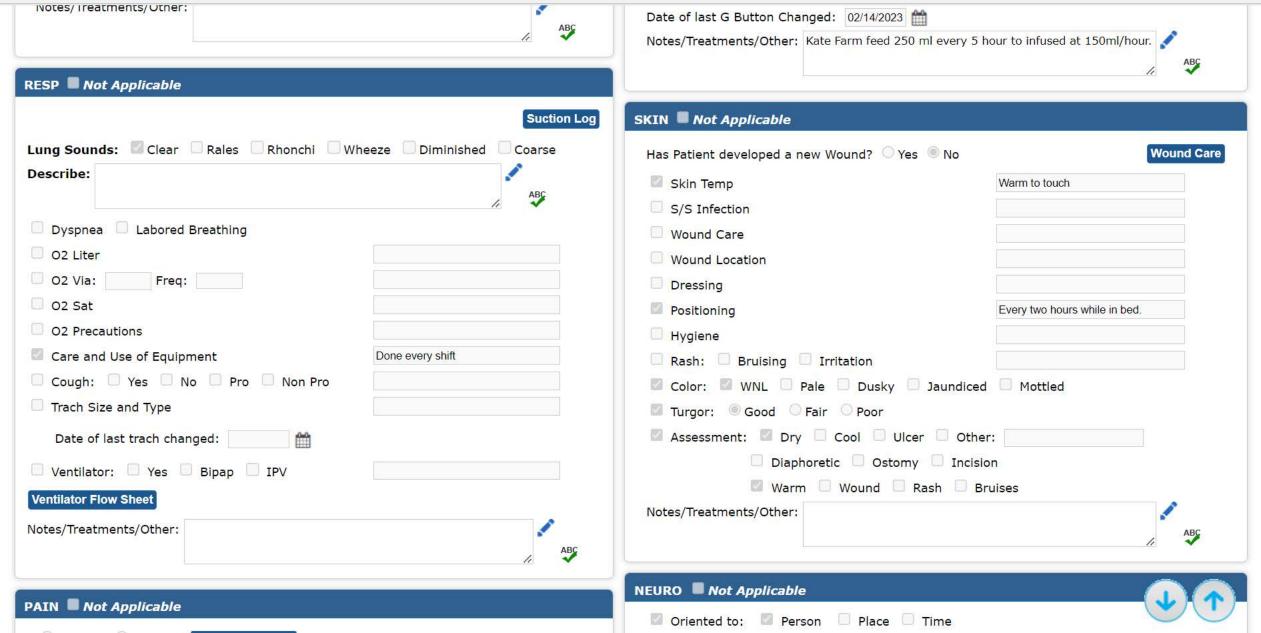
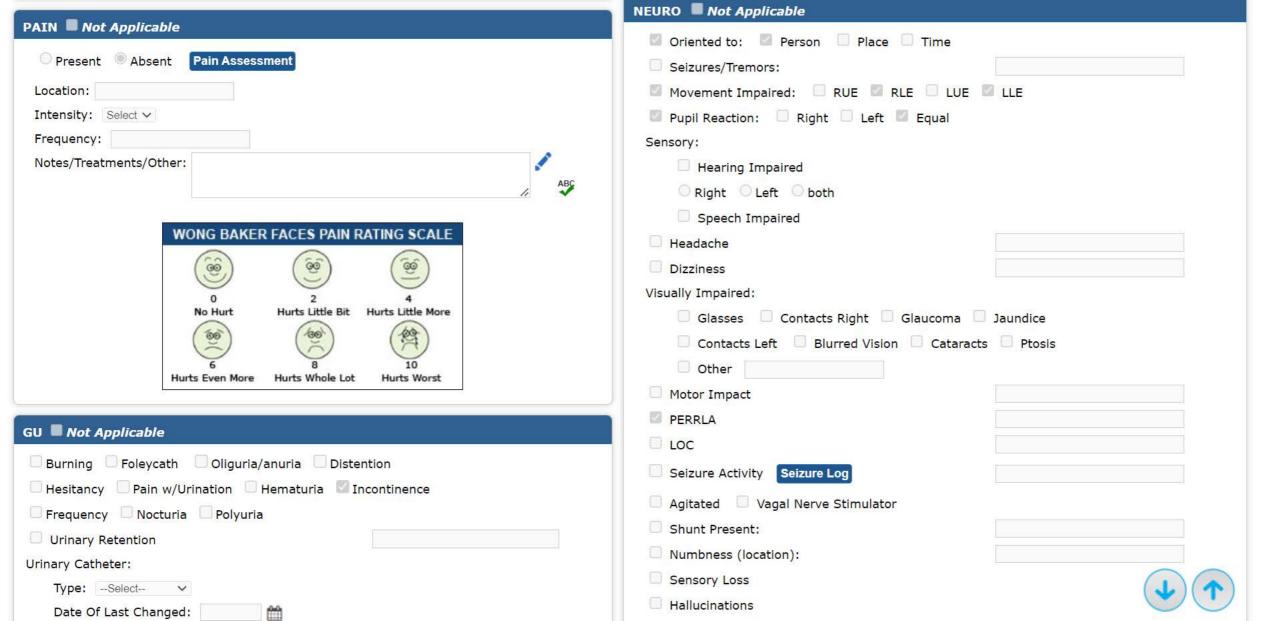


