Shuree Home Healthcare, Inc.
4492 W. Lawrence Ave.
Chicago, IL 60630
Phone: (773) 283-4950 | Fax: (773) 283-4980

SN Psychiatric Nurse Visit

Patient Name: **Visit Date:** **Time In:** **Time Out:**
Episode Range: **MR:** **DOB:**
Last Physician Visit Date **Associated Mileage:** **Surcharge:**
Primary DX: **Secondary DX:**

Vital Sign

Temp. _____
Resp. _____
Apical Pulse _____
Radial Pulse _____

BP	Lying	Sitting	Standing
Left			
Right			

Weight _____
Pulse Oximetry _____
Comments

Pain Profile

Pain Intensity
Description
Duration
Primary Site _____
Freq. of Interfering Pain
Pain Mngmt. Effectiveness
Comments

Skin

Color
☐ Pink/WNL ☐ Pallor
☐ Jaundice ☐ Cyanotic
☐ Other _____
Temp.
Turgor
Condition
☐ Dry ☐ Diaphoret. ☐ Wound
☐ Ulcer ☐ Incision ☐ Rash
☐ Other _____
Comments

Respiratory

Breath Sounds
☐ Bilateral ☐ Left ☐ Right
Dyspnea
Cough
O2 at _____
LPM Via
Freq
☐ O2 Precautions
Comments

Cardiovascular

☐ WNL (Within Normal Limits)
☐ Heart Rhythm
☐ Cap. Refill
☐ Pulses
Radial
☐ Bilateral ☐ Left ☐ Right
Pedal
☐ Bilateral ☐ Left ☐ Right
☐ Edema
Location _____
☐ Non-Pitting
☐ Bilateral ☐ Left ☐ Right
☐ Pitting
☐ Heart Sound
☐ Neck Veins
Comments

Neurological

☐ LOC
☐ Person ☐ Place ☐ Time
☐ Behavior Status
☐ WNL ☐ Diff. Coping
☐ Withdrawn ☐ Combative
☐ Exp. Depression ☐ Irritability
☐ Imp. Decision ☐ Other
☐ Pupils
☐ Bilateral ☐ Left ☐ Right
☐ Vision
☐ WNL ☐ Blurred Vision
☐ Cataracts ☐ Corr. Lenses
☐ Glaucoma ☐ Legally Blind
☐ Speech
☐ Paralysis _____
☐ Quadriplegia ☐ Paraplegia
☐ Seizures
☐ Tremors _____
☐ Dizziness ☐ Headache
HOH ☐ Bilateral ☐ Left ☐ Right
Comments

Musculoskeletal

☐ WNL (Within Normal Limits)
☐ Grip Strength
☐ Bilateral ☐ Left ☐ Right
☐ Impaired Motor Skill
☐ Limited ROM _____
☐ Mobility
☐ Type Assistive Device
☐ Cane ☐ Crutches
☐ Walker ☐ Wheelchair
☐ Other _____
☐ Contracture _____
☐ Weakness
☐ Joint Pain _____
☐ Poor Balance
☐ Joint Stiffness
☐ Amputation _____
☐ Weight Bearing Restrictions
☐ Full ☐ Partial
Location _____
Comments

Gastrointestinal

☐ WNL (Within Normal Limits)
☐ Bowel Sounds
☐ Ab. Palpation
☐ Bowel Incontinence
☐ Nausea ☐ Vomiting ☐ GERD
☐ Abd Girth _____
Elimination
☐ Last BM
Date _____
☐ WNL
☐ Abnormal Stool
☐ Gray ☐ Tarry
☐ Black ☐ Fresh Blood
☐ Constipation _____
☐ Diarrhea _____
Ostomy
☐ Ostomy Type
☐ Stoma Appear. _____
☐ Surrounding Skin _____
Comments

Nutrition

☐ WNL (Within Normal Limits)
☐ Dysphagia
☐ Decreased Appetite
☐ Weight ☐ Loss ☐ Gain
☐ Diet
☐ Adequate ☐ Inadequate
☐ Diet Type _____

Genitourinary

☐ WNL (Within Normal Limits)
☐ Incontinence
☐ Bladder Distention
☐ Discharge
☐ Frequency
☐ Dysuria
☐ Retention

Diabetic Care

☐ N/A
Blood Sugar
AM _____mg/dl
Noon _____mg/dl
PM _____mg/dl
HS _____mg/dl

IV

☐ N/A
IV Access
IV Location _____
Cond. of IV Site
Cond. of Dress.
Dress. changed

Clinician Signature: _____ Date: _____

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Nutrition

☐ Enteral Feeding
☐ NG ☐ PEG ☐ Dobhoff
☐ Tube Placement Checked
☐ Residual _____ Checked
Comments

Genitourinary

☐ Urgency
☐ Oliguria
☐ Catheter/Device
Last Changed _____
_____ Fr _____ml
☐ Urine
☐ Clear ☐ Cloudy
☐ Odorous ☐ Sediment
☐ Hematuria ☐ Other _____
Comments

