

UNIVERSITY OF MEDICAL CENTER
CARDIOLOGY ATTENDING NOTE

DATE ____/____/____ TIME ____ UNIT ____

- PT interviewed and examined by me
 Resident's HPI/ROS/PFSH reviewed/I agree
 CCU PCU Consult _____ Service

Reason for consult/Referring MD: _____

CC: _____

PATIENT IDENTIFICATION

ROS: 0 = No + or ✓ = Yes

Cardiovascular: see HPI

Constitutional

- __ fever, chills, night sweats
 __ fatigue, weight loss

Skin: rashes

HEENT:

EYE __ vision change or eye sx

ENT __ ear or sinus problems

Pulmonary

__ asthma __ cough

GU __ urinary symptoms

GI __ known GI problem

__ heartburn or indigestion

__ recent nausea or vomiting

__ abdominal pain

__ melena

Musculoskeletal

__ arthritis or arthralgias

__ gout

Neurologic

__ headache

__ previous TIA/CVA

Psychiatric

__ chronic psych meds

__ depression

all other ROS negative

ROS/PFSH unobtainable

pt. unable / reason:

family not available

Past Med / Surg History:

Cardiovascular ROS:

__ chest pain __ dyspnea __ orthopnea __ PND

__ edema __ palpitations __ dizziness __ syncope

__ Known cardiac disease: __ CAD __ Previous MI __ Previous CABG __ Previous PTCA

__ CHF (etiology _____) __ Arrhythmia (_____)

__ Valve disease (etiology _____) __ Hypertension - controlled

Allergies: __ None known __ Med reactions

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

Coronary Risk Factors: __ Post-menopause __ FBP __ DM __ Smoking __ Hyperlipidemia

Social History: __ Smoking __ Drug abuse __ EtOH Occupation: _____

Family History: __ CV disease __ HBP __ DM __ Renal disease __ Cancer Other: _____

Physical Exam: BP: _____ P: __ Regular R: __ Weight: _____ Height: _____ T (max): _____

Ventilation: __ RA __ NC O2 @ _____ l/min Pulse ox: _____ %

Mechanically Ventilated: Mode _____ PS _____ TV _____ PEEP _____ PTO _____

General Appearance: __ NAD

HEENT: __ EOMI / PERRLA __ conjunctiva / lids WNL __ ENT grossly intact __ Oral mucosa intact

Neck: __ masses / thyromegaly __ JVP (est. cm): _____ HFR _____ 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 __ hepato/spleenomegaly __ bowel sounds __ bruit __ Stool/Guaiaac

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DATE ___/___/___

- Lymphatic: ___ adenopathy
- Femoral Pulses: Intact Bruits
- Extremities: ___ cyanosis / clubbing ___ peripheral edema
- Pulses: normal / symmetric ___ Abnormal
- Musculoskeletal: normal muscle strength normal motion
- Skin: ___ rashes / lesions / ulcers
- Neurologic: alert & oriented x3 normal mood & affect

PATIENT IDENTIFICATION

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/coordinates care (____) minutes Description of counseling/coordinates care: _____
- Critical Care: Time/24 hr _____ minutes
- High probability of sudden, clinically significant, life threatening deterioration due to _____

Print Attending Name _____ Signature _____