

Nursing Progress Note - Clinical Example

Patient Name: _____

MRN: _____

Date/Time: _____

Nurse Name: _____

Subjective:

Patient's statements, symptoms, complaints

Objective:

Vital signs, observations, assessment findings

Assessment:

Interpretation, status, clinical impression

Plan/Intervention:

Interventions, education, actions

Evaluation:

Response to intervention, follow-up

Signature: _____

Date/Time: _____