CRITICAL CARE DAILY PROGRESS NOTES

PATIENT PLATE

Date/Time	All Entries Should Be Signed: DO NOT USE FELT TIP PEN
	Critical Care: DAILY PROGRESS CONSULT ADMISSION
AM ☐ Multi-Disciplinary Rounds ☐	
PM Checkout Rounds ☐	
Critical Care TIME:	
(Exclude teaching Time & timed procedures)	**Physical Exam:** Condition ☐ Critical ☐ Serious ☐ Fair
	Status: ☐ Unstable ☐ Stable
	VS: BP- Pulse- RR- Temperature max- 24HR I/O:
	Intubated: ☐ Yes ☐ No ☐ Trach **Ventilator Settings:**
	Hemodynamics: **CVP:** **PAOP:** **CI:** **SVR:**
Hosp Visit: ☐	**General:** ☐ Awake ☐ Alert ☐ Confused ☐ Agitated ☐ Lethargic ☐ Sedate ☐ Obtunded ☐ Non-responsive
	Distress: ☐ None ☐ Mild ☐ Moderate ☐ Acute ☐ Requires restraints
	Malnourished: ☐ **Yes** ☐ **No**
Problem/DX List	**HEENT:** Trauma ☐ Yes ☐ No **Oropharynx** ☐ Normal ☐ Intubated ☐ Abnormal
1.	**Neck:** **Supple** ☐ Yes ☐ No ☐ Collar ☐ Trach
2.	**Trach** ☐ Midline ☐ Deviated **Masses** ☐ Yes ☐ No **JVD** ☐ Yes ☐ No
3.	**Respiratory: Chest symmetrical** ☐ Yes ☐ No **Respirations** ☐ Non-labored ☐ Labored
4.	**Lungs Clear** ☐ Yes ☐ No **Decreased Breath Sounds** ☐ Right ☐ Left Bases (B/L,R,L)
5.	☐ **Wheezes** ☐ **Rales** ☐ **Rhonchi** ☐ Right ☐ Left Bases (B/L,R,L)
6.	**Cardiovascular: Peripheral Edema** ☐ Yes ☐ No **Pulses Present & Equal** ☐ Yes ☐ No
	S1/S2 Normal ☐ Yes ☐ No **Pulse** ☐ Regular ☐ Irregular **Murmur** ☐ Yes ☐ No
7.	☐ Paced
8.	**Abdominal:** **Soft** ☐ Yes ☐ No **Tender** ☐ Yes ☐ No **Distended** ☐ Yes ☐ No
	BS: present / absent **Masses/Organomegaly:** ☐ Yes ☐ No
	GU ☐ WNL ☐ Abnormal ☐ Foley **Lymphatic** ☐ WNL ☐ Abnormal
	Extremities/Musculoskeletal ☐ Normal ☐ Abnormal **Strength Equal** ☐ Yes ☐ No
	Right Calf ☐ Normal ☐ Tender ☐ Edema ☐ Cord **Left Calf** ☐ Normal ☐ Tender ☐ Edema ☐ Cord
	Skin: **Lesions** ☐ Yes ☐ No **Rash** ☐ Yes ☐ No
	Neuro: **Focality** ☐ Yes ☐ No **Oriented** ☐ Yes ☐ No **Pupils:** **Glasgow Scale:**
	Malfunctioning Organ Systems: ☐ Resp ☐ CVS ☐ Neuro ☐ Immune ☐ Endo ☐ Heme ☐ GI ☐ GU
	Life Support: ☐ Mechanical Ventilation ☐ Vasopressors _____ ☐ Other _____
SIGNATURE TITLE DATE TIME PRINTED	

HOSPITAL
Healthcare System

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