

**PROGRAM OPERATIONS
DIRECTIVE 6.0**

SUBJECT: Nursing Progress Notes

ISSUED: January 13, 2017

PURPOSE:

The purpose of this correspondence is to implement the nursing progress note.

DEFINITION:

The nursing progress note will allow nurses to document vital signs and other medical information; that assists the psychiatrist with Medical Decision Making in the Medication Review Note, which is required for appropriate coding. This information will be collected than be able to be measured for outcome based performance measures.

Only those sections addressed at the time of face to face, or indirect service with an individual need to be completed.

REQUIREMENT:

Any nurse providing services to an individual at CMH will utilize the nursing progress note.

References:

- A. OASIS: Nursing Progress Note (Sample printout)
- B. Nursing Progress Note Directions

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St. Clair County Community Mental Health
Nursing Progress Note

IDENTIFYING INFORMATION				
NAME John Doe	DOB 01/01/1995	AGE 21	CASE # 000011	GENDER Male
ADDRESS 3111 Electric Ave., PORT HURON, MI 48060				
SERVICE IND39 HE ACT Team, Indirect Services and Documentation / Peer Support		DATE 08/26/2016	TIME 1:23PM - 1:30PM	

DATE 08/26/2016 TIME 1:23PM

NOTE TYPE
Health Services

VITAL SIGNS

VITAL SIGNS READING INFORMATION		
COLLECTION DATE 08/26/2016	COLLECTION TIME 1:24PM	COLLECTED BY ANDREW L. GOODMAN
General Information		
HEIGHT ft in	<input type="checkbox"/> Declined	<input type="checkbox"/> No Information Collected
WEIGHT lbs oz	<input type="checkbox"/> Declined	<input type="checkbox"/> No Information Collected
WAIST CIRCUMFERENCE in	<input type="checkbox"/> Declined	<input type="checkbox"/> No Information Collected
BMI:		
COMMENTS		
Tobacco Use		
SMOKING STATUS:	<input type="checkbox"/> Declined	<input type="checkbox"/> No Information Collected
OTHER TOBACCO USE:	EFFECTIVE:	
PROVIDED CONSUMER WITH ADVICE TO QUIT SMOKING OR TOBACCO USE, OR RECOMMENDED OR DISCUSSED SMOKING OR TOBACCO USE CESSATION, MEDICATIONS, METHODS, OR STRATEGIES		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Breath CO		
Temperature		
VALUE:	<input type="checkbox"/> Declined	<input type="checkbox"/> No Information Collected
SITE:		
<input type="checkbox"/> Axillary <input type="checkbox"/> Rectal <input type="checkbox"/> Non-invasive thermometer <input type="checkbox"/> Oral <input type="checkbox"/> Temporal <input type="checkbox"/> Tympanic		
COMMENTS		
Pulse		
VALUE:	<input type="checkbox"/> Declined	<input type="checkbox"/> No Information Collected
O2 Saturation Level:		
RHYTHM:	FORCE:	
<input type="checkbox"/> Irregular <input type="checkbox"/> Regular	<input type="checkbox"/> Bounding <input type="checkbox"/> Normal <input type="checkbox"/> Thready <input type="checkbox"/> Weak	
METHOD USED:		
<input type="checkbox"/> Machine <input type="checkbox"/> Manual		
SITE:		
<input type="checkbox"/> Apical (over heart)	<input type="checkbox"/> Brachial (upper arm)	<input type="checkbox"/> Carotid (neck)
<input type="checkbox"/> Fingertip Oximeter	<input type="checkbox"/> Popliteal (behind knee)	<input type="checkbox"/> Radial (wrist)
<input type="checkbox"/> Femoral (inner thigh)		
COMMENTS		
Respiration		
<input type="checkbox"/> Declined <input type="checkbox"/> No Information Collected		

VALUE:

LUNG SOUNDS:
 Clear Rales Rhonchi Wheeze Other Declined No Information Collected

COMMENTS

Blood Pressure Declined No Information Collected

SITTING
Systolic: **Diastolic:**

STANDING
Systolic: **Diastolic:**

METHOD USED:
 Machine Manual

SITE:
 Left Arm Left Lower Leg Left Upper Leg
 Right Arm Right Lower Leg Right Upper Leg

COMMENTS

Results of Breathalyzer & Urine Drug Screen (UDS)

