McLaren Flint
Flint, Michigan

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 _____

NEUROLOGIC _____

_____

GENITOURINARY _____

RETAIN FOLEY FOR: ☐ STRICT I&Os ☐ BEDREST ☐ _____

SKIN _____

VASCULAR ACCESS SITES:

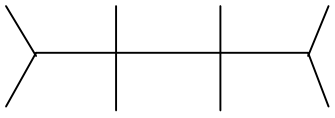
1. Day#
2. Day#
3. Day#

ANTIBIOTICS:

1. Day#
2. Day#
3. Day#
4. Day#

Weaning assessed	☐
HD of bed elevated>30^0	☐
Opportunity given to follow commands	☐
GI prophylaxis _____	☐
DVT prophylaxis _____	☐

LABS:

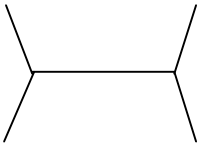


Ion Ca:_____
Mg:_____
P:_____

ABG's:

CXR:

GFR:



Blood Culture:
Urine Culture:
Other Cultures:

Date: ____ /_____ / _____ **Time:** _____

PT.

MR.#/RM.

DR.

McLaren Flint
Flint, Michigan

PULMONARY/CRITICAL CARE PROGRESS NOTE
INTENSIVE CARE UNIT

Resident Assessment and Plan:

○_____
○_____
○_____
○_____
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○_____
○_____
○_____

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

Attending Assessment and Plan:

○_____
○_____
○_____
○_____
○_____
○_____
○_____
○_____
○_____

Resident/Senior Resident Signature

_____

Date_____Time_____

Pulmonary/Critical Care Attending Signature

_____

Date_____Time_____

PT.

MR.#/RM.

DR.