|  |  |  |
| --- | --- | --- |
| **POGO Nursing Telepractice Documentation Record** | **Client’s Chart #:***(If known)* | Enter Client’s CR #. |
| **Client’s Name:** | Enter Client’s Name. |
| **Client’s DOB:** | Enter Client’s DOB. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date/Time of Call:** | Enter Call Date. | Hours | Minutes | AM/PM |
| **Name of Caller:** | Enter Caller’s Name. |
| **Relationship to Patient:** | Enter Relationship to Patient. |
| **Telephone Number of Caller:** | Enter Telephone Number. |

**Reason for Telephone Call**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Constipation | [ ]  Diarrhea | [ ]  Chicken Pox | [ ]  Nausea and Vomiting |
| [ ]  Fever | [ ]  Pain | [ ]  Oral Stomatitis/Mucositis |  |
| [ ]  Other: Enter Other Reason for Telephone Call. |

**Patient Assessment** (e.g. signs/symptoms, medications/allergies)

|  |  |
| --- | --- |
| **Symptom Assessment:** | Enter Symptom Assessment. |
| **General Assessment:** | Enter General Assessment. |

**Analysis and Plan** (including consultation, education, referrals, and prescription)

|  |  |
| --- | --- |
| **Symptom Assessment and Guidance Used:** | **On Treatment?** |
| [ ]  Yes – Specify: Select an option.[ ]  No[ ]  Not applicable | [ ]  Yes[ ]  No |
| Enter Analysis and Plan. |
| [ ]  **Emergent** | [ ]  **Urgent** | [ ]  **Non-Urgent** |

**Evaluation and Follow-Up**

|  |  |
| --- | --- |
| [ ]  Patient to contact physician | [ ]  Patient to call back if necessary |
| [ ]  Patient to go to Emergency Department | [ ]  Referrals: Enter Referral. |
| [ ]  Clinic visit scheduled: Enter Visit Date. | [ ]  Other: Enter Other Evaluation/Follow-Up. |

**Notes**

|  |
| --- |
| Enter Notes. |

|  |  |  |
| --- | --- | --- |
| Enter Your Name. | Enter Your Designation. | Enter Date. |
| **Nurse’s Name** | **Nurse’s Designation** | **Date** |