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	М
DATE 08/26/2016	тіме 1:23РМ			
NOTE TYPE Health Services				
VITAL SIGNS REA	DING INFORMATIO	N .		
COLLECTION DATE COLLECTION TIME 08/26/2016 1:24PM		COLLECTE	DBY W L. GOODMAN	
General Information				
HEIGHT ft in	☐ Declined ☐ I	No Information	Collected	
WEIGHT Ibs oz	☐ Declined ☐ I	No Information	Collected	
WAIST CIRCUMFERENCE in	☐ Declined ☐ I	No Information	Collected	
BMI:				
COMMENTS				
Tobacco Use SMOKING STATUS:	☐ Declined ☐ I	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				
☐ Yes ☐ No Breath CO				
Temperature VALUE:	☐ Declined ☐ I	No Information	Collected	
SITE:				
☐ Axillary ☐ Rectal ☐ Non-invasive thermometer ☐ Oral comments	□ Temporal □ 1	Tympanic		
Pulse	☐ Declined ☐ I	No Information	Collected	
VALUE:		turation Level:		
RHYTHM: ☐ Irregular ☐ Regular	FORCE: Bounding	□ Normal □ ٦	Γhready □ Weal	«
метнор used: □ Machine □ Manual				
SITE: ☐ Apical (over heart) ☐ Brachial (upper arm) ☐ Fingertip Oximeter ☐ Popliteal (behind knee) COMMENTS	☐ Cartoid (neck ☐ Radial (wrist)		☐ Femoral (inn	er thìgh)
Respiration	☐ Declined ☐ 1	No Information	Collected	

08/26/2016 Page 1 of 5

VALUE:		
LUNG SOUNDS: ☐ Clear ☐ Rales ☐ Rhonchi COMMENTS	□ Wheeze □ Other □ Declined	□ No Information Collected
Blood Pressure	_ □ Dec	clined No Information Collected
SITTING		
Systolic: Diastolic:		
STANDING Systolic: Diastolic:		
METHOD USED:		
☐ Machine ☐ Manual		
SITE:	☐ Left Lower Leg	☐ Left Upper Leg
☐ Right Arm	☐ Right Lower Leg	☐ Right Upper Leg
COMMENTS	g G	
Results of Breathalyzer & Urine D	Prug Screen (UDS)	
BAC (BLOOD ALCOHOL CONTENT):		
URINE DRUG SCREEN RESULTS		
Blood Glucose Results	LI Dec	lined ☐ 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:		
	Resisted(Uncooperative)	
COMMENTS		
	FOLLOW-UP PLAN / COU	NSELING
Follow-up plan was developed and re	eviewed with individual on 07/01/2016.	Next follow-up plan due by 12/31/2016.
Provide weight assessment and cour For patients aged 18 years and older	nseling for nutrition and physical activity, with BMI outside of normal paramete	y for children and adolescents. rs (<23 or >≕30), document a follow-up plan.
☐ Follow-up plan was developed an	d reviewed with individual based on BN	Il Results during this encounter
	ADVEDGE DE AGEA	MR .
DRUG / ALLERGEN	ADVERSE REACTION REPORTED BY	SEVERITY
Abreva	Consumer	□ Not Assessed
REACTIONS	,	⊠ Mild
rash		□ Severe □ Life-Threatening
		☐ the Thie atenting ☐ This is an Allergy
NOTES		START
DRUG / ALLERGEN BEE VENOM	REPORTED BY Hospital	severity □ Not Assessed
REACTIONS	riospitai	☐ Mild
sweats		☐ Severe
		⊠ Life-Threatening ☑ This is an Allergy
NOTES		START
DRUG / ALLERGEN	REPORTED BY	SEVERITY
penicillin G potassium	Consumer	⊠ Not Assessed □ Mild

