Nurse Visit Assessment Note

☐ Billable
☐ Supervisory

Client:	Date:	Time In:	Time Out:

Vital Signs	Skin Assessment	Nutritional Status
Blood pressure	☐ Intact ☐ Warm ☐ Dry ☐ Jaundiced	Diet:
Heart rate	☐ Bruises ☐ Tears ☐ Rash	Feeding: ☐ Independent ☐ Dependent
Respiration	Location:	☐ Nausea ☐ Dysphagia ☐ Emesis
Temperature	☐ Pressure ulcer (complete Wound Assess. Form)	☐ Indigestion ☐ Adequate fluid intake
Mental / Neuro Status	Other:	☐ Feeding tube:
Orientation:	Turgor: ☐ Good ☐ Poor	☐ Enteral nutrition: Frequency:
☐ x3 ☐ Slow mentation ☐ Confused	**Bowel Assessment**	Amount: Type:
☐ Disoriented ☐ Agitated	Abdomen:	**Functional / Safety Status**
☐ Seizures ☐ Seizure precautions	☐ Soft ☐ Distended ☐Tender ☐ Rigid	Transfers: ☐ Lift ☐ Manual
☐ PERRL ☐ Impaired Speech	Bowel sounds: ☐ Present ☐ Absent	Ambulatory: ☐ Self ☐ W/Assist
☐ Impaired hearing ☐ Impaired vision	Last BM:	☐ Non-ambulatory
☐ Other:	☐ Incontinent ☐ Continent	Weight bearing status:
	☐ Diarrhea ☐ Constipation ☐ Impaction	Extremity:
Cardiovascular Status	Bowel program:	☐ Fall / safety risk
Heart Rhythm:	Type: Frequency:	☐ Assistive devices:
☐ Regular ☐ Irregular ☐ Palpitations	☐ Ostomy	**Pain Assessment**
☐ JVD ☐ Calf tenderness ☐ Murmur	**Urinary Assessment**	☐ Pain location 1:
Skin:	☐ Incontinent ☐ Continent	Level: (0-10) Freq:
☐ Cyanosis ☐ Mottling ☐ Diaphoresis	☐ Indwelling catheter:	Quality:
☐ Other:	Size: Last changed:	☐ Pain location 2:
Peripheral pulses: + --	☐ Intermittent catheterization:	Level: (0-10) Freq:
☐ Cap refill < 3 sec. ☐ Chest pain	Size: Frequency:	Quality:
☐ Edema 1 2 3 4	☐ Suprapubic	☐ Satisfied with pain control
Location:	Appearance:	Non-pharmacological measures:
Respiratory Status	☐ Clear ☐ Concentrated ☐ Cloudy	
Lung sounds:	☐ Sediment ☐ Hematuria	**Client Satisfaction / Care Plan**
☐ CTA ☐ Wheezing ☐ Crackles	Color:	Care Plan: ☐ Updated ☐ Reviewed
☐ SOB ☐ Dyspnea ☐ Rales	☐ Urgency ☐ Frequency ☐ Dysuria	☐ Med changes (made to med sheet)
☐ Diminished: R L	☐ Nocturia ☐ Stress incontinence	☐ Med setup
☐ Cough: Productive Non-productive	Other:	HHA name:
Sputum color:		Satisfied with HHA services? ☐ Y ☐ N
☐ Oxygen/rate:		
☐ Breathing txs:		

Additional Notes

Please list any problems, concerns, education, etc. If needed, additional space is available on Progress Note.

Employee Signature: **Client Signature:**