



PROGRESS NOTES

This form is for use with hospitalized patients only.

Critical Care Progress Note

Patient Identification

Operation(s): _____

Diagnoses: _____ Postoperative Day: _____

Events in past 24 hours: _____

Neuro: Awake & alert Oriented Somnolent Obtunded Comatose
 Follows commands Withdraws to pain No response
 Moves all extremities Focal deficit: _____
Reflexes: Cough Gag Corneals Pupils: Equal Reactive
Sedated: Propofol: _____ Versed: _____ Dexmedetomidine: _____
Analgesia: Fentanyl: _____ Morphine: _____ Dilaudid: _____
Paralysis: Yes No Cisatracurium: _____ Vecuronium: _____ Pancuronium: _____

Cardiac: Heart Rate: _____ Rhythm: Sinus A fib A flutter Junctional Other: _____
Paced: Yes No DDD A paced V paced Rate: _____
Systemic BP: _____ / _____ CVP: _____
PA Catheter: Yes No PAP: _____ / _____ PCWP: _____ CO/CI: _____ / _____ SVR: _____
Inotropes: Epinephrine: _____ Milrinone: _____ Dobutamine: _____ Dopamine: _____
Vasopressors: Vasopressin: _____ Norepinephrine: _____ Phenylephrine: _____
SVO2: _____

Pulmonary: Chest X Ray: _____
 Spontaneous breathing: Nasal cannula: _____ Mask: _____ Respiratory rate: _____
 Mechanical Ventilation: Tracheostomy: Secretions: _____
NIPPV: BIPAP: _____ / _____ CPAP: _____
Mode: CMV SIMV PCV APRV Other: _____
Settings: Set rate/Spont rate: _____ / _____ Tidal Volume: _____ PEEP: _____
Pressure support: _____ FIO2: _____ I/E: _____ / _____
ABG: Ph/PCO2/PaO2/HCO3/BE/Sat _____ / _____ / _____ / _____ / _____
Weaning: CPAP: _____ PS: _____ T piece: _____ Trach mask: _____
Chest Tubes: Mediastinals: _____ Pleural Tubes: _____

Exam: _____

Date _____ Time _____ Physician Signature _____



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Critical Care Progress Note

Patient Identification

Endocrine:

Insulin IV protocol: _____ Insulin sliding scale: Blood sugars: _____

Gastrointestinal: NG tube 24 hour drainage: _____

Feedings: NPO NPO except meds:

Enteral NGT SBFT

Rate: _____ Goal: _____ Residuals: _____

Parenteral: PPN TPN

Bowel movement: _____ PUD prophylaxis: _____

Exam: _____

Renal: I/O 24 hours: _____ / _____ U/O 24 hours/last 8 hours: _____ / _____

Diuretics: Lasix: _____ Metolazone: _____ Bumetanide: _____ Acetazolamide: _____

CRRT HD Net fluid removal: _____

Heme:

Transfusion: _____ Fibrinogen: _____

Anticoagulation: Heparin: _____ Warfarin: _____

DVT Prophylaxis: Heparin SQ: _____ SCDs: _____

ID: _____

Tmax: _____

Cultures: _____

Antibiotics: Type/day of therapy/indication

Labs

C Diff: _____

T Bili: _____

Alk Phos: _____

AST: _____

ALT: _____

Ca: _____

Phos: _____

Mg: _____

Ionized Ca: _____

Coags:

INR: _____

PT: _____

PTT: _____

Electrolytes:



Lactate: _____

CBC:



Tubes and Lines:

Assessment and Plan:

Patient seen and examined, all labs and imaging studies reviewed. A total of _____ minutes spent in critical care time.

Date _____

Time _____

Physician Signature _____