



ROUTINE  PRN

### ANGELS OF MERCY HOME HEALTH LLC NURSING NOTE

PATIENT NAME: \_\_\_\_\_ MR#: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ TOTAL TIME: \_\_\_\_\_ NEXT MD APPT (MD & DATE): \_\_\_\_\_

VS: T: \_\_\_\_\_ B/P: L/A: \_\_\_\_\_ R/A: \_\_\_\_\_  SITTING  STANDING  LYING P: A: \_\_\_\_\_ R: \_\_\_\_\_ RR: \_\_\_\_\_

LAST BM: \_\_\_\_\_ WT: \_\_\_\_\_ LOSS: \_\_\_\_\_ GAIN: \_\_\_\_\_ SINCE: \_\_\_\_\_ PT SIGNATURE: \_\_\_\_\_

DX: \_\_\_\_\_  UNIVERSAL PRECAUTIONS USED

<b>NEUROLOGICAL SYSTEM</b>	<b>CARDIOVASCULAR SYSTEM</b>
<input type="checkbox"/> DISORIENTED <input type="checkbox"/> AGITATED <input type="checkbox"/> FORGETFUL <input type="checkbox"/> IRRITABLE <input type="checkbox"/> ANXIETY <input type="checkbox"/> CONFUSED <input type="checkbox"/> HALLUCINATIONS <input type="checkbox"/> SYCOPE <input type="checkbox"/> HEADACHE <input type="checkbox"/> VERTIGO <input type="checkbox"/> IMPAIRED SPEECH <input type="checkbox"/> APHASIC <input type="checkbox"/> NUMBNESS: <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> LLE <input type="checkbox"/> RLE <input type="checkbox"/> PARALYSIS: <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> LLE <input type="checkbox"/> RLE <input type="checkbox"/> Assessment within normal limits. <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> ANGINA <input type="checkbox"/> PALPITATIONS <input type="checkbox"/> CALF PAIN <input type="checkbox"/> MURMUR <input type="checkbox"/> JVD <input type="checkbox"/> PACEMAKER <input type="checkbox"/> IRREGULAR HR <input type="checkbox"/> CAP REFILL > 3 SEC <input type="checkbox"/> QUALITY OF RADIAL PULSES: <input type="checkbox"/> WEAK <input type="checkbox"/> STRONG <input type="checkbox"/> BOUNDING <input type="checkbox"/> QUALITY OF PEDAL PULSES: <input type="checkbox"/> WEAK <input type="checkbox"/> STRONG <input type="checkbox"/> BOUNDING <input type="checkbox"/> EDEMA: _____ <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> PITTING <input type="checkbox"/> NON PITTING <input type="checkbox"/> Assessment within normal limits. <input type="checkbox"/> OTHER: _____
<b>HEENT</b>	<b>INTEGUMENTARY SYSTEM</b>
<input type="checkbox"/> PRESBYCUSIS <input type="checkbox"/> TINNITUS <input type="checkbox"/> CATARACTS <input type="checkbox"/> GLASSESS <input type="checkbox"/> BLURRED VISION <input type="checkbox"/> PARTIALLY IMPAIRED <input type="checkbox"/> HX OF GLAUCOMA <input type="checkbox"/> NASAL DRAINAGE <input type="checkbox"/> NOSE BLEEDS <input type="checkbox"/> SORE THROAT <input type="checkbox"/> DENTURES <input type="checkbox"/> TOOTH PROBLEMS <input type="checkbox"/> Assessment within normal limits. <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> COOL <input type="checkbox"/> MOIST <input type="checkbox"/> PALE <input type="checkbox"/> DUSKY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> CYANOSIS <input type="checkbox"/> FLUSHED <input type="checkbox"/> DIAPHORESIS <input type="checkbox"/> TURGOR: <input type="checkbox"/> NON-ELASTIC <input type="checkbox"/> TENTING <input type="checkbox"/> RASHES <input type="checkbox"/> BRUISES <input type="checkbox"/> WOUND: <input type="checkbox"/> INCISIONS <input type="checkbox"/> DECUBITUS <input type="checkbox"/> FEET: THICK NAILS <input type="checkbox"/> CORN OR CALLOUS <input type="checkbox"/> LAVA <input type="checkbox"/> RAVA <input type="checkbox"/> Assessment within normal limits. <input type="checkbox"/> OTHER: _____
<b>RESPIRATORY SYSTEM</b>	<b>GASTROINTESTINAL SYSTEM</b>
<input type="checkbox"/> RHONCHI <input type="checkbox"/> WHEEZES <input type="checkbox"/> CRACKLES <input type="checkbox"/> DIMINISHED <input type="checkbox"/> IRREGULAR <input type="checkbox"/> LABORED <input type="checkbox"/> SHALLOW <input type="checkbox"/> CYNANOTIC <input type="checkbox"/> ORTHOPNEA <input type="checkbox"/> DYSPNEA: <input type="checkbox"/> EXERTIONAL <input type="checkbox"/> AT REST <input type="checkbox"/> COUGH <input type="checkbox"/> PRODUCTIVE <input type="checkbox"/> DRY <input type="checkbox"/> COLOR/CONSISTENCY: _____ <input type="checkbox"/> O2: _____ L/MIN <input type="checkbox"/> NC <input type="checkbox"/> MASK <input type="checkbox"/> CONT <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> PRN <input type="checkbox"/> NEBULIZER TX AND FREQUENCY: _____ <input type="checkbox"/> TRACHEOSTOMY: TYPE: _____ SIZE: _____ <input type="checkbox"/> CHANGED: _____ <input type="checkbox"/> LAST CHANGED: _____ <input type="checkbox"/> Assessment within normal limits. <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> TENDER <input type="checkbox"/> PAIN <input type="checkbox"/> BOWEL SOUNDS: <input type="checkbox"/> HYPO <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> ABSENT <input type="checkbox"/> DIARRHEA <input type="checkbox"/> CONSTIPATION <input type="checkbox"/> NAUSEA <input type="checkbox"/> VOMITING <input type="checkbox"/> ANOREXIA <input type="checkbox"/> POOR APPETITE <input type="checkbox"/> BOWEL INCONTINENT <input type="checkbox"/> STOMA: _____ <input type="checkbox"/> NON COMPLIANT WITH DIET <input type="checkbox"/> NUTRITIONAL SUPPLEMENTS: _____ <input type="checkbox"/> GT <input type="checkbox"/> NGT <input type="checkbox"/> PEG SIZE: _____ FR _____ cc <input type="checkbox"/> LOCATION: _____ <input type="checkbox"/> LAST CHANGED: _____ <input type="checkbox"/> RESIDUALS CHECKED AND REINSTILLED: _____ cc PRESENT <input type="checkbox"/> FLUSHED WITH _____ cc OF H <sub>2</sub> O <input type="checkbox"/> Assessment within normal limits. <input type="checkbox"/> OTHER: _____
<b>MUSCULOSKELETAL SYSTEM</b>	<b>GENITOURINARY SYSTEM</b>
<input type="checkbox"/> LIMITED ROM: <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> HAND GRASPS: <input type="checkbox"/> UNEQUAL <input type="checkbox"/> WEAK <input type="checkbox"/> PARALYSIS <input type="checkbox"/> HEMIPARESIS <input type="checkbox"/> CONTRACTURES <input type="checkbox"/> STIFFNESS <input type="checkbox"/> TREMORS <input type="checkbox"/> POOR MANUAL DEXTERITY <input type="checkbox"/> POOR COORDINATION <input type="checkbox"/> WEAKNESS <input type="checkbox"/> SHUFFLING GAIT <input type="checkbox"/> POOR BALANCE <input type="checkbox"/> POOR ENDURANCE <input type="checkbox"/> TINGLING <input type="checkbox"/> UNSTEADY GAIT <input type="checkbox"/> AMPUTATION _____ <input type="checkbox"/> Assessment within normal limits. <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> INCONTINENCE <input type="checkbox"/> URINE COLOR: <input type="checkbox"/> CLOUDY <input type="checkbox"/> PINK <input type="checkbox"/> RED <input type="checkbox"/> URGENCY <input type="checkbox"/> HESITANCY <input type="checkbox"/> FREQUENCY <input type="checkbox"/> DYSURIA <input type="checkbox"/> HEMAURIA <input type="checkbox"/> MAL-ODOROUS <input type="checkbox"/> FOLEY-CHANGED: <input type="checkbox"/> INDWELLING <input type="checkbox"/> SUPRAPUBIC <input type="checkbox"/> INTERMITTENT CATH FOLEY SIZE: _____ FR _____ cc <input type="checkbox"/> NEXT FC CHANGE DUE: _____ <input type="checkbox"/> Assessment within normal limits. <input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Denies Pain <b>PAIN:</b> SITE: _____ SCALE 1-10: _____ <b>QUALITY:</b> <input type="checkbox"/> DULL <input type="checkbox"/> ACHING <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> STABBING <input type="checkbox"/> CONTINUOUS <b>AGGRAVATING FACTORS:</b> _____ <b>ALLEVIATING FACTORS:</b> <input type="checkbox"/> ANGALGESICS <input type="checkbox"/> NARCOTICS <input type="checkbox"/> OINTMENTS <input type="checkbox"/> REST <input type="checkbox"/> HEAT <input type="checkbox"/> NA <input type="checkbox"/> <b>MEDICATION ADMINISTERED:</b> _____ DOSE: _____ ROUTE: _____ TIME: _____ SITE OF IM OR SC INJECTION: _____ IV SOLUTION: _____ RATE: _____ LOCATION OF IV: _____ IV START TIME: _____ IV END TIME: _____ IV / CVL SITE CARE PERFORMED: _____	
<b>ASSISTIVE DEVICES AND ACTIVITIES PERMITTED</b> <input type="checkbox"/> WALKER <input type="checkbox"/> CANE <input type="checkbox"/> CRUTCHES <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> SHOWER CHAIR <input type="checkbox"/> BEDSIDE COMMODE <input type="checkbox"/> SIDE RAILS <input type="checkbox"/> HOSPITAL BED <input type="checkbox"/> UP AT LIB WITH ASSISTANCE <input type="checkbox"/> TRANSFERS FROM BED TO CHAIR <input type="checkbox"/> BED REST WITH BRP <input type="checkbox"/> COMPLETE BED REST <input type="checkbox"/> HUMAN ASSISTANCE	



