



Fax To: (804) 330-9460
AMERICAN CRITICAL CARE SERVICES
 HOME HEALTH DIVISION
 NURSING PROGRESS NOTES
 Ph (800) 245-4011 • (804) 320-1113

CONTROL NUMBER

NO. []

Patient Name: _____ Date: _____ Med. Rec.# _____

Employee Name: _____ RN LPN CNA Regular Direct Dep. Check Sky Dir Dep. Wire Transfer (\$10 fee)

Employee Signature: _____ Time In: _____ Time Out: _____ Total Hrs: _____

I certify that the hours shown are correct and have been authorized by the client. Falsification of this document for payment of salary is a criminal offense. Client signature is required for compensation.

Caregiver/Patient Signature: _____ Respite: Time In: _____ Time Out: _____

I certify that the hours listed above are correct Reason for Respite _____

*All time slips are processed for payroll at the corporate office in Richmond, VA. Time slips should be faxed or mailed to the Richmond office no later than 9 a.m.

TIME:		Catheter/ diapers/ spon void		Psychosocial	
Vital Signs	T ___ P ___ R ___ BP ___	Odor		Verbalization (App/Inapprop)	
Neuro		Integumentary		Family Support	
Orientation		Breakdown		Spiritual needs	
Pupil		(Moist)		Behavior (App/Inapprop)	
Grips/Movement		Mucous Membrane		Coping Mechanism	
Speech		Environment		Memory (Intact)	
Respiratory		Health/Safety		Education Review	Complete Once Daily
Lung Sounds		Hazards			
Cough Results		Supplies Maintained			
Chest PT		PAIN - Severity	___severity	1. verbalizes understanding	
Suction times		(1-5)	___constant	2. more instruction needed	
per shift		1. mild,	___intermittent	3. Goal met	
Trach Care/change		2. discomforting,	Patient's	Disease Process	
Oxygen Therapy		3. distressing,	goal: _____	Prognosis	
Cardiac		4. intense,		Medications	
Regularity		5. excruciating		Care Treatment & services	
Pulses		Location		Anticipated/ unanticipated outcomes	
Radial		Physical findings		Emergency plans	
DP/PT		at the site		Infection control & safety	
Cap Refill		Frequency		Supply Management	
Color (mucous membrane)		Duration		Compliance with POT	
Temp (skin)		Aggravating factors		Education materials given	
Invasive line (none/CVL/PIV)		Controlled		Special Instructions	
Edema		Pain relieved by:		Person Trained	
GI		MONITORS			
Bowel Sounds		Cardiac/ apnea monitor			
Abd Appearance		Vent - setting			
Elimination		C-PAP/ Bi-PAP			
Diet		Blood glucose checks			
Amt. Tolerated		Change in treatment			
GU		Physician orders needed?			
Color/Clarity					

Notes: Sign and time each entry _____

