

Client Care Notes

Alaska Faith Community Nurse Resource Center at Providence

Name:

DOB:

M /F

Address:

Client Phone(s):

Occupation:

Initial Site Visit: Church Home Hospital Office Phone Other
(Circle)

Referral From: Self Family Member Pastoral Staff Physician Community Other
(Circle)

Other Contact Phone #s:

Name	Relationship	Phone #	

Advance Directives completed? Yes/No

Insurance:

Physician(s) Name and Phone:

Physician Name	Phone #	Comments

Brief Medical History:

Allergies:

Medications:

Medication	Dose	Frequency

RN Signature

Date

Client Care Notes

Alaska Faith Community Nurse Resource Center at Providence

Chief Concern

Interaction Date

Data	
Nursing Diagnosis* <ul style="list-style-type: none"> <input type="checkbox"/> Health seeking behavior <input type="checkbox"/> Grieving <input type="checkbox"/> Individual management of therapeutic regimen <input type="checkbox"/> Knowledge deficit <input type="checkbox"/> Social isolation <input type="checkbox"/> Anxiety <input type="checkbox"/> Potential for enhanced spiritual well being 	<ul style="list-style-type: none"> <input type="checkbox"/> Pain <input type="checkbox"/> Ineffective individual coping <input type="checkbox"/> Impaired physical mobility <input type="checkbox"/> Impaired home maintenance management <input type="checkbox"/> Caregiver role strain <input type="checkbox"/> Other
Actions* <ul style="list-style-type: none"> <input type="checkbox"/> Active listening <input type="checkbox"/> Spiritual support <input type="checkbox"/> Health screening <input type="checkbox"/> Emotional support <input type="checkbox"/> Individual teaching <input type="checkbox"/> Presence <input type="checkbox"/> Touch <input type="checkbox"/> Support system enhancement <input type="checkbox"/> Referral 	<ul style="list-style-type: none"> <input type="checkbox"/> Health care information exchange <input type="checkbox"/> Health education <input type="checkbox"/> Grief work facilitation <input type="checkbox"/> Coping enhancement <input type="checkbox"/> Humor <input type="checkbox"/> Caregiver support <input type="checkbox"/> Hope instillation <input type="checkbox"/> Decision making support <input type="checkbox"/> Other
Response	
Outcomes* <ul style="list-style-type: none"> <input type="checkbox"/> Improved health status (ie: BP or cholesterol improved) <input type="checkbox"/> Access to care / resources <input type="checkbox"/> Enhanced independent living 	<ul style="list-style-type: none"> <input type="checkbox"/> Injury prevention <input type="checkbox"/> Knowledge increase related to: <ul style="list-style-type: none"> <input type="checkbox"/> Lifestyle changes/positive health behaviors <input type="checkbox"/> Ongoing management/monitoring of care <input type="checkbox"/> Other

RN Signature

Outcome Date

Alaska BON Statement – 12AAC 44.770 Unprofessional Conduct (10) failing to maintain a record for each client which accurately reflects the nursing problems and interventions for the client

*Resource for frequently used Nursing Diagnosis, Actions, and Outcomes available from AFCNRCP.

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