|  |
| --- |
| **Patient Progress Notes** |

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

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

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |
| --- |
| **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** |  |

|  |
| --- |
| **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 |  |
|  |  |  |  |
|  |  |  |  |
| **Total Marks** | 11 |  |

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

|  |
| --- |
| **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)** |  |

|  |
| --- |
| **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)** |  |

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

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

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |  |
| --- | --- | --- |
| **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:**

|  |  |  |
| --- | --- | --- |
| **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** |

|  |
| --- |
| **Clinical Performance List** |
| **Procedure** | **Observe** | **Perform** | **date** | **Preceptor Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**