Methodist Healthcare

(Place Patient Identification Sticker Here)

HT: _____ cm

WT: _____ kg

Allergies: _____

PULMONARY/CC DAILY PROGRESS NOTE

DATE & TIME	PHYSICIAN'S ORDERS AND DIET
	IMPRESSION/PLAN
	Physician Signature:
	Physician #:

DATE & TIME	PROGRESS RECORD
	DATA OBTAINED FROM CHART
	Problem List:
	VS: BP HR RR CVP/PAC
	Nutrition: TF IVF
	I/O: Dialysis: Y/N
	Vent: Y/N Settings:
	Sedation:
	Inotropes/Pressors:
	SU/DVT PPx:
	Tmax: ABx:
	Cultures:
	Lab:
	Obtained By: _____
	Reviewed/Verified By: _____
	DATA OBTAINED BY PROVIDER
	CC:
	HPI:
	APPEARANCE: WNL Obese Cachectic
	HEENT: Oropharynx nl: Y/N Mucosa nl: Y/N Intubated / Trach
	NECK: Supple: Y/N Thyroid nl: Y/N Trach midline: Y/N JVD: Y/N
	RESP: Insp: nl Kyphosis Scoliosis
	Excurs: nl Diminished
	Palp: Resonant Dull Other:
	Effort: nl Acc muscle use Tachypnea
	Ausc: nl Wheeze Rhonchi Crackles Bronchial
	CV: Rhythm: Reg/Irreg S1/S2 nl: Y/N Murmur: Y/N Rub: Y/N
	VASC: Pulses nl: Y/N Bruit: Y/N Location:
	ABD: Tender: Y/N Distended: Y/N HSM: Y/N Hernia: Y/N
	EXT: Club: Y/N Cyanosis: Y/N Edema: Y/N Ecchymosis: Y/N
	NEURO: Alert: Y/N Oriented: Y/N
	CXR/Imaging:
	Physician Signature: _____
	Physician #: _____