

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

- | | | | |
|---|--|--|---|
| <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"/> (inc. Postural Drainage) | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> IV checked for free flow protection | <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: _____