# Nursing Visit Summary

**Patient Name:**

**Patient Signature:**

**Visit Date:**

**Time In:** ________ am/pm  **Time Out:** ________ am/pm  **Total Time:** ________ Hrs

### Therapy:
- [ ] ABX  
- [ ] TPN  
- [ ] IVIG  
- [ ] Steroids  
- [ ] SO2  
- [ ] Other  

- [ ] Scheduled  
- [ ] Unscheduled  

**Reason:**

**Vital Signs:**
- BP ________/______
- Pulse ________  
- RR ________
- Temp ________
- Weight ________

### Neuro/Psychological
- [ ] WNL A&O x 3, speech spontaneous; denies anxiety, depression, headache, blurred vision, dizziness, tremors, numbness, tingling.  
- [ ] WNL except deviations noted  
- [ ] Lethargic  
- [ ] Sluggish  
- [ ] Confusion  
- [ ] Restlessness  
- [ ] Memory loss  
- [ ] Difficulty concentrating  
- [ ] Numbness  
- [ ] Tingling  
- [ ] Anxious  
- [ ] Depressed, hopeless  

### Cardiovascular
- [ ] WNL HR and rhythm regular, denies chest pain & palpitations, skin warm & dry, + pulses in all extremities, no edema.  
- [ ] WNL except deviations noted  
- [ ] Irregular HR  
- [ ] Edema +1 +2 +3 +4 Location  
- [ ] Peripheral pulse(s) not palpable (specify)  
- [ ] Extremities equal in color, temperature and sensation  
- [ ] Adventitious lung sounds  
- [ ] Crackles wheezes  
- [ ] Diminished  
- [ ] Short of breath at rest/exertion  
- [ ] Use of supplemental oxygen  
- [ ] Cough  
- [ ] Productive  
- [ ] Dry  
- [ ] Persistent  

### Respiratory
- [ ] WNL: Regular rate depth and pattern, no cough or shortness of breath; breath sounds equal and clear.  
- [ ] WNL except deviations noted  
- [ ] Constipation  
- [ ] Diarrhea  
- [ ] Nausea  
- [ ] Vomiting  
- [ ] Heartburn  
- [ ] Fair appetite  
- [ ] Poor appetite  
- [ ] Abdomen firm to palpitation  
- [ ] Distended abdomen  
- [ ] Incontinence  

### Gastrointestinal
- [ ] WNL: Appears well nourished, regular stool pattern, BS present in 4 quadrants, abdomen soft/NT, good appetite.  
- [ ] WNL except deviations noted  
- [ ] Urgency  
- [ ] Dysuria  
- [ ] Nocturia  
- [ ] Oliguria  
- [ ] Urinary frequency  
- [ ] Urine odor  
- [ ] Incontinence  
- [ ] Cloudy  

### Genitourinary
- [ ] WNL: No abnormalities in voiding/ability to empty bladder, color or characteristics of urine.  
- [ ] WNL except deviations noted  
- [ ] Skin breakdown noted, color consistent with ethnicity. No abnormalities in temperature, moisture, turgor.  
- [ ] WNL except deviations noted  
- [ ] Unsteady gait  
- [ ] Impaired ROM  
- [ ] Weakness  
- [ ] Requires assistance to ambulate  
- [ ] Transfer OOB/OOC  
- [ ] Ambulatory assist devices  
- [ ] Walker  
- [ ] Crutches  
- [ ] Cane  
- [ ] Wheelchair  
- [ ] Fall prevention reinforcement  
- [ ] Dry skin  
- [ ] Dry mucus membranes  
- [ ] Discoloration: location  
- [ ] Skin breakdown: describe  
- [ ] Incision, location, & description  
- [ ] Pain location  
- [ ] Pain relief measures  
- [ ] Precipitating factors  
- [ ] Quality/description  
- [ ] Radiates  
- [ ] Severity  
- [ ] 1-3  
- [ ] 4-6  
- [ ] 7-10  
- [ ] Timing: onset, frequency, duration  

### Endocrine
- [ ] N/A if no history of diabetes  
- [ ] WNL: Glucose well controlled. No episodes of hypoglycemia or hyperglycemia.  
- [ ] WNL except deviations noted  
- [ ] Last FS  
- [ ] FS Range  
- [ ] WNL except deviations noted  
- [ ] Medication profile updated  
- [ ] Pharmacy/Agency notified  

### Medication Changes, see nursing notes for changes  
- [ ] N/A  
- [ ] Accu-Check  

### Access Device Care:  
- [ ] IV Port  
- [ ] Tunneled Catheter  
- [ ] PICC Midline  
- [ ] SC  
- [ ] Line Brand  
- [ ] Length  
- [ ] Internal length  
- [ ] Access Location  
- [ ] Date Placed  

- [ ] Labs Drawn  
- [ ] Peripheral site  
- [ ] Central Line draw  
- [ ] X attempts  

**Medications Administered:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Diluent</th>
<th>Rate</th>
<th>Infusion Time</th>
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**Pre-Meds:**

**Medication:**

**Administered by:**  
- [ ] Patient  
- [ ] RN  
- [ ] Caregiver  

**Medication:**

**Administered by:**  
- [ ] Patient  
- [ ] RN  
- [ ] Caregiver  

**Medication:**

**Administered by:**  
- [ ] Patient  
- [ ] RN  
- [ ] Caregiver  

**Patient Education Provided:**

- [ ] Medication management (specify)  
- [ ] Access device care  
- [ ] Nutrition  
- [ ] Safety enhancement  
- [ ] Bag change  
- [ ] Infusion control  
- [ ] Aseptic technique, hand washing  
- [ ] Pump alarms and troubleshooting  
- [ ] Hydration  
- [ ] Disease process  
- [ ] Pain management  
- [ ] Other  

**Next Nursing Visit:**

**RN Name, credentials:**  
- [ ] RN Signature
Patient Intravenous Documentation Flow Sheet

Date: ___________________  Patient Name: ___________________

***Affix label for Immune Globulin bottles here***
(If not available write lot #s & expiration date for each bottle)

***Vital Signs @ 15min x 1 hour, then every hour until completion***

<table>
<thead>
<tr>
<th>Time</th>
<th>RATE ML/HR</th>
<th>B/P</th>
<th>PULSE</th>
<th>RESP.</th>
<th>COMMENTS (problems/tolerance during infusion)</th>
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Comments/Patient response to treatment:

__________________________________________

__________________________________________

__________________________________________

RN Signature ___________________ Date ___________________