

NURSING FLOW SHEET/PROGRESS NOTE(S)

Evening Shift 3 PM – 11 PM

<p>RISK ASSESSMENT:</p> <p>Suicide <input type="checkbox"/> Denied <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Threat <input type="checkbox"/> Safety Contract Fall Risk <input type="checkbox"/> None <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Confused <input type="checkbox"/> Sedated <input type="checkbox"/> Recent fall Requires assistance Comments _____</p> <p>Homicidal <input type="checkbox"/> Denied <input type="checkbox"/> Urges <input type="checkbox"/> Threats <input type="checkbox"/> Ideation</p> <p>Elopement <input type="checkbox"/> Denied <input type="checkbox"/> Attempt <input type="checkbox"/> Threat</p> <p>PSYCHOMOTOR: <input type="checkbox"/> Appropriate <input type="checkbox"/> Poor posture <input type="checkbox"/> Restlessness <input type="checkbox"/> Other (specify) _____ Comments _____</p>	<p>PHYSICAL ASSESSMENT: Check if within normal limits</p> <p><input type="checkbox"/> Neurologic: Skull and facial form, ears, nose throat is symmetrical, eyes equal, round.</p> <p><input type="checkbox"/> Cardiovascular: Heart rate rhythm and peripheral circulation to all extremities. Nailbeds pink with brisk capillary refill.</p> <p><input type="checkbox"/> Respiration: Breathing is present and effortless with regular rate, rhythm and symmetrical thoracic excursion.</p> <p><input type="checkbox"/> Gastrointestinal: Non-distended, regular and recent BM's, color and consistency.</p> <p><input type="checkbox"/> GU/Renal: Bladder, non-distended. Voids without pain, burning or difficulty. Urine reported as clear yellow to amber.</p> <p><input type="checkbox"/> Musculoskeletal: Able to move all extremities with full range of motion. Absence of joint swelling, tenderness, or pain. No muscle weakness or loss of sensation. Steady gait.</p> <p><input type="checkbox"/> Integumentary: Warm and dry to touch with good turgor, elasticity and color. No bruises, lacerations or abrasions.</p> <p><input type="checkbox"/> Other (specify): _____ Comment (if abnormality present): _____ _____ _____</p>	<p>ORIENTATION: <input type="checkbox"/> Person <input type="checkbox"/> Place Comments _____</p> <p><input type="checkbox"/> Situation <input type="checkbox"/> Time</p> <p>APPEARANCE: <input type="checkbox"/> Well groomed <input type="checkbox"/> Neat <input type="checkbox"/> Appropriate for climate <input type="checkbox"/> Other (specify) _____ Comments _____</p> <p><input type="checkbox"/> Disheveled <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Clean</p> <p>THOUGHT CONTENT: <input type="checkbox"/> Appropriate to situation <input type="checkbox"/> Hallucinations <input type="checkbox"/> Tactile <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Other (Specify) _____ Comments _____</p> <p><input type="checkbox"/> Delusions <input type="checkbox"/> Persecutory <input type="checkbox"/> Grandiose</p>
<p>ACTIVITY: <input type="checkbox"/> Attending structured activities <input type="checkbox"/> Self ADL's <input type="checkbox"/> Assistance provided with ADL's <input type="checkbox"/> Symptoms interfere with patients ability to attend to ADL's or group Comments _____</p>	<p>THOUGHT PROCESS: <input type="checkbox"/> Relevant <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose <input type="checkbox"/> Other (Specify) _____ Comments _____</p> <p><input type="checkbox"/> Concrete <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial</p>	<p>SPEECH: <input type="checkbox"/> Normal rate/volume <input type="checkbox"/> Pressured <input type="checkbox"/> Hesitant <input type="checkbox"/> Other (specify) _____ Comments _____</p> <p><input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Mute</p>
<p>LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Responsive Comments _____</p> <p><input type="checkbox"/> Decreased conscious <input type="checkbox"/> Other (specify) _____</p>	<p>MEDICATION: <input type="checkbox"/> None <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant Comments _____</p>	<p>PAIN: <input type="checkbox"/> No complaints of pain <input type="checkbox"/> Rates pain scale 1 to 5 _____ Comments _____</p>
<p>MOOD: <input type="checkbox"/> Appropriate to Situation <input type="checkbox"/> Elated <input type="checkbox"/> Labile <input type="checkbox"/> Dysphoric <input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Other (specify) _____ Comments _____</p>	<p>AFFECT: <input type="checkbox"/> Appropriate to Situation <input type="checkbox"/> Bright <input type="checkbox"/> Incongruent <input type="checkbox"/> Blunted <input type="checkbox"/> Anxious <input type="checkbox"/> Flat <input type="checkbox"/> Other _____ Comments _____</p>	

RN Signature _____ Date: _____ Time: _____

PROGRESS NOTES (Handwrite notes at the appropriate margin. Note must begin with DATE and TIME.)

“DIR” Format/MTP # Heading

MD/DO	Nurse	Other