Cover Page

Patient Name: __________________________

Date of Birth: ___ /___ /_______

Gender: ○ Male ○ Female

Admission ID#: CHR - ____________________

Phone#: __________________________

Visit Date: ___ /___ /_______

Visit Type: __________________________

RN Name: __________________________

RN CODE #: CHR - ____________________

Visit Info

1. Reason for Visit

☐ Incident follow up ☐ Complaint follow up ☐ Post hospital ☐ Change in condition

☐ Other ____

2. Profile

a. ☐ I confirm that I reviewed and entered all information and changes into the Profile section of EMR

b.
- **Address**
- **Phone Number Information**
- **Emergency Contact Information** - Name, Phone, Relationship
- **Emergency Preparedness** - Priority Code, TALS, Evacuation Location (plan and contact), Electronic Device Dependency
- **Physicians** - Name, Phone
- **Diagnosis**

Vital Signs

1. Temperature

a. Temperature (°F)

____

b. Route

○ Oral ○ Axillary ○ Tympanic ○ Temporal

2. Blood Pressure (Systolic/Diastolic):

a. Systolic (mmHg)

____

b. Diastolic (mmHg)

____

3. Respiration Rate:

a. Respiration rate (breaths per minute)

____

4. Pulse:

a. Pulse (beats per minute)

____

5. Does the patient report any usual and/or present pain?

○ Yes. (Complete '#6. Pain' section below.) ○ No. (Skip '#6. Pain')

6. Pain

a. Usual pain intensity

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

b. Present pain intensity

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

c. Pain location

____

d. Pain frequency

○ Daily ○ In the last week ○ Less than every week

e. Pain description

____

f. Intervention

____

g. Effectiveness of intervention
○ Yes
○ No. See comment: ____

i. Need for palliative care?
○ Yes, refer ○ No

7. Additional comments on pain if applicable

____

Assessment

1. Mental status

☐ Oriented to person	☐ Oriented to place	☐ Oriented to time
☐ Oriented to situation	☐ Disoriented	☐ Forgetful
☐ Agitated	☐ Lethargic	☐ Impaired cognitive/Decision making
☐ Confused at times	☐ Other______	

2. Assessment findings

____

3. Are there any safety concerns to note?

○ Yes -> Describe safety concerns: ____
____
____

○ No

Intervention

1. Patient education/Caregiver instruction

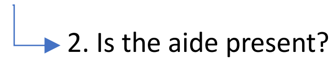
____
____
____
____

2. ☐ MD Notified

POC

1. POC update needed?

○ Yes, it has been updated in the EMR and a copy left in the home. (proceed to #2) ○ No



2. Is the aide present?

○ Yes. Instructed and reviewed POC with aide. (proceed to #3) ○ No

3. Performed in this visit:

☐ Orientation to the plan of care and supervision

Progress Note

1. Have there been any patient or environmental related changes since the last assessment?

   ○ Yes, see progress note ○ No

2. Progress Note (include interventions, client reaching provided, case coordination with agency personnel and any additional follow up referrals or coordination of care with MD or other providers)

____
____
____
____
____
____

Signatures

1. Patient Signature

X_________________________________ **OR** ☐ Patient is unable to sign. Authorized agent signing on the patient's behalf.

Reason that patient is unable to sign:

____

____

____

Authorized agent signature:

X____

Print name:

____

Relationship to patient:

____

2. RN

a. Signature X_________________________________

b. Print name: ________________________________

3. Aide **OR** ☐ Aide is not present

a. Signature X_________________________________

4. Aide Print Name

b. Print name: _________________________________