

Memorial Hospital

DATE

IMPRINT WITH PATIENT LABEL

ICU - PULMONARY AND CRITICAL CARE MEDICINE  
ATTENDING PROGRESS NOTE

DATE TIME

ROS:  Reviewed with Pt / Staff  No Change  No Change Except:

Physical Exam: General:

BP = / P = RR = Tmax = T = Sat = % on Wt =

Neuro:  Alert / Nonfocal

Abnormalities:

Eyes:  PERRL / EQM / No Icterus

HENT:  Oral Mucosa Moist /  NC-AT /  NG Tube /  ET Tube

Neck:  No JVD / Trachea Midline

Chest:  No CW Deformity / No Creptitation

Lungs:  Clear to Auscultation Bilaterally / Symmetric Expansion

Cor:  No Murmurs / No Rubs / No Gallops / PMI Nondisplaced

Abd:  Soft / Nontender / Active BS's / No Hepatosplenomegaly

Ext:  No Clubbing / No Cyanosis / No Edema

Skin:  No Rash / No Induration

Other:

Data for Medical Decision Making:

CXR:

glu = BUN / Cr = Mg / Ca<sup>++</sup> / PO<sub>4</sub> PT / INR / PTT

Vent Settings: Mode = Set Rate = FIO<sub>2</sub> = Vt = CPAP / PEEP = PS =

ABG: / / / / MAWP = VE = PAP =

I/O = / u.o. =

SG: CO = CI = SVR / SVRI = / PA = / wedge = CVP =

EKG / Other:

Diet:

Infusions:

Medications: Active meds: zantac 50mg IV q8h, solumedrol 125mg IV q6h, benadryl 25mg IV q8h, neosynephrine gtt, phenobarbital gtt, insulin gtt

Allergies: Dairy products, soy, tomatoes, pain medications including morphine, codeine and percocet.  
PMH: asthma, acid reflux, multiple allergies with history of anaphylaxis, possible mitral valve regurgitation  
PSH: Niasen fudoplication  
Lines: A-line, PIV



CVICU2 -

Age/Sex:

Admit:

MD:

Dx:

DATE	TIME	

ABX:

IMPRESSIONS	PLAN
1) S/P unsuccessful open nissen fundoplication	
2) Neuro: Cerebral hypoxia. Pt actively seizing. Pupils unequal and unreactive to light.	a. Neuro consult. b. CT of head in am. c. Phenobarbital gtt per protocol d. Check phenobarbital levels BID. e. Monitor CPP f. Keep SR 100 and Bis<15 g. Avoid glucose and muscle relaxants.
3) Resp: Severe asthma attack leading to hypoxia due to no ventilation	a. Allergy consult in am. b. Solumedrol 125 mg IV q6 x 3 doses then 125mg IV q8 x 3 doses c. Benadryl 25 mg IV q8h d. CT b/l to suction. (Monitor CT output)
4) CVS: hypovolemia.	a. Neosynephrine gtt to keep MAP @70. b. Pt given IV albumin. c. 1/2 NS @100 CC/H d. Transfuse as needed. e. Monitor EKG for any changes f. Continue to monitor BP, HR, MAP, CVP
5) GI: GERD	a. Zantac 50mg IV q8h, wound care for open abd.wound
6) ID: No antibiotics to be given due to pts history of anaphylaxis.	a. Watch for signs of infection.
7) Renal: Pt has urine output at this time, Foley in place.	a. Continue to monitor bun/creat and UOP.
8) endocrine : (hyperglycemia)	a. insulin gtt & monitor blood glucose levels/RS
9) Heme : (Coagulopathy)	a. check coags (avoid FFP & antithrombin at this time)
10) Supportive Care :	a. GI prophylaxis (zantac 50mg IV q8)
I was present with the resident during the { ( ) admission history and exam / ( ) follow-up visit}	I have reviewed the available radiographs, clinical database and the resident's note, and discussed the case and the medical management of the patient with the resident.
The patient was seen and examined by me today for { ( ) admission history and exam / ( ) pulmonary consultation / ( )	I agree with the findings and plan as documented in the

The patient is critically ill with (check all that apply):

CRITICAL CARE TIME - \_\_\_\_\_ minutes

- |   |   |  |
|---|---|--|
| Circulatory <input type="checkbox"/> Failure / <input type="checkbox"/> Potential Failure | Renal <input type="checkbox"/> Failure / <input type="checkbox"/> Potential Failure       | Neurologic <input type="checkbox"/> Failure / <input type="checkbox"/> Potential Failure                           |
| Hepatic <input type="checkbox"/> Failure / <input type="checkbox"/> Potential Failure     | Respiratory <input type="checkbox"/> Failure / <input type="checkbox"/> Potential Failure | Other <input type="checkbox"/> Shock / <input type="checkbox"/> MSOF / <input type="checkbox"/> Metab. Derangement |

The patient requires bedside attendance and high complexity decision making for assessment and support as well as (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Vasoactive Manipulations | <input type="checkbox"/> Frequent Ventilator Manipulations | <input type="checkbox"/> Neurologic Monitoring and Treatment                |
| <input type="checkbox"/> Volume Resuscitation     | <input type="checkbox"/> Hemodynamic Assessment            | <input type="checkbox"/> Assessment and Rx of Complex Metabolic Derangement |

MD