\_\_\_\_  
Bowel \_\_\_\_\_  
Bowel Sounds \_\_\_\_\_  
Last BM \_\_\_\_\_  
Ostomy \_\_\_\_\_  
Bowel Prgm Method \_\_\_\_\_

## Results

## 12. SAFETY

Problem List \_\_\_\_\_  
Weakness \_\_\_\_\_  
RUE \_\_\_\_\_ LUE \_\_\_\_\_  
RLE \_\_\_\_\_ LLE \_\_\_\_\_  
Transfers \_\_\_\_\_  
Ambulation \_\_\_\_\_  
Contractures \_\_\_\_\_  
Assistance Required \_\_\_\_\_  
1 - 1 \_\_\_\_\_  
1 - Person \_\_\_\_\_  
2 - Person \_\_\_\_\_  
Daily \_\_\_\_\_  
Home Safety Plan Present \_\_\_\_\_

## 13. MOBILITY

Problem List \_\_\_\_\_  
Paralysis \_\_\_\_\_  
Balance \_\_\_\_\_  
Stands \_\_\_\_\_  
Range of Motion \_\_\_\_\_  
RUE \_\_\_\_\_ LUE \_\_\_\_\_  
RLE \_\_\_\_\_ LLE \_\_\_\_\_  
Assistive Devices \_\_\_\_\_  
Weight Bearing \_\_\_\_\_  
Other \_\_\_\_\_

## 14. PSYCHOSOCIAL

Problem List \_\_\_\_\_  
Mood \_\_\_\_\_  
Affect \_\_\_\_\_  
Behavior \_\_\_\_\_  
Cognition \_\_\_\_\_  
Coping \_\_\_\_\_

## 15. Other:

Other \_\_\_\_\_

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<b>Staff:</b>	_____

**Client Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Problem Number	Staff Action	Client Response	Staff Plan	Notes
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Action and Plan Codes:    A=Assessment    C=Counseling    D=Direct    S=Supervision    T=Teaching

**PT/FAMILY RESPONSE CODES:**

- |   |                      |
|---|----------------------|
| 1. Receptive/Verbalizes Understanding       | 5. Improving         |
| 2. Unreceptive/Continued Instruction        | 6. Deteriorating     |
| 3. Questionable/Inconsistent Follow Through | 7. Tolerating Poorly |
| 4. No Change                                | 8. Tolerated Well    |

Discussed Changes in Care Plan                      Patient's Rights Reinforced                      Discharge Planning \_\_\_\_\_

Phone Calls:    Doctor    RVO    PT    OT    ST    Family    HHA    Other \_\_\_\_\_

Total Time for Calls \_\_\_\_\_

Medication/Treatment Changes:

\_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervised Staff Signature \_\_\_\_\_ Date \_\_\_\_\_