08/26/2016

Nursing Progress Note dated 08/26/2016 for 000011 John Doe

REACTIONS			☐ Severe ☐ Life-Threatening ☐ This is an Allergy start
DRUG / ALLERGEN ZOCOT REACTIONS rash (Severe)		REPORTED BY Consumer	SEVERITY ☐ Not Assessed ☐ Mild ☑ Severe ☐ Life-Threatening ☑ This is an Allergy START
DRUG / ALLERGEN NO KNOWN ALLERGIES - REACTIONS NOTES	NKA	reported by Consumer	SEVERITY Not Assessed Mild Severe Life-Threatening This is an Allergy START
DRUG / ALLERGEN goldenrod REACTIONS		REPORTED BY Consumer	SEVERITY ☐ Not Assessed ☑ Mild ☐ Severe ☐ Life-Threatening ☐ This is an Allergy START
DRUG / ALLERGEN Chocolate REACTIONS		REPORTED BY Consumer	SEVERITY ☐ Not Assessed ☐ Mild ☑ Severe ☐ Life-Threatening ☐ This is an Allergy 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 ENDOCRINE	☐ No Change	☐ Not Addressed Today	
☐ Changes, See Summary	☐ No Change	☐ Not Addressed Today	
☐ Changes, See Summary	□ No Change	☐ Not Addressed Today	
☐ Changes, See Summary HEADACHES	☐ No Change	☐ Not Addressed Today	
☐ Changes, See Summary Lungs	□ No Change	☐ Not Addressed Today	
Changes See Summary	LINA Changa	□ Not Addressed Today	

Page 3 of 5

URINARY PROBLEMS ☐ Changes, See Summary ☐ No Change ☐	Not Addressed Today		
,	PAIN ASSESSI	MENT	
INTENSITY RATING (FROM FROWN FACE SCALE)			·
LOCATION			
DESCRIPTION OF PAIN			
PAIN RELIEVING FACTORS			
□ Changes, See Summary □ No Change □ N	lot Addressed Today		
SUMMARY			
PRESCRIBED MEDICATIONS	PRESCRIBED MED	NCATIONS	
	SELF-REPORTED ME		
MEDICATION	DOSA		QTY
Aspirin Adult Low Dose MEDICATION TYPE Other INSTRUCTIONS ONE a day PHYSICIAN NAME	6/1/ REAS friel		1 END DATE
MEDICATION Lisinopril MEDICATION TYPE Non-Psychotropic INSTRUCTIONS 1 TAB DAILY PHYSICIAN NAME Dr. John	10/ REAS HYI PRES	MG r date 10/15	QTY 1 END DATE
APPETITE	REQUENCY	TYPE OF BEVER. TYPE OF TOBAC DATE OF LMP	
MEDICATION COMPLIANCE/OBSERVATIONS/PROBLEMS NOTES			
SUBSTANCE USE NOTES Yes No No N/A ALCOHOL USE NOTES			
☐ Yes ☐ No ☐ N/A SLEEP ☐ Initial Insomn ☐ Fair ☐ Good ☐ Poor MOOD / AFFECT	ia □ M	iddle Insomnia	☐ Terminal Insomnia
REPORTED / OBSERVED BEHAVIORS			
REPORTED SCHOOL / SOCIAL PROGRESS			

08/26/2016 Page 4 of 5

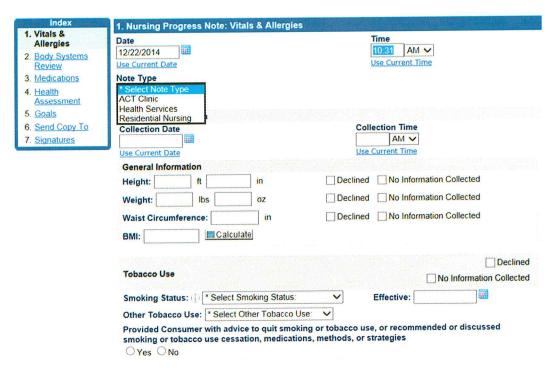
Nursir	ng Progress Note dated 08/26/2016 for 000011 John Do
SUMMARY OF OBSERVATIONS	
\square Flag this note as critical information for prescriber to view during medical review	
No Goals are selected	
NURSING SUMMARY	

SIGNATURES Electronically Signed By:
ANDREW L. GOODMAN 08/26/2016 NURSE SIGNATURE / CREDENTIALS DATE

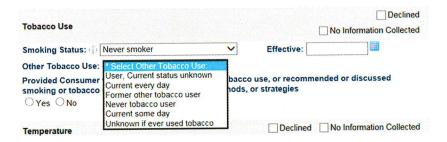
08/26/2016

Nursing Progress Note

This new from 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.



