

GASTROINTESTINAL

No Problem Same

Anorexia Nausea/Vomiting Difficulty swallowing

Tube feeding (specify) _____

Continuous Intermittent

Comments: _____

GENITOURINARY

No Problem Same

Burning Frequency/Urgency Retention/Hesitancy

Odor Hematuria Incontinence

Catheter (specify) type _____ French _____

Balloon inflated _____ ml Changed Inserted Removed

Irrigated with (specify) _____

Comments: _____

MEDICATION

(New or changed since last visit)

None Update Medication Profile Order obtained

Administered by: Self Family/caregiver Nurse

Other _____

Medication administered this visit

Name _____

Dose _____ Route _____

Instructed on:

Medication(s) names (list) _____

S/S allergic reaction Pill count (if applicable)

Drug/food interactions S/E contraindications

Drug/drug interactions Ample supply

Expiration dates Proper disposal of sharps

Prescription refill by _____ Duration of therapy

Missed doses/what to do Other _____

Medication setup for _____

Prefill insulin syringes for _____ days

ASSISTIVE DEVICES

Cane Walker Crutches Wheelchair Bedside Commode Shower Bench

Requires Assistance for:

Transfers Bed/Chair Ambulation Positioning Personal Care

DIABETIC FOOT EXAM (Check all that apply)

Frequency of diabetic foot exam _____

Done by: Patient Caregiver (name) _____

RN/PT Other: _____

Exam by clinician visit: Yes No

Integument findings: _____

Loss of sense of: Warm right / left Cold right / left

Comment: _____

Neuropathy right / left Tingling right / left Burning right / left

INTERVENTIONS / INSTRUCTIONS

Lab: None Blood drawn from _____ for _____

Other _____ Delivered to _____

Standard precautions Observed S/S

Observe / Teach:

Disease process (specify) _____

Diet: _____

Safety: Fall Medications Fire Other _____

When to call: Agency Physician 911

Medication (N or C) effects/side effects _____

Teach / Admin:

Tube feedings: _____

Care of trach: _____

Inhalation Rx: _____

Chest physio./Postural drainage

Change NG/G Tube

Admin of Vit. B12

Prep./Admin. Insulin

IM / Subcutaneous injection

Depression Intervention

Observe S/S infection

Diabetic observation

Teach diabetic care/foot care

Hypo / Hyperglycemia S / Sx / Complication

Physiology/Disease process / management teaching

Evaluate diet/fluid intake

Diet teaching _____

Safety factors

Pain Management _____

Other Skilled Intervention / Instruction: _____

Foley Care Venipuncture

Urine Testing Post-cataract care

Decubitus care Bowel/Bladder Training

AIDE SUPERVISORY VISIT (Complete if applicable)

AIDE: Present Not Present

IS PATIENT/FAMILY SATISFIED? Yes No

Explain: _____

Follows and implements care plan Yes No

Maintains and implements standard precaution per agency policy Yes No

Is prompt, stays required length of time and is reliable Yes No

Appears competent in the delivery of service Yes No

Performs tasks as requested by the patient within job description Yes No

Relates well with the patient/family Yes No

Adheres to dress code Yes No

Reports complications and problems to the case Yes No

Is caring and sympathetic to the patient's needs Yes No

Does patient have continued need for Aide services Yes No

AIDE CARE PLAN UPDATE? Yes No

RESPONSE TEACHING:

Verbalizes Understanding 25% or Less _____ 50% or Less _____ 75% or Less _____ 85% or Less _____

PT/PCG Comprehension

Return Demonstration 25% or Less _____ 50% or Less _____ 75% or Less _____ 85%-95% _____

PT/PCG Demonstration

NURSING REVIEW

Nursing Care Plan appropriate Discharge Plan reviewed

Care Plan revision/update Need for continued service

S.N. Frequency Reviewed Skilled Assessment

Progressing toward goal Continue teaching

Barriers toward Progress Procedure as ordered

Care Coordination: Physician SN PT OT ST

MSW HHA Other (specify) _____

Regarding _____

Patient's Signature: _____

Date: _____

Employee's Signature _____

Date: _____