BAC (BLOOD ALCOHOL CONTENT):

URINE DRUG SCREEN RESULTS

Blood Glucose Results Declined No Information Collected

COMMENTS

Pain Assessment

INTENSITY RATING
 0 - No pain 1 2 3 4 5 6 7 8 9 10 - Worst possible pain

LOCATION / DESCRIPTION / COMMENTS

Comments

REACTION:
 Cooperative Declined Resisted(Uncooperative)

COMMENTS

FOLLOW-UP PLAN / COUNSELING
Follow-up plan was developed and reviewed with individual on 07/01/2016. Next follow-up plan due by 12/31/2016.
Provide weight assessment and counseling for nutrition and physical activity for children and adolescents. For patients aged 18 years and older, with BMI outside of normal parameters (<23 or >=30), document a follow-up plan.
<input type="checkbox"/> Follow-up plan was developed and reviewed with individual based on BMI Results during this encounter

ADVERSE REACTIONS		
DRUG / ALLERGEN Abreva REACTIONS rash NOTES	REPORTED BY Consumer	SEVERITY <input type="checkbox"/> Not Assessed <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Life-Threatening <input checked="" type="checkbox"/> This is an Allergy START
DRUG / ALLERGEN BEE VENOM REACTIONS sweats NOTES	REPORTED BY Hospital	SEVERITY <input type="checkbox"/> Not Assessed <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Life-Threatening <input checked="" type="checkbox"/> This is an Allergy START
DRUG / ALLERGEN penicillin G potassium	REPORTED BY Consumer	SEVERITY <input checked="" type="checkbox"/> Not Assessed <input type="checkbox"/> Mild

REACTIONS		<input type="checkbox"/> Severe <input type="checkbox"/> Life-Threatening <input type="checkbox"/> This is an Allergy
NOTES		START
DRUG / ALLERGEN Zocor	REPORTED BY Consumer	SEVERITY <input type="checkbox"/> Not Assessed <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Severe <input type="checkbox"/> Life-Threatening <input checked="" type="checkbox"/> This is an Allergy
REACTIONS rash (Severe)		
NOTES		START
DRUG / ALLERGEN NO KNOWN ALLERGIES - NKA	REPORTED BY Consumer	SEVERITY <input checked="" type="checkbox"/> Not Assessed <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Life-Threatening <input checked="" type="checkbox"/> This is an Allergy
REACTIONS		
NOTES		START
DRUG / ALLERGEN goldenrod	REPORTED BY Consumer	SEVERITY <input type="checkbox"/> Not Assessed <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Life-Threatening <input type="checkbox"/> This is an Allergy
REACTIONS		
NOTES		START
DRUG / ALLERGEN chocolate	REPORTED BY Consumer	SEVERITY <input type="checkbox"/> Not Assessed <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Severe <input type="checkbox"/> Life-Threatening <input type="checkbox"/> This is an Allergy
REACTIONS		
NOTES		START

BODY SYSTEMS REVIEW

- EENT
 Changes, See Summary No Change Not Addressed Today
- RESPIRATORY
 Changes, See Summary No Change Not Addressed Today
- CARDIOVASCULAR
 Changes, See Summary No Change Not Addressed Today
- GI
 Changes, See Summary No Change Not Addressed Today
- GU/GYN
 Changes, See Summary No Change Not Addressed Today
- NEUROLOGICAL
 Changes, See Summary No Change Not Addressed Today
- MUSCULOSKELETAL
 Changes, See Summary No Change Not Addressed Today
- SKIN
 Changes, See Summary No Change Not Addressed Today
- ENDOCRINE
 Changes, See Summary No Change Not Addressed Today
- BOWEL FUNCTION
 Changes, See Summary No Change Not Addressed Today
- NAUSEA/VOMITING
 Changes, See Summary No Change Not Addressed Today
- HEADACHES
 Changes, See Summary No Change Not Addressed Today
- LUNGS
 Changes, See Summary No Change Not Addressed Today

URINARY PROBLEMS

Changes, See Summary No Change Not Addressed Today

PAIN ASSESSMENT

INTENSITY RATING (FROM FROWN FACE SCALE)

