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| **Patient Progress Notes** |

**(To be submitted every week)**

**Patent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room/bed No.\_\_\_\_\_\_\_\_\_**

**Medical Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **MEASURES** | **CLIENT ASSESSMENT** | |
| **General Survey**:   * 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Schedule Today:**  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.** | |

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| **Nursing Care Plan** |

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

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| **Nursing Care Plan 2**  **(4 marks)** |

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

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| **MEDICATION 1**  **3 marks** |

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| **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)** |
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| **MEDICATION 2**  **3 marks** |

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| **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)** |
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**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Area \_\_\_\_\_\_\_**

**Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_**

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