

Patient Label

# Progress Note

Date / /  
Time

## Chief Complaint / History of Present Illness

New Complaint/ Severity	Interval History/ Duration	Patient Statement (or reason unable to obtain) Location	dementia/sedated/intubated Quality	Ass. Sign/Symptoms
				Code status: Full / DNR Hospice Y/N

## Review Of Systems

Const: malaise weakness fatigue insomnia other: Resp: cough sputum short-of-breath pleurisy wheezing other: Cardio: chest-pain DOE PND orthopnea edema other: GI: nausea vomiting diarrhea constipation abdominal pain heartburn Bleeding	GU: incontinence bleeding discharge burning other: Neuro: dizzy paralysis paresthesia headache unsteady Psych: anxious depressed suicidal Heme/lymph/allergy/ skin:  <input type="checkbox"/> All systems negative except as marked
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## Exam

Vitals: Temp \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ O<sub>2</sub>% \_\_\_\_\_ I/O \_\_\_\_\_

Const: awake/ alert no distress nml-body-habitus | lethargic mild/mod/severe distress frail obese

Eyes: nml conjunctiva / lids symmetric pupils | pale conjunctiva icteric-sclera EOM-palsy

ENMT: nml-hearing nml-lips/teeth/gums | decreased hearing dry-lips-MMs poor dentition

CVS: reg-rate/rhythm no-edema no-JVD | irr/irr murmur \_\_\_\_\_ edema \_\_\_\_\_ JVD

Lungs: nml-breath-sounds no-accessory-muscle-use | accessory -muscle use  
wheezes / rales / ronchi / crackles

ABD: non-tender nml-liver/spleen nml sounds | tender \_\_\_\_\_ rebound/guarding distended

Psych: A&Ox3 intact-judgement/insight calm | poor-judgement/insight anxious agitated depressed flat-affect

Other: Neck GU Lymph MuSk Breast Neuro Skin Rash

## Past, Family, Social History

Reviewed initial H&P PFSH Changes: No/ Yes

**Data reviewed:**

_____ / _____ / _____	Ca <sup>++</sup>
_____ / _____ / _____	Mg <sup>+</sup>
_____ / _____ / _____	AST
_____ / _____ / _____	ALT
_____ / _____ / _____	T.bili
_____ / _____ / _____	INR

pH \_\_\_\_\_ /pCO<sub>2</sub> \_\_\_\_\_ /PO<sub>2</sub> \_\_\_\_\_ /Sat \_\_\_\_\_

Vent: \_\_\_\_\_ /FIO<sub>2</sub> \_\_\_\_\_ /TV \_\_\_\_\_ /PEEP \_\_\_\_\_ /PS \_\_\_\_\_

Cultures:

Radiology/EKG:

Personally reviewed image/tracing/specimen

## Medical Decision Making

### Acute DXs / Active Issues

### Plan of Care

		Critical Care (min)
		<30
		30-74
		>74
		Total
		DC Time (min)
		<30
		>30

Patient responding to treatment  
 Patient NOT responding to treatment  
D/C in \_\_\_\_\_ days  
Special needs: