

**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



**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
<b>General Information</b>		
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		
<b>Tobacco Use</b>		
SMOKING STATUS:	<input type="checkbox"/> Declined	<input type="checkbox"/> No Information Collected
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		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Breath CO</b>		
<b>Temperature</b>		
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		
<b>Pulse</b>		
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)
COMMENTS		
<b>Respiration</b>		
<input type="checkbox"/> Declined <input type="checkbox"/> No Information Collected		

VALUE:

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

COMMENTS

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**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

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**Results of Breathalyzer & Urine Drug Screen (UDS)**

BAC (BLOOD ALCOHOL CONTENT):

URINE DRUG SCREEN RESULTS

---

**Blood Glucose Results**  Declined    No Information Collected

COMMENTS

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**Pain Assessment**

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

LOCATION / DESCRIPTION / COMMENTS

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**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 REACTIONS rash (Severe)	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
NOTES		START
DRUG / ALLERGEN NO KNOWN ALLERGIES - NKA REACTIONS	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
NOTES		START
DRUG / ALLERGEN goldenrod REACTIONS	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
NOTES		START
DRUG / ALLERGEN chocolate REACTIONS	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
NOTES		START

**BODY SYSTEMS REVIEW**

EENT	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
RESPIRATORY	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
CARDIOVASCULAR	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
GI	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
GU/GYN	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
NEUROLOGICAL	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
MUSCULOSKELETAL	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
SKIN	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
ENDOCRINE	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
BOWEL FUNCTION	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
NAUSEA/VOMITING	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
HEADACHES	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> Not Addressed Today
LUNGS	<input type="checkbox"/> Changes, See Summary	<input type="checkbox"/> No Change	<input type="checkbox"/> 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](#)

**Note Type**  
\* Select Note Type  
ACT Clinic  
Health Services  
Residential Nursing

**Collection Date**  
   
[Use Current Date](#)

**General Information**

Height:  ft  in  Declined  No Information Collected

Weight:  lbs  oz  Declined  No Information Collected

Waist Circumference:  in  Declined  No Information Collected

BMI:

**Time**  
10:31 AM   
[Use Current Time](#)

**Collection Time**  
 AM   
[Use Current Time](#)

**Tobacco Use**  Declined  No Information Collected

Smoking Status:  \* Select Smoking Status:  Effective:

Other Tobacco Use: \* Select 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:  Never smoker  Effective:

Other Tobacco Use: \* Select Other Tobacco Use:  
 User, Current status unknown  
 Current every day  
 Former other tobacco user  
 Never tobacco user  
 Current some day  
 Unknown if ever used tobacco

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

<b>Medication</b> <span style="border: 1px solid #ccc; padding: 2px 5px;">lookup</span> <span style="border: 1px solid #ccc; padding: 2px 5px; background-color: #ffffcc;">clear</span> <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/>	<b>Dosage</b> <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/>	<b>Qty</b> <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/>	✖
<b>Medication Type</b> <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text" value="* Select Medication Type"/>	<b>Start Date</b> <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/>	<b>End Date</b> <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/>	
<b>Instructions</b> <input style="width: 95%; height: 30px; border: 1px solid #ccc;" type="text"/>	<b>Reason</b> <input style="width: 95%; height: 30px; border: 1px solid #ccc;" type="text"/>		
characters left: 512	✔	characters left: 256	✔
<b>Physician Name</b> <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/>	<b>Prescribing Physician Type</b> <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text" value="* Select Prescribing Physician Type"/>		

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

1. [Vitals & Allergies](#)

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. <a href="#">Vitals &amp; Allergies</a>			
2. <a href="#">Body Systems Review</a>			
3. <a href="#">Medications</a>			
4. <a href="#">Health Assessment</a>			
<b>5. Goals</b>			
6. <a href="#">Send Copy To</a>			
7. <a href="#">Signatures</a>			

  

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
	<b>Objective</b>	<b>Dates</b>	
<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**