

Nursing notes

Date / time	Notes
4/4 20 30	Admitted to ward via A and E at 1800 hours. Admission for investigation into confusion with a history of confusion 1-2 years. Usually mobile with a stick. Patient not for resuscitation – discussed with family and documented in notes. Lives in hostel normally independent but recently more confused and aggressive. Full assistance required with ADL's on admission. Requires incontinence aids. Catheter inserted in A and E – patient removed balloon intact. Some bleeding as a result. Patient given Haloperidol and Diazepam on admission to ward – reasonably settled at time of report. Charted for PRN meds for agitation overnight. For psych review in a.m. Encourage diet and fluid. Attended Head CT – NAD. Temp 37.2.
5/4/ 0510	Patient settled overnight. Incontinent. Special in place no episodes of aggression so far this shift. Small amount of bleeding from penis following self removal of catheter in A and E. Obs satisfactory continue special.
5/4 1255	Patient found of floor at commencement of shift. Had climbed out of bed and hit head. Assisted back to bed. Obs stable. Cut above right eye – steri strips in place. Dr attended and sutured x3 to laceration on scalp. Very drowsy, unable to take meds due to drowsiness. Very poor fluid intake. ?may require IV therapy? However, may not tolerate same.
6/4 1455	Requiring full assistance with ADL's. Incontinent of urine. Sat out of bed but complaining of being tired – returned to bed at 11a.m. Complaining of pain (? Lower leg?) Dr informed. Paracetamol given with good effect. Temp 38.
7/4 2130	Patient restless this shift obs stable, full assist with ADL's. Haloperidol given as charted.
8/4 0230	Woke up panicking temp 37. Unable to measure BP Patient looked confused. Paracetamol and Haloperidol given as charted.
8/4 0700	Patient very erratic. Trying to get out of bed. Medication given as per chart no effect. Dr informed and larger dose of haloperidol given. Settled for a while now getting agitated again. Temp 38 managed to take Paracetamol but refused antibiotic.
8/4 1900	Refusing most diet and fluid. Small sips of water only. Urine remains blood stained. Only passing small amounts. Refusing medication. Discussed antibiotics with team will require does this a.m. Very drowsy. Contact daughter if condition changes.
9/4 1450	Much improved this am. Alert and orientated at times. Taking good diet and fluid. Incontinent still. Small bowel action will require laxative tonight. Still sleepy. Daughter visited.

Samples Of Nurses Progress Notes

M. Bernadette Hally



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Basic Concepts of Psychiatric-mental Health Nursing Louise Rebraca Shives, 2007 This seventh edition includes new chapters and maintains popular features from previous editions such as self awareness prompts while adding research boxes and student worksheets at the end of each chapter

Tabbner's Nursing Care Gabby Koutoukidis, Rita Funnell, Karen Lawrence, Jodie Hughson, Kate Stainton, 2009 Tabbner's Nursing Care Theory and Practice is the only Australian and New Zealand textbook written specifically for the enrolled nurse student The new 5th edition of this best selling text has been fully revised and updated throughout to reflect the content of the new National Curriculum Unit 1 The evolution of nursing Unit 2 The health care environment Unit 3 Cultural diversity and nursing practice Unit 4 Promoting psychosocial health in nursing practice Unit 5 Nursing individuals throughout the lifespan Unit 6 The nursing process Unit 7 Assessing health Unit 8 Important component of nursing care Unit 9 Health promotion and nursing care of the individual Appendices Provided by publisher

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