

Incident Report: Were there any incidents like - ER Visit, Fall, Medication Problem etc.? Yes No [Report Incident](#)

Patient Identification: Full Name Date of Birth Patient's Address Visually Identified

Patient Tolerated Session Well Standard Precautions Observed

VITAL SIGNS Unable to Collect all Vitals

[Add Reading](#)

Time	BP Sys/Dias	Temp	Resp (per min)	O2 sat (%)	Pulse	
					Apical (BPM)	Radial (BPM)
06:45 PM	90/63	97.9	24	99(Org:room air,)		82 - (Reg)


Weight: lbs.

FOC:

HT/Length: inches

Abdominal Girth: cm

Comments:

ABC 

ENT Not Applicable

Ensure Airway Patency

Emergency Management

S/S Infection

Ear Drainage: Color/Amount

Nasal Congestion:

GI & NUTRITION Not Applicable

Abdomen: Soft Firm Distended Non-Distended

Bowel Sounds: Normal Hyper Hypo Absent

Diarrhea

Bowel Incontinence

Weight: Loss Gain

Amount:

Adb. Girth

Disimpaction

BS all quads Last BM:

Abnormal Stool: Gray Tarry Fresh Black

Constipation: Chronic Acute Occasional

Lax/Enema Use: Daily Weekly Monthly

Hemorrhoids: Internal External

Ostomy:

Ostomy type(s):

Stoma Appearance:

Stool Appearance:



Nasal Congestion:

Color/Consistency/Amount

Notes/Treatments/Other:

ABC

CV **Not Applicable**

Heart Rhythm:

Reg Irreg Reg - Irreg

Fluid Retention

Chest Pain

Heart Sounds

Clear to all lobes

Dizziness

Arrhythmia

Neck Vein Distention

RLE: 1+ 2+ 3+

RLE

LLE: 1+ 2+ 3+

LLE

Weight

Peripheral Pulses Palpable

Yes

Capillary Refill: < 3 Sec > 3 Sec

Edema: Pitting Non Pitting

Mottling: Yes No

Shortness of breath with exertion: Yes No

Notes/Treatments/Other:

ABC

Stool Appearance:

Stool Consistency

Surrounding Skin:

Intact

Tube Feeding

Diet/Formula

Kate Farm Pediatric Peptide 1.5 cal/r

Meals Prepared and Administered Properly

Diet:

Diet Inadequate

Bolus:

250ml cc every 5 hour(s).

GT/PEG Type & Size

Mickey Button 14FR 1.5CM

Site Appearance Drainage

Dry and intact, no swelling or bleeding

Continuous @ :

Placement Checked :

yes, patent and intact

Residual Checked,Amount :

5 ml

Reflux/Indigestion

Dysphagia

Difficulty swallowing

NPO

Decreased Appetite

Colostomy

Nausea/Vomiting

S/S GI Bleeding

Hydration Dehydration

40 ml of extra water four times daily a

Appetite Changes

Date of last G Button Changed: 02/14/2023



Notes/Treatments/Other:

Empty text box with a blue pencil icon and a green checkmark labeled 'ABC'.

RESP *Not Applicable*

Suction Log

Lung Sounds: Clear Rales Rhonchi Wheeze Diminished Coarse

Describe: with a blue pencil icon and a green checkmark labeled 'ABC'.

Dyspnea Labored Breathing

O2 Liter

O2 Via: Freq:

O2 Sat

O2 Precautions

Care and Use of Equipment Done every shift

Cough: Yes No Pro Non Pro

Trach Size and Type

Date of last trach changed:

Ventilator: Yes Bipap IPV

Ventilator Flow Sheet

Notes/Treatments/Other: with a blue pencil icon and a green checkmark labeled 'ABC'.

PAIN *Not Applicable*

Date of last G Button Changed: 02/14/2023

Notes/Treatments/Other: Kate Farm feed 250 ml every 5 hour to infused at 150ml/hour. with a blue pencil icon and a green checkmark labeled 'ABC'.

SKIN *Not Applicable*

Wound Care

Has Patient developed a new Wound? Yes No

Skin Temp Warm to touch

S/S Infection

Wound Care

Wound Location

Dressing

Positioning Every two hours while in bed.

Hygiene

Rash: Bruising Irritation

Color: WNL Pale Dusky Jaundiced Mottled

Turgor: Good Fair Poor

Assessment: Dry Cool Ulcer Other:

Diaphoretic Ostomy Incision

Warm Wound Rash Bruises

Notes/Treatments/Other: with a blue pencil icon and a green checkmark labeled 'ABC'.

