**Nursing Progress Note**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date | Resident Observations | Signature |
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**Instructions: Any changes in resident condition or status should be documented immediately. Please make sure that a note indicating what actions were taken is clearly shown after each entry and signed.**