TRUE CARE PROFESSIONALS FLA, LLC.
Skilled Nursing Visit Record

Patient’s Name_________________________________________________________ ID #__________________________
Date_________________________ Time in_________ AM / PM Time out_________ AM / PM

STATUS: # of times patient leaves home? week_______ How long was patient away?_______ Assistive device used _______

☐ Regular Visit     ☐ PRN Visit     ☐ Other     Did patient leave home? ☐ YES ☐ NO ☐ MD appt ☐ Adult day care ☐ Other________

SKILLED SERVICE PROVIDED

☐ Medication Assessment ☐ Teach Medication schedule ☐ Assess Medication Knowledge ☐ Medications taught
☐ Skilled Observation ☐ Teach adm of injection ☐ Adm. Of ___________________________
☐ Foley Insertion#_FR_mL ☐ Teach cath care ☐ Adm. Of Vit. B12 ___________________________
☐ Safety Assess balloon ☐ Teach Safety ☐ Teach eye care ___________________________
☐ Adm. Of IV ☐ Teach IV site care ☐ Teach Diabetic care ___________________________
☐ Wound Care-Dressing ☐ Teach Wound Care ☐ Teach Disease Process ___________________________
☐ Assess stoma ☐ Teach Ostomy ☐ Teach Pain Management ___________________________
☐ Ileal Conduit Care ☐ Teach Parenteral Nutrition ☐ Teach Disease Process ___________________________
☐ Bowel-Bladder Training ☐ Teach Tube Feedings ☐ Teach Discharge plan ___________________________
☐ Disimpaction-enema ☐ Teach Bowel Care ☐ Teach POC ___________________________
☐ Assess nutritional status ☐ Teach Nutrition ☐ Other:__________________________
☐ Adm. Inhalation Tx ☐ Teach Inhalation Tx ☐ Management-Evaluation ___________________________
☐ Adm. Care of Trach ☐ Teach care of Trach ☐ Plan of Care ___________________________
☐ IV checked for free flow protection ☐ Alarm checked ___________________________

HHA Introduction Y ☐ N ☐ Pt. Satisfied with Care Y ☐ N ☐ Document HHA teaching ___
HHA Supervision Y ☐ N ☐ POC Updated-Reviewed Y ☐ N ☐ in section 5 ___________________________
HHA Teaching* Y ☐ N ☐ Visits frequency: ☐ Increase ☐ Decrease ☐ Discontinued ☐ No change ___________________________

SKILLED OBSERVATIONS-EVALUATION

Pain: Self Assessment 0 1 2 3 4 5 6 7 8 9 10 Labs Done: ☐ Type ___________________________

Edema Y ☐ N ☐ WT _______ Last BM_______ CBS_______

Temp: ___________ BP ___________ Rt □ Lt □ LE measurements (cm) Wound One (cm) Wound Two (cm) ___________________________

AP: ___________ Lying ___________ Rt Calf ___________ L Calf ___________ Length ___________ ___________

RP: ___________ Sitting ___________ Ankle ___________ Ankle ___________ Width ___________ ___________

Resp: ___________ Stand ___________ Instep ___________ Instep ___________ Depth ___________ ___________

Lung Sounds ___________________________ Drng amt ___________ ___________

Abd Girth ___________________________ Drng amt ___________ ___________

OBSERVATIONS-ASSESSMENT-CARE (Record signs, symptoms, changes in patient’s condition since last visit)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

TEACHING PROVIDED to: Patient ☐ Family member ☐ Other ☐

RESPONSE TO TEACHING

Good ☐ Fair ☐ Poor ☐ Anxious ☐ Cannot cope ☐

Verbal / Understand Y ☐ N ☐ ☐ Needs further supervision in:__________________________

Returns demonstration correctly Y ☐ N ☐ ☐ Needs further instruction in:__________________________

☐ Problem-teaching resolved for:__________________________

PLAN FOR NEXT VISIT (Include any modification in care plan)

Physician Call: Y ☐ N ☐ Memo Sent ☐ Case conference: Y ☐ N ☐ Next MD Appt ___________________________

Remarks / Note ___________________________

Signature________________________________________ Title__________________ Date:__________________