NEURO *Not Applicable*

Oriented to: Person Place Time



PAIN Not Applicable

Present Absent **Pain Assessment**

Location:

Intensity:

Frequency:

Notes/Treatments/Other:  




GU Not Applicable

- Burning Foley cath Oliguria/anuria Distention
- Hesitancy Pain w/Urination Hematuria Incontinence
- Frequency Nocturia Polyuria
- Urinary Retention

Urinary Catheter:

Type:

Date Of Last Changed: 

NEURO Not Applicable

Oriented to: Person Place Time

Seizures/Tremors:

Movement Impaired: RUE RLE LUE LLE

Pupil Reaction: Right Left Equal

Sensory:

Hearing Impaired

Right Left both

Speech Impaired

Headache

Dizziness

Visually Impaired:

Glasses Contacts Right Glaucoma Jaundice

Contacts Left Blurred Vision Cataracts Ptosis

Other

Motor Impact

PERRLA

LOC

Seizure Activity **Seizure Log**

Agitated Vagal Nerve Stimulator


Shunt Present:

Numbness (location):

Sensory Loss

Hallucinations



Date Of Last Changed: 

Size: Fr ml

Foley Suprapubic/Catheter/I & O Cath

Urine:

Color: Yellow Amber Brown Blood-tinged Other

Clarity: Clear Cloudy Sediment/mucous

Odor: Yes No



Urine Assessed by: Per pt report visual assessment by SN CG report

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.  

Hallucinations

Dysphasia

Legally Blind

Notes/Treatments/Other:  

ENDO/METAB *Not Applicable*

Glucose: Blood Urine

Glucometer Reading:

FBS: RBS: at

Diabetic Skin Care



Diabetic Foot Care Teaching:

Diabetic lower extremity and foot inspection:

Insulin Injection

Reported By: Managed By:

S/S Hypoglycemia: Hyperglycemia

Notes/Treatments/Other:  

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

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



Clinically significant issue found (Describe below)

Physician/Designee notified

Response received within one calendar day

Notes:



HOMEBOUND **Not Applicable**

Is Patient Homebound? Yes No Considerable and taxing effort to leave home

Absences Infrequent

- Doctor's appts Religious services Visiting family
- Personal appts Adult day care serv
- Other (Specify):

Normal Inability To Leave Home

- Needs assistance for all activities Unable to safely leave unassisted
- Medically ordered(e.g bedrest)
- Other (Specify):

Leaving Require Taxing Effort

- Residual weakness Requires max. assist
- Confusion, unsafe to leave Severe SOB/SOB upon exertion
- Other (Specify):

Comments:



CARE COORDINATION **Not Applicable**

Contact With: PT ST HHA Physician OT SS Other:

Bedbound Chairbound

Paralysis: Dominant Non-dominant

Fall Precautions maintained

Limited Mobility/ROM:

Grip strength: Right left Equal

Gait: Steady Unsteady Non-ambulatory Crawls

Gait Comments:

- Contracture: RUE LUE LLE RLE
- Spasticity Flaccid Pain Fracture AFO Scoliosis
- Requires assistive device: Cane Walker Crutch(es) Wheelchair

Comments: Patient has weakness to LLE & RLE, non-ambulatory and requires a wheelchair for movement.



EMOTIONAL STATUS **Not Applicable**

- Agitated Suicidal Ideation/Plan Hallucinations
- Anxious Insomnia Terminal Condition
- Flat Affect Nightmares Disoriented
- Depressed Caregiver Strain Lethargic
- Feelings of Hopelessness Altered Decision Making Comatose

Other:

Comments:



Contact With: PT ST HHA Physician OT SS Other:

Patient Compliant between visits:

Yes N/A No/Partial (Describe):

PRN order obtained:

Discharge Planning

Yes No N/A Patient informed of change in service



EQIP *Not Applicable*

Equipment Functioning

IV *Not Applicable*

IV Infusion

IV Site
 Type of Access
 Standard Precautions

Notes/Treatments/Other:  

INTAKE *Not Applicable*

Add More Rows

Time:	<input type="text" value="06:00 PM"/>	<input type="text" value="08:00 PM"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:	<input type="text" value="310 ml"/>	<input type="text" value="40ml"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total for shift:

OUTPUT *Not Applicable*

Add More Rows

Time:	<input type="text" value="06:20 PM"/>	<input type="text" value="09:00 PM"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urine / stool Amt.:	<input type="text" value="x 1 wet diaper"/>	<input type="text" value="x 1 BM"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total for shift:



NARRATIVE

6PM: Received patient in bed, awake, no s/s of distress noted. Vital sign checked and stable. Kate Farm feed 250ml started infusing at 150ml/hour, head of bed up to prevent aspiration, tolerating well.

7:40PM: Kate Farm feed completed and was well tolerated, flushes done per order. All precautions maintained.

8PM: 40 ml of extra water given as ordered. Bathe patient and G-tube site care done.

9PM: Diaper changed with large BM noted. No seizure noted on this shift. Tolerated all care without any difficulty. Patient had a good evening, report given to mom and patient left under her care sleeping comfortably in bed.

Patient tolerated all procedures and medications this shift without any problems ? Yes No If No, please explain:

Signature:

Clinician Signature: Sutton, Lilian - LPN on 02/21/2023

