

## Professional Nursing Services

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### **Nursing Notes: Arrival & Report off are critical...**

Arrival & report off status should include a clear picture of how you find client & any equip on or not on- **Things to always include:**

- 1) **Client location- specific & descriptive**- client exact location/position

**Arrival status**- position of client, anything running (feeds), overall visual assessment- ie: patient in bed on nurse arrival, HOB up at 30 degree, bilateral NO-NOs in place, awake/alert/responsive, side rails up x2, report from Mom- no issues reported

**Departure status**-position of client- re-iterate the same things as upon arrival with specifics

- 2) **Safety measures**- Equipment and actions being used to keep the client safe from harm

- Siderails up? -X2?; padding?;

-Reflux precautions- HOB up-30/45 degrees?

- 4hr of formula hang at a time- industry norm because of bacterial growth & risk of infusing large volume over short period

- 3) **Equipment- any equip on use & what** – ie: siderail up x2, GTT feeds infusing at \_\_\_ ml/hr via pump; pulse ox off or if on- sat \_\_\_% on ? L O2 or Room Air, alarm settings checked

- 4) **General status**- descriptive assessment - alert/asleep/pink/pale/nonlabored, etc- ie” in no apparent distress”or “respirations nonlabored”; Overall affect- happy, sleeping, quiet, etc.

- 5) **Report from /end of day to- whom**- notation of all the above upon receiving report & when signing off-

**ie:** report to Dad, tolerated school with pleasant mood,GT feeds tolerated with reflux or no residual noted, pulse ox on-sats94%; or in LR with Dad no equip on, no issues reported, tolerated school/feed, etc

**Any issues etc reported- seizures/PRN meds/Sleep/Mood etc—**

**ie:** report to mom/incoming nurse, notified of lactulose being held due to loose am stool