Nasal Congestion: Color/Consistency/Amount Notes/Treatments/Other:	ABC	Stool Appearance:  Stool Consistency Surrounding Skin: Intact Tube Feeding	
CV Not Applicable	· ·	☑ Diet/Formula	Kate Farm Pediatric Peptide 1.5 cal/m
Heart Rhythm: Reg  Trreg  Reg - Irreg		Meals Prepared and Administered Properly  Diet: Diet Inadequate  Bolus:	250ml cc every 5 hour(s).
Fluid Retention		GT/PEG Type & Size	Mickey Button 14FR 1.5CM
Chest Pain		Site Appearance Drainage	Dry and intact, no swelling or bleeding
Heart Sounds	Clear to all lobes	Continuous @:	
Dizziness		Placement Checked :	yes, patent and intact
Arrhythmia		Residual Checked, Amount :	5 ml
Neck Vein Distention		Reflux/Indigestion	
RLE: 0 1+ 0 2+ 0 3+	RLE	Dysphagia	
LLE: 0 1+ 0 2+ 0 3+	LLE	Difficulty swallowing	
Weight		☑ NPO	
Peripheral Pulses Palpable	Yes	Decreased Appetite	
☐ Capillary Refill: ○ < 3 Sec ○ > 3 Sec		Colostomy	
Edema: Pitting Non Pitting		Nausea/Vomiting	
☐ Mottling: ○ Yes ○ No		S/S GI Bleeding	
☐ Shortness of breath with exertion: ☐ Yes ☐ No		Hydration Dehydration	40 ml of extra water four times daily a
Notes/Treatments/Other:	ABC	Date of last G Button Changed: 02/14/2023	<b>→</b> (↑





Date Of Last Changed:  Size:	Hallucinations  Dysphasia Legally Blind Notes/Treatments/Other:
Clarity: Clear Cloudy Sediment/mucous  Odor: Yes No  Urine Assessed by: Per pt report visual assessment by SN CG report	ENDO/METAB   Not Applicable  Glucose: □ Blood □ Urine
UTI: s/s observed reported by patient reported by caregiver  Voiding Continent InContinent  Catheter/Type & Size  Bowel/Bladder Training  Notes/Treatments/Other: Patient is incontinent of bowel & bladder and is been trained, however finding it difficult to comply with training.	Glucose: Blood Orine  Glucometer Reading:  FBS: RBS: at  Diabetic Skin Care  Diabetic Foot Care Teaching:  Diabetic lower extremity and foot inspection:
MEDICATION Not Applicable  Med change since last visit? Yes No Reconciliation Med Profile Updated Contraindications Checked Medication Set up Medication Recorded (Describe below) Instructed: Patient Caregiver	Insulin Injection  Reported By: Managed By:  S/S Hypoglycemia: Hyperglycemia  Notes/Treatments/Other:
Monitoring for Effectiveness Reactions/Side effects  How and when to report problems  Clinically significant issue found (Describe below)  Physician/Designee notified	MUSCULOSKELETAL Not Applicable  Weakness Abnormal gait Joint pain Bedbound Chairbound

Physician/Designee notified	Bedbound Chairbound		
Response received within one calendar day	Paralysis: O Domina	nt Non-dominant	
Notes:	Fall Precautions m	naintained	
ABC	Limited Mobility/R	ROM:	
	Grip strength: Rig	ght left Equal	
HOMEBOUND Not Applicable	☐ Gait: ☐ Steady ☐ Unsteady ☐ Non-ambulatory ☐ Crawls		
Is Patient Homebound? Yes No Considerable and taxing effort to leave home Absences Infrequent	Gait Comments:		<i>I</i>
Doctor's appts Religious services Visiting family	Contracture:	RUE LUE LLE RLE	
Personal appts Adult day care serv	Spasticity Flaccid Pain Fracture AFO Scoliosis		
Other (Specify):	Requires assistive	e device: Cane Walker	Crutch(es) Wheelchair
Normal Inability To Leave Home		as weakness to LLE & RLE, non-ambul a wheelchair for movement.	atory and
Needs assistance for all activities Unable to safely leave unassisted	requires a	wheelchair for movement.	ABC
☐ Medically ordered(e.g bedrest)			
Other (Specify):	EMOTIONAL STATUS	Not Applicable	
Leaving Require Taxing Effort	Agitated	Suicidal Ideation/Plan	Hallucinations
Residual weakness Requires max. assist	Anxious	Insomnia	Terminal Condition
Confusion, unsafe to leave Severe SOB/SOB upon exertion	☐ Flat Affect	Nightmares	Disoriented
Other (Specify):	Depressed	Caregiver Strain	Lethargic
Comments:	Feelings of Hopelessness	Altered Decision  Making	Comatose
CARE COORDINATION Not Applicable	Other: Comments:		
Contact With: DT ST HHA Physician OT SS Other			ABC

