**Sample: Psychiatric Nurse Progress Note**

**Generously Provided By Angel Home Care Services, Inc. – Miami, FL**

<table>
<thead>
<tr>
<th><strong>Patient Details</strong></th>
<th><strong>Date</strong></th>
<th><strong>Employee</strong></th>
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<tbody>
<tr>
<td>LAST NAME</td>
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<td>INITIALS</td>
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</tbody>
</table>

**Homebound Due To**

________________________________________________________________________

**Skilled Nursing Services**

**Observations / Monitoring**

VITAL SIGNS: BP _______ AP _______ REG _______ IRREG _______
TEMP _______ RESPIRATIONS _______
LUNGS: CTA _______ RALES _______ BS _______

MENTAL STATUS: IMPROVED _____ SAME _____ REGRESSED _____
☐ ALERT ☐ CONFUSED ☐ DISORIENTED ☐
☐ HALLUCINATIONS / DELUSIONS: PRESENT _____ ABSENT _____
☐ SUICIDAL TENDENCIES: PRESENT _____ ABSENT _____
☐ EXTRAPYRAMIDAL SX: PRESENT _____ ABSENT _____
☐ ORIENTED: TIME _____ PLACE _____ PERSON _____
☐ INSIGHT PT / FAMILY: GOOD _____ FAIR _____ POOR _____

MOOD / AFFECT: IMPROVED _____ SAME _____ REGRESSED _____
☐ FLAT ☐ AGITATED ☐ DEPRESSED ☐
☐ ANXIOUS ☐ COMBATIVE ☐ NEGATIVE ☐

COMMUNICATION: IMPROVED _____ SAME _____ REGRESSED _____
SOCIALIZATION:
SOMATIZATION:
VENTILATES FEELINGS: GOOD _____ FAIR _____ POOR _____

RAPPORT:
PATIENT with FAMILY: IMPROVED _____ SAME _____ REGRESSED _____
FAMILY with PATIENT: IMPROVED _____ SAME _____ REGRESSED _____
PATIENT with RN: IMPROVED _____ SAME _____ REGRESSED _____
FAMILY with RN: IMPROVED _____ SAME _____ REGRESSED _____

**Nutrition**

DIET ☐
PROPER FLUID INTAKE ☐

**Therapy Provided**

☐ SUPPORTIVE ☐ REALITY ☐

**Patient / Family Teachings**

☐ MEDICATION REGIME ☐
☐ ACTION / SIDE EFFECTS OF: ☐
☐ S/S DISEASE PROCESS OF: ☐
☐ S/S OF COMPLICATIONS OF: ☐
☐ EXTRAPYRAMIDAL SYMPTOMS ☐
☐ SAFETY MEASURES ☐
☐ RELAXATION TECHNIQUES ☐

**Patient SATISFIED WITH CARE PLAN ☐ YES ☐ NO**
AIDE FOLLOWING CARE PLAN ☐ YES ☐ NO
AIDE NEEDED ______ TIMES PER WEEK ☐ YES ☐ NO

**Specific Medical Treatments / Teachings**

**Nutrition Status**

APPETITE: IMPROVED _____ SAME _____ DECREASED _____
FLUID INTAKE: IMPROVED _____ SAME _____ DECREASED _____

G.I. Bowel Functions: REGULATED _____ IRREGULAR _____
Cathartic Required: YES ☐ NO ☐

**ADL Level**

IMPROVED _____ SAME _____ REGRESSED _____
Dressing: IMPROVED _____ SAME _____ REGRESSED _____
Motivation: IMPROVED _____ SAME _____ REGRESSED _____
Personal Hygiene: IMPROVED _____ SAME _____ REGRESSED _____
Sleeping Habits: IMPROVED _____ SAME _____ REGRESSED _____

**Assessment of Problems and Responses**

PLAN:

SIGNATURE: 2/5/08