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| **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 CODERV – ROUTINE VISITEV – 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 PLANCARE PLAN UPDATEDAIDE 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:** |
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| PLAN: |
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| PHYSICIAN COMMUNICATION: |
| ADDITIONAL / CHANGE ORDERS: |
| DISCHARGE PLANNING: |
|  | SIGNATURE: |
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2/5/08