|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SAMPLE: PSYCHIATRIC NURSE PROGRESS NOTE** | | | | | | | | | | |
| ***Generously Provided By Angel Home Care Services, Inc. – Miami, FL*** | | | | | | | | | | |
| **PATIENT DETAILS** | | | | **DATE** | | | **EMPLOYEE** | | | |
| LAST NAME | FIRST NAME | NUMBER | | MO. | DAY | YR. | NUMBER | | INITIALS | |
| **HOMEBOUND DUE TO**  ***SKILLED NURSING SERVICES*** | | | | | | | NURSING VISIT CODE  RV – ROUTINE VISIT  EV – EMERGENCY VISIT | | | |
|  | | | | | **PATIENT / FAMILY TEACHINGS** | | | | | |
| **OBSERVATIONS / MONITORING**  VITAL SIGNS: BP AP REG IRREG  TEMP RESPIRATIONS | | | | | * MEDICATION REGIME * ACTION / SIDE EFFECTS OF: * S/S DISEASE PROCESS OF: * S/S OF COMPLICATIONS OF: | | | | | |
| LUNGS: CTA RALES BS | | | | | * EXTRAPYRAMIDAL SYMPTOMS * SAFETY MEASURES | | | | | |
|  | | | | |  RELAXATION TECHNIQUES | | | | | |
| MENTAL STATUS: IMPROVED SAME REGRESSED   * ALERT  CONFUSED  DISORIENTED * HALLUCINATIONS / DELUSIONS: PRESENT ABSENT * SUICIDAL TENDENCIES: PRESENT ABSENT | | | | **NUTRITION**   * DIET * PROPER FLUID INTAKE | | | **THERAPY PROVIDED**   * SUPPORTIVE * REALITY | | | |
|  EXTRAPYRAMIDAL SX: PRESENT ABSENT | | | |  | | |  | | | |
|  ORIENTED: TIME PLACE PERSON | | | |  | | |  | | | |
|  INSIGHT PT / FAMILY: GOOD FAIR POOR | | | |  | | |  | | | |
| MOOD / AFFECT: IMPROVED SAME REGRESSED   * FLAT  AGITATED  DEPRESSED * ANXIOUS  COMBATIVE  NEGATIVE | | | | AIDE SUPERVISORY VISIT | | | | | | |
| COMMUNICATION: IMPROVED SAME REGRESSED SOCIALIZATION: SOMATIZATION: VENTILATES FEELINGS: GOOD FAIR POOR | | | | PATIENT SATISFIED WITH CARE PLAN AIDE FOLLOWING CARE PLAN  CARE PLAN UPDATED  AIDE NEEDED TIMES PER WEEK | | | | * YES * YES * YES | | * NO * NO * NO |
| RAPPORT: PATIENT with FAMILY: IMPROVED SAME REGRESSED | | | | **SPECIFIC MEDICAL TREATMENTS / TEACHINGS** | | | | | | |
| FAMILY with PATIENT: IMPROVED SAME REGRESSED | | | |  | | | | | | |
| PATIENT with RN: IMPROVED SAME REGRESSED | | | |  | | | | | | |
| FAMILY with RN: IMPROVED SAME REGRESSED | | | |  | | | | | | |
| NUTRITION STATUS: | | | |  | | | | | | |
| APPETITE: IMPROVED SAME DECREASED | | | |  | | | | | | |
| FLUID INTAKE: IMPROVED SAME DECREASED | | | |  | | | | | | |
| G.I. BOWEL FUNCTIONS: REGULATED IRREGULAR CATHARTIC REQUIRED: YES NO | | | |  | | | | | | |
| ADL LEVEL: IMPROVED SAME REGRESSED | | | |  | | | | | | |
| DRESSING: IMPROVED SAME REGRESSED | | | |  | | | | | | |
| MOTIVATION: IMPROVED SAME REGRESSED | | | |  | | | | | | |
| PERSONAL HYGIENE: IMPROVED SAME REGRESSED | | | |  | | | | | | |
| SLEEPING HABITS: IMPROVED SAME REGRESSED | | | |  | | | | | | |
| **ASSESSMENT OF PROBLEMS AND RESPONSES:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| PLAN: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| PHYSICIAN COMMUNICATION: | | | | | | | | | | |
| ADDITIONAL / CHANGE ORDERS: | | | | | | | | | | |
| DISCHARGE PLANNING: | | | | | | | | | | |
|  | | | SIGNATURE: | | | | | | | |
|  | | |

2/5/08