Methodist Healthcare

(place patient identification sticker here)

HT: _____ cm

WT: _____ kg

RENAL 2 – DAILY PROGRESS NOTE

(Adults 18 & older)

DATE & TIME	PHYSICIAN'S ORDERS AND DIET
	Physician Signature _____
	Physician's ID # _____
	Date _____ Time _____

DATE & TIME	PROGRESS RECORD
	Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	HPI
	VS: BP P R WT
	H&N: Mucous Membranes Normal Y/N Neck Supple Y/N JVD Y/N
	Masses Y/N Thyroid Y/N Trachea Midline Y/N
	PULM: O2: Rales Y/N Wheezes Y/N Rhonchi Y/N
	O2 Sat: Dyspnea Y/N Vent
	Intubated/Trach Secretions
	CV: Irreg HR Y/N Edema Y/N Murmur Y/N
	Rub Y/N Chest Pain Y/N
	GI: N/V Y/N Abd Pain Y/N
	BS Y/N Tenderness Y/N
	BM Y/N Diet Tolerating Y/N Tube Feeding Y/N
	ID: WBC: Antibiotics:
	Cultures: Tmax: ID Consult Y/N
	NEURO: Awake Y/N Oriented Y/N
	Alert Y/N Moves Ext Y/N
	SKIN/LYMPH: Rashes Y/N Moist Y/N Itches Y/N Ulcers Y/N
	Lymphadenopathy Y/N
	ENDO: DM Y/N Controlled Y/N Accuchecks Y/N Range:
	Meds:
	HEM: Bleeding Y/N Anticoagulants:
	EPO Y/N Transfusions:
	RENAL: Intake: Output: Hemodialysis Date:
	Total Ultrafiltration: IV Fluids:
	Diuretics: AV Graft:
	MEDS:
	LABS:
	Physician Signature _____
	Physician's ID # _____
	Date _____ Time _____