Diabetic Care

Performed by
Site ☐ Left ☐ Right _____
Diabetic Management
☐ Diet ☐ Oral Hypogly.
☐ Exercise ☐ Insulin
Insulin Administered by
☐ N/A ☐ Pt ☐ CG ☐ SN
S&S of Hyperglycemia
☐ Fatigue ☐ Blurred Vision
☐ Polydipsia ☐ Polyuria
☐ Polyphagia ☐ Other _____
S&S of Hypoglycemia
☐ Anxious ☐ Dizziness
☐ Fatigue ☐ Perspiration
☐ Weakness ☐ Other _____

Insulin Type	Dose	Site	Route

Comments

IV

this visit
Flush
☐ Yes ☐ No
flushed with _____/ml of _____
Comments

Infection Control

☐ Universal Precautions Observed
☐ Sharps/Waste Disposal
New infection ☐ Yes ☐ No
Comments

Mental Status

Overall Mental Status
Level of Consiousness
Hallucinations/Delusions
☐ Yes ☐ No
Suicidal Tendencies
☐ Yes ☐ No
Extrapyramidal SX
☐ Yes ☐ No
Oriented
☐ Time ☐ Place ☐ Person
Insight PT/Family
Comments

Patient/Family Teachings

☐ Medication Regime
☐ Action/Side Effects:
☐ S/S Disease Process:
☐ S/S of Complications:
☐ Extrapyramidal Symptoms
☐ Safety Measures
☐ Relaxation Techniques
Nutrition
☐ Diet:
☐ Proper Fluid Intake
Therapy Provided
☐ Supportive ☐ Reality
Comments

Mood/Affect

Overall Mood Status
☐ Flat ☐ Depressed
☐ Combative ☐ Agitated
☐ Anxious ☐ Negative
Comments

Homebound Status

☐ N/A
☐ Exhibits considerable & taxing effort to leave home
☐ Requires the assistance of another to get up and moving safely
☐ Severe Dyspnea
☐ Unable to safely leave home unassisted

Communication

Overall Communication Status
Socialization _____
Somatization _____
Ventilates Feelings

Clinician Signature: _____ Date: _____

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Homebound Status

☐ Unsafe to leave home due to cognitive or psychiatric impairments
☐ Unable to leave home due to medical restriction(s)
☐ Other _____

Home Environment

Communication

Comments

_____

ADL Level

Overall ADL Level

Dressing

Motivation

Personal Hygiene

Sleeping Habits

Comments

_____

Care Coordination

Care Coordination with

☐ SN ☐ PT ☐ ST
☐ MSW ☐ HHA ☐ MD
☐ Other

_____

Regarding

_____

Care Plan

Care Plan

Goals Progress

New/Change Orders/Care Plan

☐ Yes ☐ No

Comments

_____

Discharge Planning

Discharge Planning Discussed

☐ Yes ☐ No

Discharge Plan w/

Discharge Reason

Physician Notified of Discharge

☐ Yes ☐ No

☐ Patient received discharge notice

Comments

_____

Rapport

Patient with Family

Family with Patient

Patient with RN

Family with RN

Comments

_____

Nutrition Status

Appetite

Fluid Intake

Comments

_____

G.I. Bowel Functions

Status

Cathartic Required

☐ Yes ☐ No

Comments

_____

Phlebotomy

☐ N/A

Labs _____

Venipuncture _____ (# of attempts) to _____ (site) with _____ ga. needle/vacutainer using aseptic technique. Applied pressure for _____ minutes.

☐ Pt tolerated procedure ☐ No bruising
☐ No bleeding ☐ Sharps Disposal

Delivered to

☐ Lab ☐ Hospital
☐ MD ☐ Other

Supervisory Visit

☐ N/A
☐ LVN present
☐ HHA present

Comments

_____

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Phlebotomy

Comments

Response to Teaching/Interventions

☐ Verbalize _____ understanding of verbal instructions/teaching given.
☐ Able to return _____ correct demonstration of procedure/technique instructed on.
☐ Treatment/Procedure well tolerated by patient.
☐ Infusion well tolerated by patient.
☐ Other

Interventions

☐ Skilled Observation/Assessment		☐ Instructed on Safety Precautions	
☐ Medication Adminstration		☐ Diabetic Monitoring/Care	
☐ Foley Change		☐ IV Tubing Change	
☐ Patient/CG teaching		☐ Inst. on Emergency Preparedness	
☐ Prep./Admin. Insulin		☐ Administer Enteral nutrition	
☐ Glucometer calibration		☐ Trachea care	
☐ IV Site Dressing Change		☐ IM Injection/SQ Injection	
☐ Peg/GT Tube Site care		☐ Foot care performed	
☐ Wound Care / Dressing Change		☐ IV Site Change	
☐ Foley Irrigation		☐ Diet Teaching	
☐ Venipuncture/Lab		☐ Instructed on Medication	
☐ Instructed on Disease Process inc.			

Comments

Narrative & Teaching

Physician Communication

Clinician Signature: Date: