

Skilled Nursing Note

Client Name:					
PMI Patient Number:		DATE(MM/DI	D/YYYY):	TIME IN:	TIME OUT:
	VITAL SIGNS			PAIN ASSESS	CNAENT
Temperature	VITAL SIGNS	Je :	the client experiencing p		
Pulse			res, answers questions b		
Respiration					ied (target score)
Blood Pressure	/		Other		
	,				
		Lo	cation of pain:		
Weight/BMI	/		servation of pain site:		
PAIN INTENSITY SCALE NO MILD MODERATE SEVERE PAIN PAIN PAIN PAIN PAIN PAIN PAIN PAIN					
ASSESSMENT					
Nutrition Changes:			Respiratory:		
Sensory Changes:			Environment/Safet	:y:	
Bowel:			Cardiac Status:		
Urinary:			Respiratory Status:		
Psycho/Neurologic:			Other:		
Shift/Visit Notes:					
		·			
Outcome for this shift/visit (Progress towards goals):					
Instructions provided/patient education:					
Nurse Signature and Title		Print Name			 Date
ivurse signature and Title	•	rimt Name			Date
Client or Representative	Signature	Relationship			Date