

# PEL/VIP Re-Hospitalization Intervention Program: Progress Note

Resident: \_\_\_\_\_

Room: \_\_\_\_\_

Date: \_\_\_\_\_

Minutes: \_\_\_\_\_

Congestive Heart Failure Program       Pneumonia Program       COPD

Vitals: SpO2 \_\_\_\_\_ on \_\_\_\_\_, HR \_\_\_\_\_, RR \_\_\_\_\_, BP \_\_\_\_\_, Temp \_\_\_\_\_

Breath Sounds: \_\_\_\_\_

Cough:  Strong     Fair     Weak     Harsh                       Productive     Non Productive

Sputum:  Clear     White     Yellow     Green     Bloody               Thick     Thin     Frothy

Hydration:  Adequate     Inadequate     Tube Feeds     Fluid Restriction \_\_\_\_\_ ml.

Oral Care:  Adequate     Inadequate

Special Considerations:  Aspiration Precautions     Head of Bed Elevated 30-45 degrees     other: \_\_\_\_\_

Education:  Hand washing     Oral care/hygiene     Hydration     Fluid/Sodium Restrictions

Deep Breathing/Incentive Spirometry                       Effective Cough/Splinting/Airway Clearance

Signs and Symptoms of Pneumonia                       Signs and Symptoms of CHF

Signs/Symptoms of COPD Exacerbation                       Importance of Reporting of Symptoms

COPD-Disease Education                       Respiratory Medications

Energy Conservation                       Nutrition

Breathing Exercises (PLB)                       Other \_\_\_\_\_

### CHF Program Only:

Peripheral Edema:  None     +1     +2     +3     +4               Left Leg/Ankle     Right Leg/ Ankle

Weight: Most Recent: \_\_\_\_\_ lbs. Date: \_\_\_\_\_ Previous: \_\_\_\_\_ lbs. Date: \_\_\_\_\_

Admit Weight: \_\_\_\_\_ lbs. Date: \_\_\_\_\_

<b>Notes/Observations:</b>
<b>Interventions/Recommendations:</b>

Signature: \_\_\_\_\_