

**OKLAHOMA DEPARTMENT OF CORRECTIONS
CHRONIC CLINIC RN PROGRESS NOTE**

Date / Time	Reason for visit: Follow – up Lab results Compliance Other _____
	Offender Name / Number: _____ Allergies: _____
	Chronic Clinic(s): _____ Complaints: _____
	Vital Signs: B/P: P: R: T: Wt: Loss/Gain:
	Pulse Oximetry: Peak Flow: FSBS: Last Seizure:
	Current Medications: _____ _____ _____
	Medication Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
	Current Lab: _____ _____ _____
	Medical Provider notified of abnormal lab results <input type="checkbox"/> Date: _____ Medical Provider: _____
	Patient Teaching: Diet Medication Exercise Disease Process Risks and benefits Goals Signs and Symptoms to report Other _____
	Method: Discussion Demonstration Written Material Video / DVD Other _____
	Evaluation of teaching: Verbalized understanding Return Demonstrate Reviewed information and tested
	Physical Exam: LOC : _____ Orientation: _____ Pupil size/reaction _____ Specific pain: YES / NO If yes, describe _____ Skin color/temp. _____ Edema: _____ Skin turgor: normal poor severe tenting Chest pain: YES / NO If yes, describe _____ Heart rhythm _____ Lungs sounds: _____ Cough: YES / NO Results: productive / non-productive Oxygen use: YES / NO Abdomen soft: YES / NO Tender: YES / NO Bowel sounds: _____ Constipation /Diarrhea _____ Nausea / vomiting: YES / NO If yes, describe: _____ Urinary symptoms: YES / NO If yes, describe _____ Other: _____ _____
	Assessment/Nursing Diagnosis: _____ _____
	Plan: _____ _____
	Nurse Signature: _____ Facility: _____