**WOUND 2:** \_\_\_\_\_ **LENGTH** \_\_\_\_\_ **WIDTH** \_\_\_\_\_ **DEPTH** \_\_\_\_\_ **TUNNELING & DIRECTION** \_\_\_\_\_

**PRESSURE:** (STAGE 1 2 3 4)     **SURGICAL**     **DEHISCED/DEHISCENCE**     **TRAUMA**     **VASCULAR**     **DIABETIC**     **STASIS**

**DRAINAGE AMOUNT:**     **NONE**     **SCANT**     **SMALL** =<25% of dressing     **MODERATE**= 25%-75% of dressing     **LARGE**=75% of dressing

**ODOR:**     **NONE**     **FOUL**    **DRAINAGE TYPE:**     **SEROUS**     **SEROUSANGINEOUS**     **BLOODY**     **PURULENT**

**DRAINAGE COLOR:**     **CLEAR**     **YELLOW**     **RED**     **MARROON**     **BROWN**     **GREEN**     **WHITE**

**WOUND BED APPEARANCE:**     **PINK**     **RED**     **YELLOW**     **BLACK**     **MOIST**     **WET**     **DRY**     **SLOUGH**     **ESCHAR**     **PINK/RED**

**THE FOLLOWING TECHNIQUE WAS USED:**     **ASEPTIC**     **STERILE**

**THE FOLLOWING WOUND CARE WAS PERFORMED BY:**     **SN**     **PATIENT**     **CAREGIVER**     **SN OBSERVED PT/CG**     **CG OBSERVED SN**

**THE WOUND WAS CLEANED WITH:**     **STERILE NS**     **STERILE H<sub>2</sub>O**     **WOUND CLEANSER**     **H<sub>2</sub>O<sub>2</sub>**     **BETADINE**     **½ BETADINE & ½ NS**

**OTHER:**

**THE FOLLOWING MEDICATION(S) WERE APPLIED:**     **TRIPLE ANTIBIOTIC UNG**     **SILVADENE**     **PANAFIL**     **ACCUZYME**     **CURASOL**

**OTHER:**

**THE FOLLOWING DRESSINGS WERE APPLIED:**  **ADAPTIC GAUZE**     **TELFA**     **WET-TO-DRY WITH:**     **STERILE NS**     **OTHER:** \_\_\_\_\_

**UNNA BOOT**     **SORBSAN**     **OTHER**

**THE DRESSING WAS SECURED WITH:**     **PAPER TAPE**    **WRAPPED WITH:**     **ACE BANDAGE**     **KERLIX**     **CONFORMING GAUZE**

**THE FOLLOWING SUPPLIES WERE USED:**     **4X4 GAUZE**     **2X2 GAUZE**     **COTTON TIP APPLICATOR**     **OTHER:** \_\_\_\_\_

**WOUND 3:** \_\_\_\_\_ **LENGTH** \_\_\_\_\_ **WIDTH** \_\_\_\_\_ **DEPTH** \_\_\_\_\_ **TUNNELING & DIRECTION** \_\_\_\_\_

**PRESSURE:** (STAGE 1 2 3 4)     **SURGICAL**     **DEHISCED/DEHISCENCE**     **TRAUMA**     **VASCULAR**     **DIABETIC**     **STASIS**

**DRAINAGE AMOUNT:**     **NONE**     **SCANT**     **SMALL** =<25% of dressing     **MODERATE**= 25%-75% of dressing     **LARGE**=75% of dressing

**ODOR:**     **NONE**     **FOUL**    **DRAINAGE TYPE:**     **SEROUS**     **SEROUSANGINEOUS**     **BLOODY**     **PURULENT**

