

**Parish Nursing Services**

**Monthly Statistics**

Name \_\_\_\_\_

Month \_\_\_\_\_ Yr. \_\_\_\_\_

Congregation \_\_\_\_\_

**I. INDIVIDUAL CLIENT DEMOGRAPHICS**

- A. New client \_\_\_\_\_ Previously Seen \_\_\_\_\_ Total Client Interactions \_\_\_\_\_
- B. Male \_\_\_\_\_ Female \_\_\_\_\_ Total Client Interaction Time \_\_\_\_\_
- C. Parishioner \_\_\_\_\_ Non-Parishioner \_\_\_\_\_
- D. Location:: C \_\_\_\_\_ PNO \_\_\_\_\_ V \_\_\_\_\_ H \_\_\_\_\_ HV \_\_\_\_\_ NH \_\_\_\_\_ P \_\_\_\_\_ PA \_\_\_\_\_ M \_\_\_\_\_ O \_\_\_\_\_  
 (CODE: C = Church; PNO = Office; V = Visit with HCP; H = Hospital; HV = Home Visit; NH = Nursing Home; P = Phone; PA = Pantry, M = Mail; O = Other)
- E. Age: 0-12 \_\_\_\_\_ 13-17 \_\_\_\_\_ 18-30 \_\_\_\_\_ 31-50 \_\_\_\_\_ 51-65 \_\_\_\_\_ 66-80 \_\_\_\_\_ over 80 \_\_\_\_\_ unknown \_\_\_\_\_
- F. Ethnic Heritage  
 Caucasian \_\_\_\_\_ African-American/Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Oriental \_\_\_\_\_ Native American \_\_\_\_\_  
 Middle Eastern \_\_\_\_\_ Far Eastern \_\_\_\_\_ Multi-cultural \_\_\_\_\_ Unknown \_\_\_\_\_ Other \_\_\_\_\_

**II. INTERDISCIPLINARY COLLABORATION**

- A. MEDICAL:
  - \_\_\_\_\_ Cardiac/Vascular
  - \_\_\_\_\_ Respiratory
  - \_\_\_\_\_ Renal/Urinary
  - \_\_\_\_\_ GI/Hepatic/Biliary
  - \_\_\_\_\_ Endo/Metabolic/Immune
  - \_\_\_\_\_ Neuro/Sensory
  - \_\_\_\_\_ Muscular/Skeletal
  - \_\_\_\_\_ Reproductive
  - \_\_\_\_\_ Medication Therapy Adverse Effects
- B. PSYCHOLOGICAL \_\_\_\_\_
- C. SPIRITUAL AND/OR RELIGIOUS \_\_\_\_\_

**III. CONCERNS/ISSUES (NANDA)**

- \_\_\_\_\_ Health Promotion \_\_\_\_\_ Role Relationships
- \_\_\_\_\_ Nutrition \_\_\_\_\_ Sexuality
- \_\_\_\_\_ Elimination \_\_\_\_\_ Coping/Stress Tolerance
- \_\_\_\_\_ Activity/Rest \_\_\_\_\_ Life Principles
- \_\_\_\_\_ Perception/Cognition \_\_\_\_\_ Safety/Protection
- \_\_\_\_\_ Self Perception \_\_\_\_\_ Comfort
- \_\_\_\_\_ Growth/Development

**IV. INTERVENTIONS (NIC)**

- \_\_\_\_\_ Physiological: Basic \_\_\_\_\_ Client Education
- \_\_\_\_\_ Physiological: Complex \_\_\_\_\_ Psychological Comfort Promotion
- \_\_\_\_\_ Behavior/Cognitive Therapy \_\_\_\_\_ Safety
- \_\_\_\_\_ Communication Enhancement \_\_\_\_\_ Family
- \_\_\_\_\_ Coping/Spiritual/Religious Assistance \_\_\_\_\_ Health System

**V. SOURCE OF REFERRAL**

S \_\_\_\_\_ P \_\_\_\_\_ NP \_\_\_\_\_ PS \_\_\_\_\_ MD \_\_\_\_\_ HCP \_\_\_\_\_ M \_\_\_\_\_ O \_\_\_\_\_ PN \_\_\_\_\_ FAM \_\_\_\_\_  
 (CODE: S = SELF; P = PARISHIONER; NP = NON-PARISHIONER; PS = PASTORAL STAFF; MD = PHYSICIAN; HCP = OTHER HEALTH CARE PROFESSIONAL; M = MEDIA; O = OTHER, PN=PARISH NURSE, FAM=FAMILY)

REFERRAL TO: Total Health System Referrals: \_\_\_\_\_

PS \_\_\_\_\_ MD \_\_\_\_\_ HCP \_\_\_\_\_ CH \_\_\_\_\_ COM \_\_\_\_\_ O \_\_\_\_\_  
 (CODE: PS = PASTORAL STAFF; MD = PHYSICIAN; HCP = OTHER HEALTH CARE PROFESSIONAL; CH = CHURCH RESOURCES; COM = COMMUNITY RESOURCES; O = OTHER)

**VI. SCREENINGS**

Type	#Screened	#Abnormal	#New Dx	Place	Date	Plan Time	Prgm. Time

Screening Categories: Blood Pressure, Cholesterol, Glucose, Lice, Health, Hearing/Vision; Ht/Wt, Other

<b>VII. <u>MEETINGS</u></b> (in parish nurse role)	<b><u>ATTENDANCE AT CHURCH FUNCTIONS</u></b> (in parish nurse role)		
# of times	Total hr	# of times	Total hr
Pastor/Staff _____	_____	Worship Services _____	_____
Health and Wellness _____	_____	Healing Services _____	_____
Other Church Comm _____	_____	Funerals _____	_____
Comm/Liasion/netwkg _____	_____	Wakes _____	_____
System/Liaison/netwg _____	_____	Fellowship _____	_____
Parish Nurse _____	_____	Other _____	_____
Other _____	_____		_____

**VIII. CONTINUING EDUCATION/PROFESSIONAL DEVELOPMENT**

Programs attended	Date	Topic	Site	Presenter
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Professional Development (networking, articles written, presentations, etc.)

\_\_\_\_\_

\_\_\_\_\_

**IX. OFFICE WORK (# of hours spent)**

Report writing \_\_\_\_\_ Documentation \_\_\_\_\_ Resource Development \_\_\_\_\_ Other (specify) \_\_\_\_\_

**X. GROUP PROGRAMS**

Name/Topic	Prog. Type	# of participants	Age Range	PN Role	Plan Time hours	Prgm. Time hours	Comments
				CD PR PA			
				CD PR PA			
				CD PR PA			
				CD PR PA			

Program Type: Ed=Education/Health Fair; S=Support; Sp=Spiritual; ES=Environmental/Safety; CO=Community Outreach; O=Other  
 Parish Nurse Role: CD=Coordinator/Developer; PR=Presentor/Facilitator; PA=Participant

**XI. VOLUNTEER COORDINATION**

Name/Topic	Hours spent	PN Role
		CD FA PA
		CD FA PA
		CD FA PA
		CD FA PA

Parish Nurse Role: CD=Coordinator/Developer; FA=Facilitator; PA=Participant

**XI. POPULATION-FOCUSED ADVOCACY PROGRAMS**

Name/Topic	Hours spent

**XII. NEWSLETTER/BULLETIN TOPICS**

Date	Topic
_____	_____
_____	_____
_____	_____

**HEALTH DISPLAY TOPICS**

Topic	Location
_____	_____

**XIII. TOTAL MONTHLY HOURS:** \_\_\_\_\_ Paid \_\_\_\_\_ Unpaid \_\_\_\_\_ Total