International Quality Homecare Corp
International Quality Homecare of WI
Omega Home Healthcare

International Quality PCA Services
Alpha Services of Wisconsin
Alpha Services of Rochester

Skilled Nurse Visit

061

Client Name: _____ **Client Sign:** _____

Nurse Name/Title: _____ **Nurse Sign:** _____

Visit Date: _____ **Time In:** _____ **Time Out:** _____ **Supplies Used:** _____

Home Bound Yes ☐ No ☐ **Reason:** _____ **G-Code:** _____

Vitals	
BP	
AP	
RP	
Temp	
Weight	
Resp	
SP0$_2$	

Blood Glucose				
Date	**Morning**	**Noon**	**Evening**	**Bed**

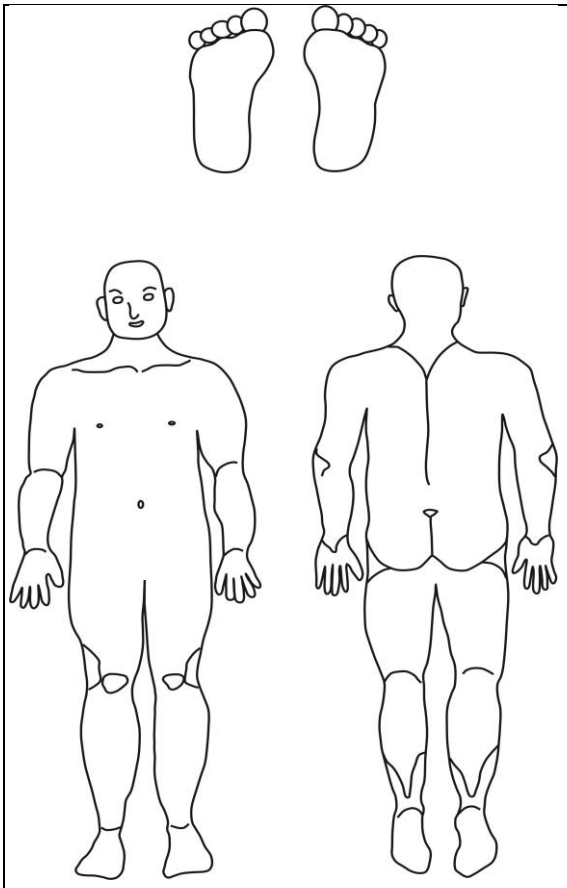
Insulin Setup		
Time	**Types of Insulin**	**Units**
Morning		
Noon		
Evening		
Bed		
PRN		

