

This is a sample of a narrative documentation for a phone monitoring encounter. A blank template is located on www.homehealthquality.org. The COPD: Phone Monitoring Assessment Guide was used to direct this assessment.

Phone Monitoring Patient Encounter Form (Narrative)

Reason for Phone Monitoring: High-risk for hospitalization with several exacerbations of COPD in past 6-9 months

Patient Name: <u>Mrs. T.</u>	MR #: <u>XXXXXXXXXX</u>	Phone Monitoring Frequency: <u>2 x wk</u>
Patient Phone: <u>XXXXXXXXXX</u>		Next Call Scheduled for: <u>6/18/07 @ 1 p.m.</u>
MD: <u>Dr. Jones</u>	Phone: <u>XXXXXXXXXX</u>	Onsite Visit Schedule:
Phone Encounter Date: <u>6/16/07</u>	Time: <u>1:00 p.m.</u>	SN 2 x wk x 2 wk; 1 x wk x 2 wk; HH Aide 2 x wk x 1 wk
SOC Date: <u>6/12/07</u>	ROC Date: <u>__/__/__</u>	Next Onsite Visit Scheduled for: <u>6/19/07</u>

Phone Assessment Findings: (Determine changes as applicable since last contact):

Patient states she feels “about the same” as last call on 6/13/07. Patient reports a breathlessness score of 7 on a 1-10 scale of breathlessness with 10 being the worst. Feels “tired” per usual. Reports non-productive cough at night that has begun since our last phone contact, worse when first goes to bed; notes she is still able to sleep approximately six hours per night; rescue inhaler brings relief—only has needed at night since last phone contact; began using two pillows at night two nights ago. Swelling of legs/ankles reported to be “same.” Denies anxiousness or dizziness. Reported that control medication prescription expired and she has not taken the medication since last call. “I am going to wait until my doctor appointment in July (3 weeks) to get refill.” Continues to use O₂ at 2 l/m at night as ordered; reports needing O₂ for approximately 10 minutes after doing dishes last evening (O₂ is ordered on prn basis also).

Education/Instructions Provided: (Include patient/caregiver response)

Reviewed current medication with emphasis on the use of her maintenance and rescue inhalers. Explained the importance of not stopping maintenance inhaler—stated she understood better why this was important. I offered to call her physician for a new prescription to be called to her pharmacy and she agreed. States she will immediately resume using it as ordered once she receives the refill. Also reviewed oxygen parameters as ordered by physician and safety aspects. Patient very cooperative during call and reports appreciating phone contacts. These calls help me “stay on track with things”.

Actions Taken Based Upon Call Encounter Findings:

Contacted primary nurse to observe patient using inhaler at next visit. Notified patient’s daughter of the need to pick up inhaler at pharmacy. Informed daughter of findings from call and the importance of patient using inhaler as ordered. She agreed to assist with monitoring patient’s use.

Follow-up Needed:

Ensure phone encounters and onsite visits continue as scheduled, patient symptoms are not completely controlled at this time and patient still needs coaching with self-management of her illness.

Staff Signature/Credentials: Nancy Nurse, RN