PRIVATE DUTY NURSING MONTHLY SUMMARY REPORT

Monthly Summary Date:	Provider Name:

Client Name:	CLTC number: DOB:

SYSTEMS OVERVIEW: Please answer with yes or no, and explain as appropriate.

Neuro	Is the client currently having seizures? explain:	Date of last seizure: Treatment for seizure:	Spasticity issues, explain
Pulmonary	Does the client have a tracheostomy? Ventilator? When is oxygen used? Saturations WNL.	Are breath sounds clear? Can the client handle own secretions? Explain:	How often are bronchodilators used?
Cardiac	Does the client experience tachycardia? Bradycardia?	Murmurs? List circulation issues:	Last HR_____BP____/____
GI	Is the client experiencing vomiting? Treatment:	Diarrhea/Constipation: Treatment:	Explain diet: Route:
Endocrine	Is the nurse monitoring blood sugars? When? How?	Last blood sugar: Treatment needed?	Insulin ordered? Documentation appropriate?
GU	Has the client experienced urinary retention?	Color: Amt. adequate?	Odor of urine appropriate?
Integument	Is the client experiencing decubiti? Bruises?	Is there a stoma site? Location? Clean/dry?	Any treatment for stoma?
Pain	Is the client in pain? Location of pain: Explain:	List pain scale used:	PRN Tylenol or Motrin Other narcotics used? Irritability issues?

CARE COORDINATION

List other agencies involved:	List therapies:	Is the nurse incorporating treatment into shift?

CHANGES IN CONDITION

Please document any changes in condition such as: Secretions different from usual, toleration of feeds, symptoms of infections, worsening of contractures, wound condition, changes in ventilator support:

CHANGES IN POC (PLAN OF CARE/POT) Are the Physicians orders current as of today?
Explain:

HOSPITALIZATIONS, ER & PHYSICIAN VISITS: List all visits attended including dietician, nurse practitioner.

Provider:		
Date:		
Reason:		

PROGRESS TOWARD GOALS listed in treatment plan:

PROBLEMS/CONCERNS:

Name	**Date**