LOCATION

DESCRIPTION OF PAIN

PAIN RELIEVING FACTORS

Changes, See Summary No Change Not Addressed Today

SUMMARY

PRESCRIBED MEDICATIONS

PRESCRIBED MEDICATIONS

SELF-REPORTED MEDICATIONS

MEDICATION Aspirin Adult Low Dose	DOSAGE 1	QTY 1
MEDICATION TYPE Other	START DATE 6/1/16	END DATE
INSTRUCTIONS one a day	REASON friend suggested	
PHYSICIAN NAME	PRESCRIBING PHYSICIAN TYPE	

MEDICATION Lisinopril	DOSAGE 10MG	QTY 1
MEDICATION TYPE Non-Psychotropic	START DATE 10/10/15	END DATE
INSTRUCTIONS 1 TAB DAILY	REASON HYPERTENSION	
PHYSICIAN NAME Dr. John	PRESCRIBING PHYSICIAN TYPE Primary care physician	

APPETITE
 Good Fair Poor

DESCRIBE

SPECIAL DIET?
 Yes No N/A

WHAT KIND?

CAFFEINE INTAKE?
 Yes No N/A

HOW MUCH AND FREQUENCY

TYPE OF BEVERAGES

TOBACCO USE?
 Yes No N/A

HOW MUCH AND FREQUENCY

TYPE OF TOBACCO

SEXUALLY ACTIVE?
 Yes No N/A

USING BIRTH CONTROL?
 Yes No N/A

DATE OF LMP

COMMENTS

MEDICATION COMPLIANCE/OBSERVATIONS/PROBLEMS NOTES

SUBSTANCE USE
 Yes No N/A

NOTES

ALCOHOL USE
 Yes No N/A

NOTES

SLEEP
 Fair Good Poor

Initial Insomnia

Middle Insomnia

Terminal Insomnia

MOOD / AFFECT

REPORTED / OBSERVED BEHAVIORS

REPORTED SCHOOL / SOCIAL PROGRESS

SUMMARY OF OBSERVATIONS

Flag this note as critical information for prescriber to view during medical review

No Goals are selected

NURSING SUMMARY

SIGNATURES

Electronically Signed By:

ANDREW L. GOODMAN

NURSE SIGNATURE / CREDENTIALS

08/26/2016

DATE

Nursing Progress Note

This new form includes updated vitals, tobacco information and follow up procedure requirements. No fields are required at this time except date, time and signature, so sections can be filled out as needed.

Index

- 1. Vitals & Allergies
- 2. Body Systems Review
- 3. Medications
- 4. Health Assessment
- 5. Goals
- 6. Send Copy To
- 7. Signatures

1. Nursing Progress Note: Vitals & Allergies

Date
12/22/2014

[Use Current Date](#)

Time
10:31 AM

[Use Current Time](#)

Note Type

 ACT Clinic
 Health Services
 Residential Nursing

Collection Date

[Use Current Date](#)

Collection Time
 AM

[Use Current Time](#)

General Information

Height: ft in Declined No Information Collected

Weight: lbs oz Declined No Information Collected

Waist Circumference: in Declined No Information Collected

BMI:

Tobacco Use Declined No Information Collected

Smoking Status: Effective:

Other Tobacco Use:

Provided Consumer with advice to quit smoking or tobacco use, or recommended or discussed smoking or tobacco use cessation, medications, methods, or strategies
 Yes No

Updated per Meaningful Use is a new question relating to– “Other Tobacco Use”:

Tobacco Use Declined No Information Collected

Smoking Status: Effective:

Other Tobacco Use:

Provided Consumer with advice to quit smoking or tobacco use, or recommended or discussed smoking or tobacco use cessation, medications, methods, or strategies
 Yes No

Temperature Declined No Information Collected

Added Follow up to BMI (Clinical Quality Measure):

Follow-up Plan / Counseling

No previous follow-up plan documented.

Provide weight assessment and counseling for nutrition and physical activity for children and adolescents. For patients aged 18 years and older, with BMI outside of normal parameters (<23 or >=30), document a follow-up plan.

Follow-up plan was developed and reviewed with individual based on BMI Results during this encounter

Follow-up plan included:

Counseling on Nutrition

Counseling on Physical Activity

The Nursing Progress Note includes the ability to review body systems – It's optional, one can check the N/A box if it doesn't apply or leave the section blank.

