

**AMERICAN IV & HOME CARE**  
**SKILLED VISIT NOTE**

Follow-up visit  Not home  
 Refused Visit  Other \_\_\_\_\_  
Time in: \_\_\_\_\_ Time out: \_\_\_\_\_  
Patient Initials: \_\_\_\_\_

Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_ Date: \_\_\_\_\_

*Please elaborate on abnormal findings and exceptions in the narrative section. Circle appropriate findings.*

**VITAL SIGNS:** T \_\_\_\_\_ Oral Axillary Rectal Tympanic Pulse: location \_\_\_\_\_ Regular Irregular  
B/P: R \_\_\_\_\_ lying sitting standing L \_\_\_\_\_ lying sitting standing  
Ht: \_\_\_\_\_ ft \_\_\_\_\_ in \_\_\_\_\_ cm Wt: \_\_\_\_\_ lb \_\_\_\_\_ oz \_\_\_\_\_ kg

Note \_\_\_\_\_

**PAIN:** YES NO LOCATION: \_\_\_\_\_  
Severity: 1-----10  
Mild-----Severe  
Continuous or intermittent, Frequency and duration \_\_\_\_\_  
Aggravating factors \_\_\_\_\_  
Alleviating factors: meds: (list) \_\_\_\_\_, warm application, cold application,  
TENS, PT/OT. Does patient get complete relief? \_\_\_\_\_  
Changes in treatments required \_\_\_\_\_  
Reassess at next visit (date): \_\_\_\_\_

Note \_\_\_\_\_

**NEURO:** LOC: Alert Oriented Disoriented Lethargic Unresponsive Other  
Pupils: PERLA Brisk Sluggish Non-Reactive  
Motor response: Obeys verbal commands Localized to pain Withdraws to pain  
Sensory: Impaired vision Impaired hearing  
Head circumference (up to 18 months): \_\_\_\_\_

Note \_\_\_\_\_

**CARDIAC:** Edema: Location \_\_\_\_\_ Pitting/Nonpitting +1 +2 +3 +4 Cap. Refill: Brisk Sluggish  
Peripheral pulses: Location \_\_\_\_\_ absent 1+ 2+ Homan's sign - +  
Location \_\_\_\_\_ absent 1+ 2+  
Heart sounds: Normal Extra sounds Murmur  
Cyanosis: None General Lips Fingers R/L Feet R/L

Note \_\_\_\_\_

**RESPIRATORY:**

Breath Sounds Anterior: Right: Clear Crackles Rales Rhonchi Wheezes  
Left: Clear Crackles Rales Rhonchi Wheezes  
Posterior: Right: Clear Crackles Rales Rhonchi Wheezes  
Left: Clear Crackles Rales Rhonchi Wheezes  
Cough: Productive Nonproductive Sputum: \_\_\_\_\_ color/amt hemoptysis  
Dyspnea: D.O.E. At rest PND Orthopnea Pursed lips Grunting Nasal flaring  
Accessory Muscles  
Respirations: Regular Irregular Labored Shallow Dyspnea Apnea  
Oxygen \_\_\_\_\_ % Cont. Prn; Trach Y or N Vent. Settings \_\_\_\_\_

Note \_\_\_\_\_

**MUSCULOSKELETAL:** Independent Assist Assistive Device \_\_\_\_\_ Weakness Unsteady Gait  
Dependence ROM: Full Restricted Absent Strength: Normal Weak Absent

Note \_\_\_\_\_

**INTEGUMENTARY:** Temp: Warm Cool Dry Moist Color: Normal Reddened Pale Dusky  
Turgor: Normal Delayed Delayed Ecchymosis: Location \_\_\_\_\_  
Mucous membranes: Moist Dry Pale Pink

Note \_\_\_\_\_

**GI:** Abdomen: Soft Firm Distended Elimination: Normal Diarrhea Constipation Incontinence  
BS: Normal Hypoactive Hyperactive Last BM: \_\_\_\_\_  
Appetite: Normal Poor Nausea Vomiting Dysphagia

