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| **Patient Progress Notes** |

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| **Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **teacher name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Clinical Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Week # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mark \_\_\_\_\_\_\_\_\_\_\_ /10** |

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| **BIOGRAPHIC DATA** | | **Marks** | **Student Marks** |
| Patient Name (initial) |  | 1 |  |
| Age  Gender |  | 1 |  |
| Admission Date |  | 1 |  |
| Admitting Diagnosis |  | 1 |  |
| Chief Complain |  | 1 |  |
| **Total Marks** | | 5 |  |

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| **PRESENT ILLNES** | | **Marks** | **Student Marks** |
| P | Provoke: | 1 |  |
| Palliative: | 1 |  |
| Q | Quality: | 1 |  |
| R | Region: | 1 |  |
| Radiation: |
| S | Severity: | 1 |  |
| T | Onset: | 1 |  |
| Duration: | 1 |  |
| Frequency: |
| U | Understanding Patient Perception: | 1 |  |
| **Total Marks** | | 8 |  |

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| **Literature Review** | | |
| **Disease pathophysiology**  **(1 mark)** |  | **Mark** |
| **Clinical manifestations**  **(1 mark)** |  |  |
| **Assessment and diagnostic findings**  **(1 mark)** |  |  |
| **Medical management**  **(1 mark)** |  |  |
| **Nursing management**  **(1 mark)** |  |  |
| **Total marks 5** | |  |

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| **PHYSICAL ASSESSMENT** | | | | | | | |
| **SYSTEM** | | **PATIENT FINDING** | | | | **Marks** | **Student Marks** |
| **NEURO** | LOC | □Oriented □Alert □Lethargic □Sedated □Unresponsive  □Respond only to pain □Agitated □Calm □ Cry □Confused | | | | 1 |  |
| GCS | Motor…..…. +Verbal…..… +Eye……... = | | | |
| Other |  | | | |
| **SKIN** | Hair | □Thick □Thin □Dull □Shiny Color……….. | | | | 1 |  |
| Nail | □Flat □Curve □Convex □Clean □ Dirty □brittle Color………… | | | |
| Skin Integrity | □Intact □Dry □ Moist □Wound □Ulcer | | | |
| Skin Color | □Pink/WML □ Pale □Jaundiced □Cyanotic | | | |
| Skin Temperature | □Warm □ Hot □ Cold | | | |
| Wound/Ulcer | □None □Yes  Location………… Size……….. Border………….Depth ………… Stage……..… | | | |
| Other |  | | | |
| **CARDIAC** | Edema | □None □ Yes +1 / +2 / +3 / +4 Location ………. | | | | 1 |  |
| Capillary Refill | □Normal (1-2 seconds) □ Delayed (>3 seconds) | | | |
| Heart Sounds | □Normal S1/S2 □Abnormal | | | |
| Arterial Pulses | □Strong □Weak □Increased □Pounding □Absent | | | |
| Rhythm | □Regular □ Irregular | | | |
| Other |  | | | |
| **RESPIRATORY** | Breath Sound | □Clear □Crackles □Wheezes | | | | 1 |  |
| Cough | □Absent □ Productive □ Non productive | | | |
| Sputum/Secretion | Color……….. Consistency: □Thin □Thick | | | |
| O2 Therapy | □None □ O2 @ ...... L/M FIO2 …… % Per: | | | |
| Other |  | | | |
| **Gastrointestinal** | Diet | □NPO □ Reg □Clear □Soft | | | | 1 |  |
| Appetite | □Good □Fair □Poor □Nausea □Vomiting | | | |
| Abdomen | □Soft □Firm □Distended | | | |
| Bowel Sounds | □Active □Hyperactive □Hypoactive □Absent | | | |
| Stool | □None □Formed □Soft □ Liquid Color……… LBM …../.…../…….. | | | |
| Other |  | | | |
| **GENITOURINARY** | Urine | □Continent □Incontinent □ Foley Color……….. | | | | 1 |  |
| Other |  | | | |
| **MUSCLOSKELETAL** | ROM | □Full Limited | | | | 1 |  |
| Abnormality | □Absent □Present Location………. | | | |
| Other |  | | | |
| **ACTIVITY** | Activity | □Dependent □Independent □Bedrest | | | | 1 |  |
| Hygiene | □Clean □ Dirty | | | |
| Other |  | | | |
| **SAFETY** | Patient Safety Needs | □Call bell in reach □Bed in Low position  □Breaks on □Side Rails up □ID band on | | | | 1 |  |
| Other |  | | | |
| **ISOLATION** | Isolation precaution | □Standard □Contact □Airborne □Droplet | | | | 1 |  |
| Other |  | | | |
| **Lines** | Invasive Lines | Type | 1 | Site | Condition | 1 |  |
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| **Total Marks** | | | | | | 11 |  |

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| **Lab investigation and diagnostic test** | | | |
| **Name of test** | **Normal range (1)** | **Result (1)** | **Significant (1)** |
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| **Total marks (3)** | | |  |

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| **Medication (1)** | | | | |
| **Drug name**  **\ Classification** | **Uses**  **(0.5 mark)** | **Side effects**  **(0.5 mark)** | **Nursing considerations**  **(1 mark)** | **Patient/family education**  **(0.5 mark)** |
|  |  |  | **Assess:**  **Administer:**  **Perform/provide:**  **Evaluate:** |  |
| **Total marks (2.5)** | | | |  |

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| **Medication (2)** | | | | |
| **Drug name \ Classification** | **Uses**  **(0.5mark)** | **Side effects**  **(0.5 mark)** | **Nursing considerations**  **(1 mark)** | **Patient/family education**  **(0.5 mark)** |
|  |  |  | **Assess:**  **Administer:**  **Perform/provide:**  **Evaluate:** |  |
| **Total marks (2.5)** | | | |  |

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| **PRIORITY NURSING PROBLEMS (1)** |

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ACTUAL NURSIING PROCESS** | **Marks** | **Student Marks** |
| **Assessment : Subjective data:** | 1 |  |
| **Objective data:** | 1 |  |
| **Nursing diagnosis** | 1 |  |
| **Plan / Goal** | 1 |  |
| **Interventions (not less than 4 actions)**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2 |  |
| **Evaluation** | 1 |  |
| **Total Marks** | 7 |  |

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| **POTENTIAL NURSING PROCESS** | Marks | **Student Marks** |
| **Nursing diagnosis** | 1 |  |
| **Plan / Goal** | 1 |  |
| **Interventions (not less than 4 actions)**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2 |  |
| **Evaluation** | 1 |  |
| **Total Marks** | 5 |  |

**SMMARY FOR PROGRESS NOTES:**

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| **Student Marks** | **Marks** |  |
|  | **5** | **Biographic Data** |
|  | **8** | **Present Illness** |
|  | **5** | **Literature review** |
|  | **11** | **Physical Assessment** |
|  | **3** | **Lad investigation and diagnostic test** |
|  | **5** | **Medication** |
|  | **1** | **Priority Of Nursing Process** |
|  | **7** | **Actual Nursing Process** |
|  | **5** | **Potential Nursing Process** |
|  | **50%5 = 10** | **Total** |

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| **Clinical Performance List** | | | | |
| **Procedure** | **Observe** | **Perform** | **date** | **Preceptor Signature** |
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**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**