

PULMONARY/CRITICAL CARE PROGRESS NOTE
INTENSIVE CARE UNIT

Date: ___/___/___ Time: _____

CODE STATUS: _____

Patient Name: _____

ICU Day #: _____

Subjective Patient Course Past 24 hours: _____

Vitals: Temp ___/___/___ Tmax ___ Pulse Range ___-___ Respiration Range ___-___ Blood Pressure ___/___
I's ___ O's ___ CVP: ___ Oxygen Support: FiO2 ___ Oxygen Saturation ___
(If Mechanical Vent Support) AC IMV CPAP Tidal volume: ___ Rate: ___ PEEP: ___ Day #: ___

Diet: _____ Telemetry: _____ Glucochecks: ___-___-___-___-___-___

MEDICATIONS:

IV rate: _____

OBJECTIVE EXAMINATION:

GENERAL _____

HEENT _____

NECK _____

LUNGS _____

HEART _____

ABDOMEN _____

EXTREMITIES/PERIPH PULSES _____

NEUROLOGIC _____

GENITOURINARY _____

RETAIN FOLEY FOR: STRICT I&Os BEDREST _____

SKIN/CAP REFILL _____

SEPSIS FOCUSED EXAM COMPLETE Date/Time: _____ INT: _____

VASCULAR ACCESS SITES:

1. Day#

2. Day#

3. Day#

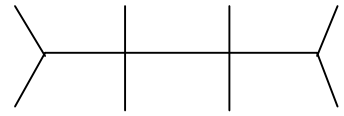
ANTIBIOTICS: 1. Day#

2. Day#

3. Day#

4. Day#

LABS:

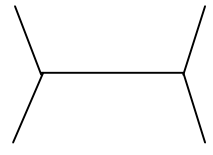


Ion Ca: _____
Mg: _____
P: _____

ABG's:

CXR:

GFR:



Blood Culture:
Urine Culture:
Other Cultures:

Date: ___/___/___ Time: _____



PT.
MR.#/RM.
DR.

Weaning assessed	<input type="checkbox"/>
HD of bed elevated > 30°	<input type="checkbox"/>
Opportunity given to follow commands	<input type="checkbox"/>
GI prophylaxis	<input type="checkbox"/>
DVT prophylaxis	<input type="checkbox"/>

PT.
MR.#/RM.
DR.

Date _____ Time _____
Resident/Senior Resident Signature

Date _____ Time _____
Pulmonary/Critical Care Attending Signature

Attending Assessment and Plan:

I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the resident's notes.

Resident Assessment and Plan:

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**McLaren Flint
Flint, Michigan**