

Progress notes guide

(time) (date) (nursing AM, PM, NS)
ISBAR handover received from • @

•
General overview:

stature / posture
facial expressions

CNS:

Mental state

Speech-

spontaneous and talkative to
mute. Fluency, rate, rhythm,
volume, tone.

Mood- euthymic, angry,
apprehensive, euphoric, calm,
annoyed, happy, natural,
frustrated.

Affect- reactive, blunted, flat,
appropriate.

Cognition-

alert, orientated to person, place
and time, confused, drowsy,
sedated, post-ictal, unconscious.

Pain:

where? Character? Score /10?

CVS:

Vital signs- Pt obs recorded and
documented.

All within normal limits. BP
example.

Resp:

nil respiratory distress? Work of
breathing? SpO2? Oxygen therapy

Endocrine:

Diabetic type 1 or 2? Other
endocrine problems? Diabetes
managed with? Blood glucose
levels?

GIT:

Diet- nil orally? FWD? diabetes
diet? Light? Fluid restriction?

Bowel actions- BNO? BO?

Nausea/ vomiting?

Renal:

FBC maintained? Urine?

Pathology?

Wound/skin:

Wounds, dressings, pressure areas

Mobility:

How pt mobilises, assistance?

Nursing Progress Notes Guide

Albert A Gayle



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