



(Place Patient Identification Sticker Here)

HT: _____ cm

WT: _____ kg

Allergies _____

**PULMONARY DAILY
PROGRESS NOTE**

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
	IMPRESSION/PLAN		<p>Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.</p> <p style="text-align: center;"><u>DATA OBTAINED FROM CHART</u></p> <p>Problem List _____</p> <p>Allergies: _____ VS: _____ BP _____</p> <p>HR _____ RR _____ CVP/PA Catheter _____</p> <p>Nutrition: _____ Renal: I/O _____</p> <p>HD: Y/N _____ TUF: _____ IVF: _____</p> <p>T/max: _____ Cultures: _____</p> <p>Pressors: _____ Vent Settings: _____</p> <p>ABX: _____</p> <p>SU/DVT _____ Prophylaxis: _____</p> <p>CXR: Y/N _____</p> <p>LABS: _____</p> <p>Obtained By: _____</p> <p>Reviewed/Verified By: _____</p> <p style="text-align: center;"><u>DATA OBTAINED BY PROVIDER</u></p> <p>CC: _____</p> <p>HPI: _____</p> <p>APPEARANCE: _____ W/NL _____ Obese _____ Cachectic _____</p> <p>HEENT: Oropharynx nl: Yes/No _____ Mucosa nl: Yes/No _____</p> <p>NECK: Neck Supple: Yes/No _____ Thyroid nl: Yes/No _____</p> <p>Trach: midline nl: Yes/No _____ JVD: Yes/No _____</p> <p>RESP: Insp nl _____ Kyphosis _____ Scoliosis _____</p> <p>Excurs: nl _____ Diminished Palp: Resonant/Dull/Other: _____</p> <p>Effort: nl _____ Acc muscle use _____ Tachypnea _____</p> <p>Auscult: Wheeze _____ Rhonchi _____ Crackles _____</p> <p>Bronchial WNL _____ CV: Rhythm: Reg. Irrg _____</p> <p>S1/S2 nl: Y/N _____ Murmur: Y/N _____ Rub Y/N _____</p> <p>VASC: Pulses nl: Y/N _____ Bruit Y/N Location: _____</p> <p>ABD: Tender: Y/N _____ Distended: Y/N _____ HSSM: Y/N _____</p> <p>EXTREM: Clubbing Y/N _____ Eccymosis Y/N _____</p> <p>Edema Y/N _____</p> <p>NEURO: LOC: Alert Y/N _____ Oriented Y/N _____</p> <p>CXR: _____</p> <p>Physician Signature: _____</p> <p>Physician #: _____</p>

