**FAITH COMMUNITY NURSE MONTHLY REPORT**

**MONTH OF \_FEBRUARY 2017\_\_\_\_ MILEAGE FOR MONTH\_\_600\_\_**

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| **CONTACTS** | **#** | **CLINICS/SERVICES cont’d** | **#** |
| **Telephone Contacts** |  | **Transportation** | 1 |
| Congregation Members/Clients | 11 | Arrange Transportation |  |
| Non-Members | 5 | **Meals Arranged** |  |
| Administrative | 2 | **Health Fairs/Screenings** |  |
| **Informal Contacts** | 4 | Total Attending |  |
| **Correspondence Sent** |  | # of Community Agencies/Exhibitors |  |
| E-mails | 26 | **Consulting** |  |
| Cards | 2 | **AED/First Aid Kit Maintenance** |  |
| Letters |  | **Other** (specify) |  |
| **Clergy/Staff Meetings** | 2 |  |  |
| **VISITS** |  | **REFERRALS/LINKING TO RESOURCES** |  |
| **Home Visits** | 10 | Physician or Free Clinic |  |
| Resulting in Physician Referral |  | Home Health |  |
| Resulting in ER/Admission | 1 | Physical Therapy |  |
| **Office Visits** |  | Hospice |  |
| Resulting in Physician Referral |  | Valley Health |  |
| Resulting in ER/Admission |  | Other | 1 |
| **Other** | 2 | **EDUCATIONAL PROMOTION** |  |
| **Hospital visits** | 1 | Classes Taught by Parish Nurse |  |
| **Nursing Home/Long-Term Care Visits** | 2 | Topic(s):End of life Choices |  |
| **RELIGIOUS SERVICE PARTICIPATION** |  | Site(s)NMSP Sunday School |  |
| **Funeral Attendance (for congregant)** |  | #Attending | 8 |
| **Worship Services** | 6 | Classes Taught by Others |  |
| **Sites MVSL(2),MVMZ, SPJ, NMSP,** |  | Topic(s): |  |
| **Sites SLB** |  | Site |  |
| **CLINICS/SERVICES** |  | #Attending |  |
| Blood Pressure Clinics |  | Bulletin Boards |  |
| Total Blood Pressures | 41 | topics |  |
| Normal BP readings | 36 | Newsletter/Church Bulletin Articles |  |
| Abnormal BP readings | 5 | Topics Drug induced constipation |  |
| Physician Referral |  |  |  |
| ER/Admissions |  | **REFERRALS FROM** |  |
| Site All currently under MD care |  | Pastor |  |
| **Blood Drives** |  | Congregant |  |
| # Attending |  | Health Care Provider | 1 |
| **Flu Shot Clinics** |  | **COMMUNITY EVENTS ATTTENDED** |  |
| #Attending |  | SPS Community Meal | 1 |
| **CONTINUING EDUCATION** |  |  |  |
| Being Mortal | 2CEU | **NOTES/CONCERNS/SUGGESTIONS (Use other side)** |  |

**Narrative** Give one example of how Faith Community Nursing made a difference (Continue on other side) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FCN received call from Social Worker at hospital. She had received a call from one of the physician offices in regard to a patient who was having trouble with her medications. FCN contacted patient (who is a non-member) and was able to setup a time to meet. FCN in trying to initiate contact was aware of stress and possible acute confusion. Met with patient in her home. She had all her meds in a secure tote. Her current system is using a day holder with 4 compartments. The day holders are put in a weekly holder. She has 2 holders. However, she is missing two holders. She has a list of meds and times of day to take meds. Needed to sort meds and confirm Rx on bottle with list. Then was able to pour meds for eleven days. In conversation discovered many stress currently present including husband in rehab. Through conversation noted that patient is easily confused and probably has early dementia, Pt. expresses some awareness of situation, but feels that she is still capable of driving locally, acknowledges that out of the local area she has others provide her transportation. FCN agreed to work with her and look for perhaps a better system of setting up meds, as there is a monthly device that tells when to take meds and will continue to remind until acknowledged. FCN has seen this in other clients homes and will investigate cost and how to obtain. Working to manage medications has made a difeerence for this client.