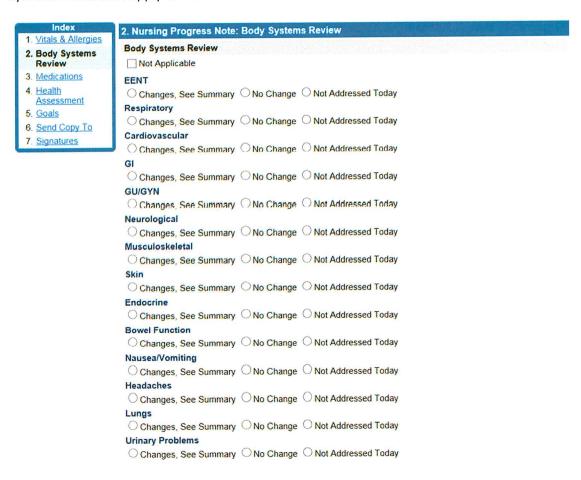
Updated per Meaningful Use is a new question relating to— "Other Tobacco Use":



Added Follow up to BMI (Clinical Quality Measure):

Follow-up Plan / Counseling	
No previous follow-up plan documente	d.
Provide weight assessment and couns For patients aged 18 years and older, up plan.	seling for nutrition and physical activity for children and adolescents, with BMI outside of normal parameters (<23 or >=30), document a follow-
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

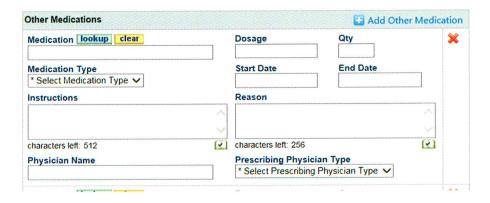
The Nursing Progress Note includes the ability to review body systems – It's optional, one can check the N/A box if it doesn't apply or leave the section blank.



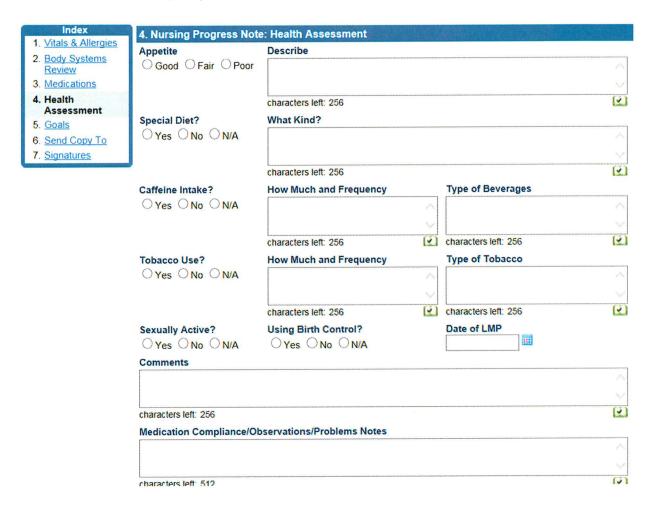
This is a Pain Assessment section – This can also be left blank or use the checkbox at the top of the page to indicate N/A:

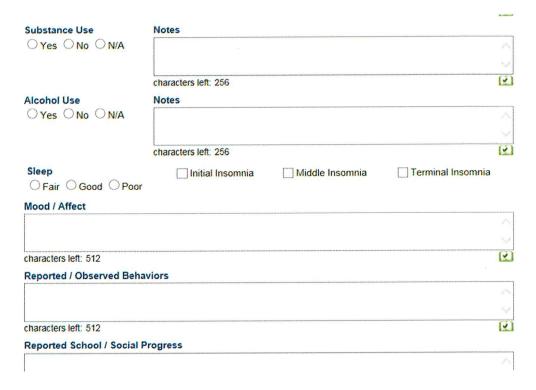
Pain Assessment	
Intensity Rating (from frown face scale)	
4	
Location	
Lower Back	^
	V-
characters left: 502	(3)
Description of Pain	
Throbbing	^
	V
characters left: 503	
Pain Relieving Factors	
Medication and Heat	A
	·
characters left: 493	(3)
$lacktriangle$ Changes, See Summary \bigcirc No Change \bigcirc 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:

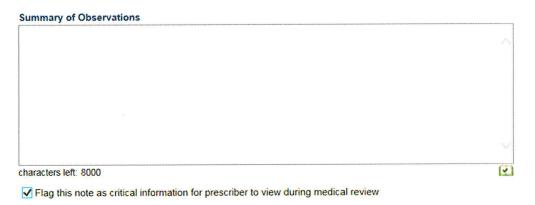


Added optional Health Assessment – to assess appetite, diet, caffeine, tobacco use, sexual activity, substance and alcohol use, sleep issues and other observations:





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



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

