

# TRUE CARE PROFESSIONALS , 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**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Medication Assessment        | <input type="checkbox"/> Teach Medication schedule  | <input type="checkbox"/> Assess Medication Knowledge         | <input type="checkbox"/> Medications taught     |
| <input type="checkbox"/> Skilled Observation          | <input type="checkbox"/> Teach adm of injection     | <input type="checkbox"/> Adm. Of Intramuscular-subq          | 1) _____  |
| <input type="checkbox"/> Foley Insertion# __FR__ mL   | <input type="checkbox"/> Teach cath care            | <input type="checkbox"/> Adm. Of Vit. B12                    | 2) _____  |
| <input type="checkbox"/> Safety Assess <i>balloon</i> | <input type="checkbox"/> Teach Safety               | <input type="checkbox"/> Teach eye care                      | 3) _____  |
| <input type="checkbox"/> Adm. Of IV                   | <input type="checkbox"/> Teach IV site care         | <input type="checkbox"/> Prep-Adm of Insulin                 | <input type="checkbox"/> Assess pain            |
| <input type="checkbox"/> Wound Care-Dressing          | <input type="checkbox"/> Teach Wound Care           | <input type="checkbox"/> Teach Diabetic care                 | <input type="checkbox"/> Teach pain management  |
| <input type="checkbox"/> Assess stoma                 | <input type="checkbox"/> Teach Ostomy               | <input type="checkbox"/> Decubitus Care                      | <input type="checkbox"/> Teach Disease Process  |
| <input type="checkbox"/> Ileal Conduit Care           | <input type="checkbox"/> Teach Parenteral Nutrition | <input type="checkbox"/> Assess cardiopulmonary status       | <input type="checkbox"/> Discuss discharge plan |
| <input type="checkbox"/> Bowel-Bladder Training       | <input type="checkbox"/> Teach Tube Feedings        | <input type="checkbox"/> Assess neuro status                 | <input type="checkbox"/> Evaluation             |
| <input type="checkbox"/> Disimpaction-enema           | <input type="checkbox"/> Teach Bowel Care           | <input type="checkbox"/> Assess musculoskeletal              | <input type="checkbox"/> Management-Evaluation  |
| <input type="checkbox"/> Assess nutritional status    | <input type="checkbox"/> Teach Nutrition            | <input type="checkbox"/> Assess GI-GU                        | Plan of Care                                    |
| <input type="checkbox"/> Adm. Inhalation Tx           | <input type="checkbox"/> Teach Inhalation Tx        | <input type="checkbox"/> Chest Physio                        | <input type="checkbox"/> Discuss POC            |
| <input type="checkbox"/> Adm. Care of Trach           | <input type="checkbox"/> Teach care of Trach        | <input type="checkbox"/> IV checked for free flow protection | <input type="checkbox"/> Other: _____           |
|   |   | <input type="checkbox"/> Alarm checked                       | <input type="checkbox"/> Alarms can be heard    |

HHA Introduction	Y <input type="checkbox"/> N <input type="checkbox"/>	Pt. Satisfied with Care	Y <input type="checkbox"/> N <input type="checkbox"/>	<i>Document HHA teaching</i> _____
HHA Supervision	Y <input type="checkbox"/> N <input type="checkbox"/>	POC Updated-Reviewed	Y <input type="checkbox"/> N <input type="checkbox"/>	<i>in section 5</i>
HHA Teaching*	Y <input type="checkbox"/> N <input type="checkbox"/>	Visits frequency: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change		

**SKILLED OBSERVATIONS-EVALUATION**    Edema Y  N     WT \_\_\_\_\_    Last BM \_\_\_\_\_    CBS \_\_\_\_\_

**Pain:** Self Assessment 0 1 2 3 4 5 6 7 8 9 10    Labs Done:  Type \_\_\_\_\_

**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** \_\_\_\_\_ in \_\_\_\_\_    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: \_\_\_\_\_