Note \_\_\_\_\_

**GU:** Clear Cloudy Burning Odor Urgency/frequency Incontinence Catheter size \_\_\_\_\_  
Date changed \_\_\_\_\_

Note \_\_\_\_\_

**PSYCHOSOCIAL:** Family Support: Strong Unavailable Unwilling  
Coping Mechanism: Positive Poor Anxious Other \_\_\_\_\_  
Affect: Pleasant Cooperative Angry Withdrawn

Note \_\_\_\_\_

**ENVIRONMENT:** Safety hazards \_\_\_\_\_  
Supplies Needed Yes No

Note \_\_\_\_\_

**IV THERAPY:**  
Access: Central line (type) \_\_\_\_\_ Portacath \_\_\_\_\_ PICC \_\_\_\_\_

Location: \_\_\_\_\_

Site Appearance: Clear Red Edema Drainage Tender

Cap change: \_\_\_\_\_ Site \_\_\_\_\_ Gauge \_\_\_\_\_ Length \_\_\_\_\_

Medication Administered: \_\_\_\_\_

IV Push over \_\_\_\_\_ min. Gravity or Pump (type) \_\_\_\_\_

Pump settings: \_\_\_\_\_ ml/hr Delayed start \_\_\_\_\_:

Flush: NS \_\_\_\_\_ cc Heparin 100u/ml \_\_\_\_\_ cc

Blood Draw: Venipuncture \_\_\_\_\_ Obtained from PICC \_\_\_\_\_ Drop off location: \_\_\_\_\_

Labs Drawn: \_\_\_\_\_ Site: \_\_\_\_\_ Attempts: \_\_\_\_\_

Anaphylactic kit present in home: Yes No

**MEDICATIONS:** Are there any new or change in medications? Yes No.

Note \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**WOUND:** Location \_\_\_\_\_ Type & Stage \_\_\_\_\_  
Size: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ Undermining: New or Severe Necrotic Tissue: Yes or No  
Tunneling: Yes or No (New) Odor: Yes or No  
Surrounding Tissue: Intact Macerated Erythema Induration  
Exudate: Serous Serosanguinous Purulent Yellow Brown Green Amt: \_\_\_\_\_  
Wound Bed: Granulation/red, \_\_\_\_\_% eschar, black/yellow \_\_\_\_\_% Pale Pink \_\_\_\_\_%  
Wound Care: \_\_\_\_\_

Patient response: \_\_\_\_\_

Incision: location \_\_\_\_\_ bruising redness drainage edema swelling

Treatment: Ice Elevation

**PROGRESS TOWARD GOALS:** Met Not met

**COMMUNICATION:** \_\_\_\_\_

Plan for next visit: \_\_\_\_\_ Next MD Appt: \_\_\_\_\_

Does plan of care (i.e. 485) need revision? Yes No

**Education Review (Complete Daily)**

Check which statements apply:

I. \_\_\_\_\_ Client/caregiver willing to learn/teachable \_\_\_\_\_ Client/caregiver not willing to learn \_\_\_\_\_ Client/caregiver not teachable

II. **The disease process**  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

III. **The prognosis**  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

IV. **Medications**

A. Prescription Refill Information  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

B. Actions when doses are missed  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

C. Disposal of unused & expired meds.  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

D. Avoidance of contamination  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

E. Other (i.e., new meds) \_\_\_\_\_  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

V. **Procedures & Treatments**  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ able to demonstrate \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

VI. **Emergency Plans**  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ able to demonstrate \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

VII. **Infection Control & Safety**  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ able to demonstrate \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

VIII. **Supply Management**  
\_\_\_\_\_ able to verbalize understanding \_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

IX. **Compliance with Plan of Treatment**  
\_\_\_\_\_ Demonstrates compliance \_\_\_\_\_ Demonstrates non-compliance Explain: \_\_\_\_\_  
\_\_\_\_\_ more instruction required/given by nurse \_\_\_\_\_ goal met

Patient Name: \_\_\_\_\_

X. **Education Materials Given:** \_\_\_\_\_ yes \_\_\_\_\_ no List: \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

List person(s) trained \_\_\_\_\_

