



**INTEGRATED
PROGRESS NOTES
(IPN)
Directions for Use**

1. Document patient assessments, plans of care, implementation/actions and evaluation (patient responses) that are not captured on other acute care health record forms.
2. Identify the focus of the charting and the discipline (e.g., mobility/Physiotherapy; pain management/Nursing; assessment/Physician).
3. Sign all entries and include professional designation.

DATE	TIME	FOCUS/ DISCIPLINE	Assessments/Plans/Interventions/Outcomes NB: Record ALL medications administered on the MAR
			Directions for Use:
			All disciplines:
			➤ Document patient assessments, plans, implementation/actions and evaluation/patient responses that are not captured on other health record forms.
			➤ Capture any change or deviation from the patient's normal baseline, including signs of improvement or deterioration, and health teaching.
			➤ Identify the focus of the charting and the discipline (e.g., mobility/Physiotherapy; pain management/Nursing; assessment/Physician).
			➤ Sign all entries and include professional designation.
			➤ Document in chronological order.
			➤ Do not leave any line blank. In the event that line(s) is/are left blank, place a line across the blank space.
			➤ Indicate late entries. Enter date/time of documentation and date/time of event. <ul style="list-style-type: none"> ○ See examples below.
06Sept2018	1000	Fall/Nursing	Fall from bed to floor occurred while patient turned over, landing onto left side. Reported no injuries. No pain reported on palpation of left side from shoulder to foot. Assisted back to bed. Full range of motion of all limbs. Patient and team agreed to continue with current fall preventive measures in place. ----- J. Nurse LPN
07Sept2018	1030	Mobility / Physio	Observed ambulating in hallway. Slight limp left side. Walker provided and was used appropriately. ----- J. Phys PT
07Sept2018	1100	Late Entry	06 Sept 2018, 1600 hr./Fall: left hip x-ray showed no fracture.
		Fall/Nursing	----- J. Nurse LPN
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07Sept2018	1100	Assessment/ MD	Medically stable. May be discharged back to community when Home Care can resume services. Family aware. ----- Dr. Medicine