

## NURSING PROGRESS RECORD INFIRMARY DISCHARGE SUMMARY

<b>Date/Time</b>	<b>Summary of Infirmary Care Provided</b>			
	<b>B/P</b>	<b>Temp.</b>	<b>P-</b>	<b>R-</b>
	<b>Status Upon Discharge:</b>			
	<b>Changes in Self Care Abilities:</b>			
	<b>Illness Impact on the Habilitation Plan:</b>			
	<b>Discharge Instruction:</b>			
<b>Notification:</b>	<b>Family Member</b>		<b>QMRP</b>	
	<b>Social Worker</b>			
	<b>Others</b>			
	<b>Discharge Nurse:</b>			
<b>Date/Time</b>	<b>Visual Observation Upon Return</b>			
	<b>Clinical Status &amp; Discharge Summary Reviewed:</b>			
	<b>MAR and Physician's Orders &amp; Medications were Reviewed:</b>			
	<b>Other Pertinent Information:</b>			
	<b>Receiving Nurse:</b>			

NAME: \_\_\_\_\_ # \_\_\_\_\_ UNIT \_\_\_\_\_

**NURSING PROGRESS RECORD  
INFIRMARY ADMISSION**

<b>Date/Time</b>	<b>Reason for Admission/Observation:</b>		
	<b>B/P-</b>	<b>Temp.</b>	<b>R-</b>
	<b>Wt.-</b>		
	<b>Objective information Systems Review:</b>		
	<b>Level of Consciousness-</b>		<b>Pupils-</b>
	<b>EENT-</b>		
	<b>Cardiac-</b>		
	<b>Respiratory-</b>		
	<b>Bowel Sounds-</b>		
	<b>Abdomen-</b>		
	<b>Musculoskeletal-</b>		
	<b>Skin-</b>		
	<b>Protective/Supportive Devices-</b>		
	<b>Other Information:</b>		
	<b>Nursing Diagnosis/ES:</b>		
	<b>Plan of Care:</b>		
	<b>Instructions to Staff:</b>		
<b>Notifications:</b>	<b>Physician-</b>	<b>Family member:</b>	<b>Kitchen-</b>
	<b>Living Unit-</b>	<b>Social Worker-</b>	<b>Other-</b>
	<b>Admitting Nurse:</b>		

**NAME:** \_\_\_\_\_ **#** \_\_\_\_\_ **Unit** \_\_\_\_\_