

Patient Progress Notes
(To be submitted every week)

Patent Name: _____ Room/bed No. _____

Medical Diagnosis: _____

MEASURES	CLIENT ASSESSMENT	
General Survey:	Nursing Care Plan	
• Physical Appearance/ LOC		
• Body Structure / Nutritional Status		
• Mobility		
• Vital signs:		
Start of NPI	T _____ PR _____ RR _____ BP _____	Pain Scale _____ / 10
End of NPI	T _____ PR _____ RR _____ BP _____	Pain Scale _____ / 10
Diet		
Intravenous Lines / Catheters	IV _____ NGT ____ Foley Catheter _____ Others, specify _____	
<u>Schedule Today:</u> Medical Treatment / Diagnostic/ Laboratory exam		Pls check: Done ____ Not done ____
Patient's complain		
Evaluation of Patient Complain		
Actual Nursing Problem Identified: (Nursing Diagnosis)		
Medications:	1. 2. 3.	

Assessment (0.5 marks)	Nursing diagnosis (0.5 marks)	Goals (0.5 marks)	Interventions (2 marks)	Evaluation (0.5 marks)
Subjective data; Objective data;				

Nursing Care Plan 2
(4 marks)

Assessment (0.5 marks)	Nursing diagnosis (0.5 marks)	Goals (0.5 marks)	Interventions (2 marks)	Evaluation (0.5 marks)
Subjective data;				
Objective data;				

MEDICATION 1

3 marks

Name of Drug Dose Route Frequency (0.5 mark)	Classification / Action of the Drug (0.25 mark)	Indication (0.5 mark)	Side effects Observed in the client (0.5 mark)	Nursing role (1 mark)	Evaluation (0.25 mark)

MEDICATION 2

3 marks

Name of Drug Dose Route Frequency (0.5 mark)	Classification / Action of the Drug (0.25 mark)	Indication (0.5 mark)	Side effects Observed in the client (0.5 mark)	Nursing role (1 mark)	Evaluation (0.25 mark)

Name of Student _____

Clinical Area _____

Date Submitted _____

	Marks	Student Marks
Progress Report :	3	
NCP :	4	
Medication Sheet	3	
Total	10 marks	