Index	2. Nursing Progress Note: Body Systems Review
1. Vitals & Allergies	Body Systems Review
2. Body Systems Review	<input type="checkbox"/> Not Applicable
3. Medications	EENT
4. Health Assessment	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
5. Goals	Respiratory
6. Send Copy To	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
7. Signatures	Cardiovascular
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	GI
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	GU/GYN
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Neurological
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Musculoskeletal
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Skin
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Endocrine
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Bowel Function
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Nausea/Vomiting
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Headaches
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Lungs
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today
	Urinary Problems
	<input type="radio"/> Changes, See Summary <input type="radio"/> No Change <input type="radio"/> Not Addressed Today

This is a Pain Assessment section – This can also be left blank or use the checkbox at the top of the page to indicate N/A:

Pain Assessment

Intensity Rating (from frown face scale)
4

Location
Lower Back
characters left: 502

Description of Pain
Throbbing
characters left: 503

Pain Relieving Factors
Medication and Heat
characters left: 493

Changes, See Summary No Change Not Addressed Today

Summary
Received new pain medication from PCP

Added ability to add Non-CMH medications on the Medications page with additional information, such as type of prescriber and reason:

Other Medications
+ Add Other Medication

Medication lookup clear <input style="width: 95%; height: 20px;" type="text"/>	Dosage <input style="width: 95%; height: 20px;" type="text"/>	Qty <input style="width: 95%; height: 20px;" type="text"/>	✕
Medication Type * Select Medication Type v	Start Date <input style="width: 95%; height: 20px;" type="text"/>	End Date <input style="width: 95%; height: 20px;" type="text"/>	
Instructions <input style="width: 95%; height: 30px;" type="text"/>	Reason <input style="width: 95%; height: 30px;" type="text"/>		
characters left: 512 ✔	characters left: 256 ✔		
Physician Name <input style="width: 95%; height: 20px;" type="text"/>	Prescribing Physician Type * Select Prescribing Physician Type v		

Added optional Health Assessment – to assess appetite, diet, caffeine, tobacco use, sexual activity, substance and alcohol use, sleep issues and other observations:

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4. Nursing Progress Note: Health Assessment

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- 2. [Body Systems Review](#)
- 3. [Medications](#)
- 4. **Health Assessment**
- 5. [Goals](#)
- 6. [Send Copy To](#)
- 7. [Signatures](#)

Appetite
 Good Fair Poor

Describe

 characters left: 256 ✔

Special Diet?
 Yes No N/A

What Kind?

 characters left: 256 ✔

Caffeine Intake?
 Yes No N/A

How Much and Frequency

 characters left: 256 ✔

Type of Beverages

 characters left: 256 ✔

Tobacco Use?
 Yes No N/A

How Much and Frequency

 characters left: 256 ✔

Type of Tobacco

 characters left: 256 ✔

Sexually Active?
 Yes No N/A

Using Birth Control?
 Yes No N/A

Date of LMP
 📅

Comments

 characters left: 256 ✔

Medication Compliance/Observations/Problems Notes

 characters left: 512 ✔

Substance Use
 Yes No N/A

Notes

 characters left: 256

Alcohol Use
 Yes No N/A

Notes

 characters left: 256

Sleep
 Fair Good Poor

Initial Insomnia Middle Insomnia Terminal Insomnia

Mood / Affect

 characters left: 512

Reported / Observed Behaviors

 characters left: 512

Reported School / Social Progress

A Summary of Observations can be added and the note can be flagged for prescribers to review:

Summary of Observations

characters left: 8000

Flag this note as critical information for prescriber to view during medical review

Nurses can review Goals and add an additional summary or comments:

Index			
1. Vitals & Allergies			
2. Body Systems Review			
3. Medications			
4. Health Assessment			
5. Goals			
6. Send Copy To			
7. Signatures			

5. Nursing Progress Note: Goals			
#	Goal	Dates	
<input checked="" type="checkbox"/> 1	Johnny will develop skills that could allow for greater independence.	Implementation 10/15/2014	Target 10/14/2015
	Objective	Dates	
<input type="checkbox"/> A	Johnny will address at least 3 daily living/safety skill areas with no more than minimal prompting (1-3 verbal prompts) from ECL staff during each session for three consecutive months by 1/14/15.	Implementation 10/15/2014	Target 01/15/2015
<input type="checkbox"/> B	Johnny will be present for work activities 5 out of 5 days per week for 3 consecutive months by 1/15/15.	Implementation 10/15/2014	Target 01/15/2015

Nursing Summary