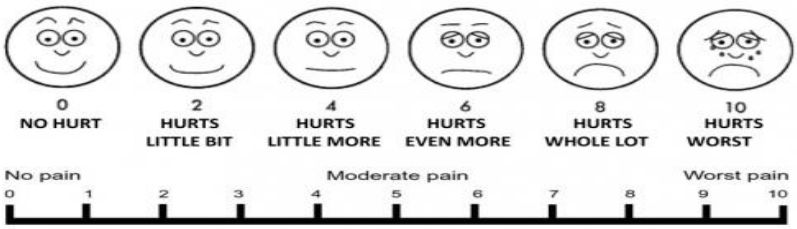
Cardio-Pulmonary: Peripheral Pulses Problem Status:	***Problem:*** ☐ Chest Pain; ☐ Neck Vein Distend ☐ Edema 1+, 2+, 3+, 4+ ☐ Taut - Site:_____ Present: ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ Non Palp Skin Temp: _____ Color: _____ Sputum: _____ Orthopnea ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	**Notes**
Neurological: Problem Status:	***Problem***: ☐ Syncope ☐ Vertigo ☐ Confusion ☐ Disoriented ☐ Forgetful ☐ Dizzy ☐ Seizures☐ Headache ☐ Tremors ROM: _____Grasp: + or - Site: _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	**Notes**
ENT Problem Status:	***Problem***: ☐ Ears ☐ Nose ☐ Throat ☐ Eyes: ☐ PEARL ☐ Other: _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	**Notes**
Musculo-skeleton: Problem Status:	***Problem***: ☐ Weakness ☐ Stiffness ☐ Balance ☐ Gait ☐ Act Tol Fall Risk ☐ Pain - site ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	Notes
ADL/IADL: Problem Status:	**Problem**: ☐ Balance ☐ Weakness ☐ Transfer ☐ Wt. Bear - Site: _____ ☐ Amb ☐ Toilet ☐ Bathe ☐ Groom ☐ Hygiene ☐ Dress ☐ Feed ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	Notes
Physical Act: Problem Status:	Problem: ☐ Meal Prep ☐ Laundry ☐ Cleaning ☐ Shopping ☐ Transport ☐ Med Appt. ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	Notes
Elimination: Problem Status Problem Status	**Urine**: Problem: ☐ Incontinent ☐ Retention ☐ Distention ☐ Frequency ☐ Burning ☐ Urgency ☐ Concentrated ☐ UTI ☐ External Cath; Dwelling Cath-Site: _____ French: _____ Bulb: _____ cc Care: _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved **Bowel**: ☐ Diarrhea ☐ Constipation ☐ Cramping ☐ Blood ☐ Involuntary ☐ Ostomy Care: _____☐ Enema ☐ SS ☐ Fleet Oil ☐ Dig Stim ☐ Suppository **Results:** _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	Notes
Integument: Site: Problem Status:	Problem: ☐ Hygiene ☐ Turgor ☐ Dry ☐ Scaly ☐ Bruises ☐ Lacerations ☐ Surgical ☐ Stasis Ulcer ☐ Press Ulcer Risk: ☐ Yes ☐ No Wd Size: _____ Depth: _____ Color: _____ Eschar: _____ Tunneling: _____ Granulation: _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved **Wound Care**: _____	Notes
Endocrine: S/S: Problem Status:	Fingerstick BG: _____ Result:_____ Fasting:_____ Random:_____ Random: 1 Hr PP: _____ 2 Hr PP: _____ ☐ Hypo ☐ Hyper ☐ Ranges / week: _____ ☐ Insulin set-up: Units: _____ Freq: _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved.	Notes
Diet / Nutrition: Problem Status:	Problem: ☐ Low intake ☐ Anorexia ☐ Non-adherence ☐ Hi intake: Fats ☐ Sweets ☐ Sodium ☐ Other: _____☐ Dental ☐ Oral ☐ Digestive ☐ Tube Feed: _____ ☐ Significant weight gain / loss: _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	Notes
Psychosocial Problem Status:	Mood Problem: ☐ Anxiety ☐ Depression ☐ Agitation ☐ Poor Sleep r/t: _____ Social Problem: ☐ Isolation ☐ Lack Support ☐ Interpersonal Relationships: _____ Role/Behavior Problem: ☐ Independence ☐ Dependence ☐ Inappropriate Behavior ☐ Abuse ☐ Neglect ☐ Substance Misuse: _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	Notes
Envir / Safety: Problem Status:	Problem: ☐ Sanitation ☐ Pathways ☐ Electric ☐ Utilities ☐ Structure ☐ Chemical ☐ Supplies ☐ Equip ☐ Personal Safety ☐ Emergency Plan: ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	Notes
Health Maintenance	Problem: ☐ Lack routine medical care ☐ Use urgent / ER ☐ Lack screening ☐ MD Contact: _____☐ Vision ☐ Dental ☐ Immunization ☐ Treatments: _____	
Med Knowledge: Med use: Need: Problem Status:	Problem: ☐Actions / Setup ☐ Proper Admin ☐ Storage Refills ☐ Med Changes Problem: ☐ Missed Doses ☐ Refusals ☐ Over use: _____ ☐ Med set up ☐ Med administration ☐ Med time reminders ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved.	Notes
Comm. Resource Problem Status:	Problem: ☐ Difficult Access ☐ Difficult communication needs ☐ Lack coordination ☐ Lack knowledge Financial Case Man/Coordination: _____Referrals: _____ ☐ No ☐ New ☐ Continuing ☐ Recurrent ☐ Worsening ☐ Improving ☐ Resolved	Notes

Client Print Name: _____ **Licensed Nurse Name:** _____ **Date:** _____

Progress/DC Plan:	☐ DC visit ☐ Unstable ☐ Good Progress ☐ Slow Progress ☐ Requires visit to maintain ☐ Expect DC soon: _____ F/U needed: ☐ Yes ☐ No NEXT visit planned: _____
Hospitalization Was the client hospitalized since your last visit? ☐ Yes ☐ No If Yes, what dates:	List reasons:
Medication Change	☐New (List with dates)
	☐Discontinued (List with dates)
Short Term Goals	
Long Term Goals	

Pain Assessment





Notes

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☐ Check for more information in the Progress and Communication Notes