



Royal Quality Nursing Inc.
Nursing Visit Record

Vital Signs: Ht: _____ Wt: _____ T: _____ HR: _____ R: _____ B/P: _____

Patient Name: _____ D.O.B _____

Date: ____/____/____

Day: M T W Th F Sat. Sun.

___ Initial Visit ___ Re-visit

Referred From: _____

Time in: ____:____ AM PM

Time Out: ____:____ AM PM

NEUROLOGICAL

- ___ Aphasia
- ___ Confused
- ___ Disoriented
- ___ Forgetful
- ___ Headache
- ___ HOH
- ___ Lethargic
- ___ Neuropathy
- ___ Paralysis
- ___ Pupils Non-Reactive/Unequal
- ___ Restlessness
- ___ Seizures
- ___ Semi Comatose/___ Comatose
- ___ Tremors
- ___ Vertigo
- ___ Vision Impaired
- ___ NPN

RESPIRATORY

- ___ Non-prod. Cough
- ___ Prod. Cough/color _____
- ___ Wheezing
- ___ Cyanosis
- ___ O2 @ _____ liters
- ___ Crackles/Coarseness
- ___ Absent
- ___ Decreased
- ___ SOB
- ___ CTA
- ___ DOE
- ___ NPN

Comments: _____

GENITOURINARY

- Ostomy Tube: _____
- Vaginal Problems: _____
- Urinary Problems: _____
- Nephrostomy Tube: _____
- Prostate Problems: _____
- Catheter Problems: _____
- ___ NPN

Comments: _____

NPN: No Problem Noted

CARDIOVASCULAR

- ___ Irregular Heart Rate
- ___ JVD
- ___ Orthostatic Changes
- ___ Perph Pulses: _____
- ___ Diminished ___ Absent

Edema: _____

Lymphedema: _____

Comments: _____

___ NPN

MUSCULOSKELETAL

- ___ Bed bound
- ___ Balance Problems
- ___ Coordination Problems
- ___ Fatigue
- ___ Decreases Endurance
- ___ Cane
- ___ Walker
- ___ Sleep Disturbance
- ___ W/C
- ___ Safety Risk
- ___ Requires Assistance
- ___ Safety Precautions reviewed
- ___ NPN

Comments: _____

GASTROINTESTINAL

Bowel Sounds: _____
___ Hyperactive ___ Hypoactive
___ Absent

Abdomen: _____

___ Tender ___ Firm

Oral Mucosa: _____

___ Lesions ___ Ulcers
___ Plaque ___ NPN

Last BM: ____/____/____

- ___ Anorexia ___ Nausea
- ___ Vomiting ___ Diarrhea
- ___ Constipation
- ___ Ostomy ___ Incontinent
- ___ Taste Alteration
- ___ Indigestion ___ Hiccoughs

PAIN

Intensity: 1 2 3 4 5 6 7 8 9 10

1= Least 5=Moderate 10=Worst

Location: _____

Quality: _____

Interrupts Sleep: _____

- ___ Never
- ___ Daily
- ___ On Occasion

How often does it interfere with activity?

- ___ Never
- ___ Sometimes
- ___ Daily
- ___ Always
- ___ NPN

PSYCHOSOCIAL

- ___ Tearful
- ___ Flat affect
- ___ Anxious
- ___ Difficulty Coping
- ___ Angry
- ___ Depressed
- ___ NPN

Caregiver: _____

- ___ None
- ___ Unable to manage responsibilities
- ___ NPN

Comments: _____

INTEGUMENT

- ___ Lesions Color: _____
- ___ Rash ___ Flushed
- ___ Itching ___ Cyanotic
- ___ Bruises ___ Ashen
- ___ Poor Turgor ___ Pale
- ___ Redness/ ___ Mottled
- ___ Erythema ___ Jaundiced
- ___ Dry/Scaly
- ___ Diaphoretic
- ___ NPN