**DRAINAGE COLOR:**     **CLEAR**     **YELLOW**     **RED**     **MARROON**     **BROWN**     **GREEN**     **WHITE**

**WOUND BED APPEARANCE:**     **PINK**     **RED**     **YELLOW**     **BLACK**     **MOIST**     **WET**     **DRY**     **SLOUGH**     **ESCHAR**     **PINK/RED**

**THE FOLLOWING TECHNIQUE WAS USED:**     **ASEPTIC**     **STERILE**

**THE FOLLOWING WOUND CARE WAS PERFORMED BY:**     **SN**     **PATIENT**     **CAREGIVER**     **SN OBSERVED PT/CG**     **CG OBSERVED SN**

**THE WOUND WAS CLEANED WITH:**     **STERILE NS**     **STERILE H<sub>2</sub>O**     **WOUND CLEANSER**     **H<sub>2</sub>O<sub>2</sub>**     **BETADINE**     **½ BETADINE & ½ NS**

**OTHER:**

**THE FOLLOWING MEDICATION(S) WERE APPLIED:**     **TRIPLE ANTIBIOTIC UNG**     **SILVADENE**     **PANAFIL**     **ACCUZYME**     **CURASOL**

**OTHER:**

**THE FOLLOWING DRESSINGS WERE APPLIED:**  **ADAPTIC GAUZE**     **TELFA**     **WET-TO-DRY WITH:**     **STERILE NS**     **OTHER:** \_\_\_\_\_

**UNNA BOOT**     **SORBSAN**     **OTHER**

**THE DRESSING WAS SECURED WITH:**     **PAPER TAPE**    **WRAPPED WITH:**     **ACE BANDAGE**     **KERLIX**     **CONFORMING GAUZE**

**THE FOLLOWING SUPPLIES WERE USED:**     **4X4 GAUZE**     **2X2 GAUZE**     **COTTON TIP APPLICATOR**     **OTHER:** \_\_\_\_\_

**WOUND 4:** \_\_\_\_\_ **LENGTH** \_\_\_\_\_ **WIDTH** \_\_\_\_\_ **DEPTH** \_\_\_\_\_ **TUNNELING & DIRECTION** \_\_\_\_\_

**PRESSURE:** (STAGE 1 2 3 4)     **SURGICAL**     **DEHISCED/DEHISCENCE**     **TRAUMA**     **VASCULAR**     **DIABETIC**     **STASIS**

**DRAINAGE AMOUNT:**     **NONE**     **SCANT**     **SMALL** =<25% of dressing     **MODERATE**= 25%-75% of dressing     **LARGE**=75% of dressing

**ODOR:**     **NONE**     **FOUL**    **DRAINAGE TYPE:**     **SEROUS**     **SEROUSANGINEOUS**     **BLOODY**     **PURULENT**

**DRAINAGE COLOR:**     **CLEAR**     **YELLOW**     **RED**     **MARROON**     **BROWN**     **GREEN**     **WHITE**

**WOUND BED APPEARANCE:**     **PINK**     **RED**     **YELLOW**     **BLACK**     **MOIST**     **WET**     **DRY**     **SLOUGH**     **ESCHAR**     **PINK/RED**

**THE FOLLOWING TECHNIQUE WAS USED:**     **ASEPTIC**     **STERILE**

**THE FOLLOWING WOUND CARE WAS PERFORMED BY:**     **SN**     **PATIENT**     **CAREGIVER**     **SN OBSERVED PT/CG**     **CG OBSERVED SN**

**THE WOUND WAS CLEANED WITH:**     **STERILE NS**     **STERILE H<sub>2</sub>O**     **WOUND CLEANSER**     **H<sub>2</sub>O<sub>2</sub>**     **BETADINE**     **½ BETADINE & ½ NS**

**OTHER:**

**THE FOLLOWING MEDICATION(S) WERE APPLIED:**     **TRIPLE ANTIBIOTIC UNG**     **SILVADENE**     **PANAFIL**     **ACCUZYME**     **CURASOL**

**OTHER:**

**THE FOLLOWING DRESSINGS WERE APPLIED:**  **ADAPTIC GAUZE**     **TELFA**     **WET-TO-DRY WITH:**     **STERILE NS**     **OTHER:** \_\_\_\_\_

**UNNA BOOT**     **SORBSAN**     **OTHER**

**THE DRESSING WAS SECURED WITH:**     **PAPER TAPE**    **WRAPPED WITH:**     **ACE BANDAGE**     **KERLIX**     **CONFORMING GAUZE**

**THE FOLLOWING SUPPLIES WERE USED:**     **4X4 GAUZE**     **2X2 GAUZE**     **COTTON TIP APPLICATOR**     **OTHER:** \_\_\_\_\_

**NARRATIVE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESPONSE:**

\_\_\_\_\_

\_\_\_\_\_

SN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_