University of Medical Center
Cardiology Attending Follow-Up Notes

Date / / Time ___________ Unit ___________

☐ PT interviewed and examined by me
☐ Resident's HPI/RPI/PFSH reviewed/ I agree
☐ CCU ☐ ICU ☐ Consult ___________ Service ☐ Concurrent Care

Reason for consult/Referring MD: ___________

CC: ___________

HPI

Meds: ___ No changes since admission  ___ I reviewed list in fellow/resident/student note

Physical Exam: BP: ___ Regular R: ___ Weight: ___ Height: ___ T(max):

Ventilation: ___ RA ___ NC 02 @ ___________ /min ___ Pulse ox: ___________ % ___ Mechanically Ventilated

General Appearance: ___ NAD ___ Mode: ___ PS ___ TV ___ PEEP ___ FIO2 ___

HEENT: ___ EOMI / PERRLA ___ Conjunctiva/lids WNL ___ ENT grossly intact ___ Oral mucosa intact

Neck: ___ masses/thyromegaly ___ JVP (est. cm): ___ HJR ___ Carotids (upstroke):

Pulmonary: ___ Respiratory effort: ___ labored ___ clear ___ rales ___ wheezes or rhonchi

Cardiovascular: ___ Apical impulse: ___ Normal ___ Indeterminate ___ Enlarged/displaced ___

___ S1 ___ S2 ___ S3 ___ S4

Murmurs: ___ None ___ systolic ___ diastolic ___

___ rub ___ Other findings: ___

Abdomen: ___ soft ___ tenderness/masses ___ hepatospleen omegaly ___ bowel sounds ___ bruit ___ stool guaiac ___

Lymphatic: ___ adenopathy

Femoral Pulses: ___ Intact ___ Bruits

Extremities: ___ cyanosis/clubbing ___ peripheral edema

Pulses: ☐ normal/symmetric ☐ Abnormal

Musculoskeletal: ☐ normal muscle strength ☐ normal muscle tone/motion

Skin: ___ rashes/lesions/ulcers

Neurologic: ☐ alert & oriented x 3 ☐ normal mood & affect

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Laboratory Data:  □ I reviewed lab data and key abnormalities/changes are noted.  □ No important change.

Chem:  Ca _______  P _______  Mg _______  Uric acid
       Cardiac enzymes (peak):  CK _______  CK-MB _______  Troponin _______
       Lipid profile:  Total cholesterol _______  Triglycerides _______
                        HDL _______  LDL _______

LFT's:
       CBC:  WBC _______  H/H _______  Platelets _______  Diff _______
       PT _______  PTT _______  INR _______  Other: ________________

ECHO:  □ I reviewed report  □ I personally reviewed this study

Stress Test (type _______):  □ I reviewed report  □ I personally reviewed this study

Cath:  □ I reviewed report  □ I personally reviewed this study

Swan-Ganz:  PCWP _______  PA _______  RA _______  CO/CI _______  SVR _______

CXR:  □ I reviewed report  □ I personally reviewed image
       □ I personally reviewed EKG  □ I personally reviewed serial EKG's  Rhythm: _______  Abnormalities: _______

Key Problems: Cardiac Diagnosis:

Assessment and Recommendations

□ Records and/or summaries reviewed  □ Discussed case with _______

*TP Use only where Counseling/Coordination of Care Dominates (>50%)

□ Total TP hospital time this service (______) minutes or Total face to face with patient in office (______) minutes

□ Total time spent in counseling/ordinating care (______) minutes; Description of counseling/ordinating care: ____________

□ Critical Care:  Time/24 hr _______ minutes

□ High probability of sudden, clinically significant, life threatening deterioration due to ____________

Attending Name (print): ________________________  Signature: ________________

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