Comments: _____



Patient Name: _____ Referred From: _____

Access & Device Site Assessment page 2

___ Subcutaneous ___ Hickman/Groshong ___ Midline ___ Peripheral ___ Midclavicular
 Implanted Pump: (Arterial/Epidural/Intrathecal) ___ PICC ___ Implanted Port

MEDICATION REVIEW AND/OR ADMINISTRATION:

___ Instruction on client's medication ___ Client/Caregiver verb. Understanding. Comments:

Medication Adm. During Visit: Dose Route Conc. Time Frame: ___ Pump Refill ___ Cassette Change
 ___ RN Stay for infusion ___ Cit to D/C Med
 ___ Med Hook up (time) ___ Med D/C RN (time)

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SEARS Noted: _____ Flushes NSS ___ ml ___ IVP ___ Heparin ___ ml ___ units/ml IVP

Medication Changes (since last visit): ___ None ___ Yes (Please attach revised Medication Profile)

INSERTION SITE STATUS:

1 2 3
 ___ ___ ___ Pain
 ___ ___ ___ Edema
 ___ ___ ___ Heat
 ___ ___ ___ NPN
 ___ ___ ___ Sutures
 ___ ___ ___ Cord
 ___ ___ ___ Streak
 ___ ___ ___ Drainage
 ___ ___ ___ Erythema
 ___ ___ ___ Other

Insertion Site:

1- _____
 2- _____
 3- _____
 Blood Return: + - (circle one)

WOUND ASSESSMENT: Wound Treatment ___ Per POC ___ Changes: ___

Wound Type: ___ Pressure/Stasis ___ Surgical ___ Tumor ___
 Appearance: ___ Pink/Red ___ slough ___ Eschar ___ Inflammation ___ Undermining
 Odor: ___ None ___ Mild ___ Foul
 Drainage: ___ None ___ Serous ___ Serosanguinous ___ Sanguinous ___ Purulent
 Amount: ___ Small ___ Moderate ___ Large
 Stage: ___ I - Red/Discolored ___ II - Skin Break/Blister ___ III - SQ tissue ___ IV - Muscle/Bone
 Healing: ___ Early/Partial Granulation ___ Fully Granulated ___ Not Healing
 Size: (cm LxWxD) ___ Comments: _____

Plan of Care

___ Call Physician, other (specify) re: _____
 ___ Next Contact Date: _____ by: ___ RN ___ LPN ___
 ___ Next MD visit: _____
 ___ Home Visit ___ Facility ___ Other
 ___ Assessment
 ___ Dressing/Cap change
 ___ Drug Administration
 ___ Drug Adjustment (specify) _____
 ___ Nutritional Assessment
 ___ IV Restart/SQ site change/Port Needle change
 ___ IV insertion: Site _____ Gauge _____
 ___ IV Removal
 ___ Implanted Pump refill
 ___ Venous Port: ___ access ___ deaccess
 ___ Equipment Procedure (battery change, tubing/cassette change)
 ___ Blood Draw (specify) _____

PICC: SL ___ DL ___ TL ___
 Securing Device: ___ Stat Lock ___ Sutured
 Upper arm circ. ___ cm
 Ext. length ___ cm
 Port Access: Gauge ___ Length ___

Precautions:

___ Aspiration
 ___ Bleeding
 ___ Fall
 ___ Home Environment/Safety
 ___ Neutropenic
 ___ Seizure

Site: PICC Port Peripheral Lab Used: ___ HHLA ___ Pepper Lab ___ Other: _____
 Tracking/Pick-up #: _____
 ___ Wound care/treatment
 ___ Pt/Caregiver Teaching (circle one) Initiate Continue Complete
 ___ Supply Inventory

Comments: _____

Patient/Caregiver Signature _____ Date ___/___/___

Nurse's Signature _____ Date ___/___/___

SEARS-side effects and related symptoms