



**DIVISION OF PLASTIC SURGERY
HOSPITAL PROGRESS NOTE**

E/M
Level

Patient Identification

Q.D. – write daily/ u – write unit / Q.O.D. – write every other day / I.U. – write International Units
MS or MSO₄ – write Morphine Sulfate / MgSO₄ – write Magnesium Sulfate
Avoid trailing zero (e.g. 5.0 mg) / Use a leading zero (e.g. 0.5 mg)

POD# _____ Procedure: _____

Overall subjective status: ☐ Excellent ☐ Good ☐ Poor

Acute Events: Y / N Describe: _____

Pain Level: _____ / 10 Current Analgesics: _____

Nausea: Y / N Current Anti-emetics: _____ Oral Intake: Y / N

Culture results: _____ Antibiotics: _____

DVT Prophylaxis:

☐ S.Q. Heparin ☐ Other: _____

☐ PCD

☐ TED Hose

Reason withheld: _____

☐ Bleeding ☐ Patient Refusal

☐ Bleeding Risk ☐ Thrombocytopenia

Foley present: Y / N If Y, reason: _____

PHYSICAL EXAMINATION

T_{max} _____ HR _____ BP _____ RR _____ O₂sat _____

Cardiovascular ☐ WNL/RRR ☐ Murmur, Describe: _____

Respiratory ☐ Clear to auscultation ☐ Wheezes ☐ Rhonchi

Incision/Wound ☐ Clean, Dry, Intact

☐ Erythema: ☐ Incr. ☐ Decr. ☐ Same

☐ Edema: ☐ Incr. ☐ Decr. ☐ Same

☐ Drainage: ☐ Incr. ☐ Decr. ☐ Same

Neurologic ☐ Visual Acuity WNL ☐ PERRLA ☐ EOM WNL ☐ AAO

Flap/Replant ☐ Color WNL ☐ Cap refill < 1.5 sec ☐ Doppler signal present ☐ Temp WNL

Drains present Y / N Output 1: _____ Output 2: _____ Output 3: _____

INVESTIGATIONS

☐ DATA REVIEWED/Requested/Discussed with Dr.

Blood Glucose: _____ HgA 1-C: _____ ☐ Labs reviewed and interpreted by me.

GFR: _____ PT/PTT: _____ PO₄: _____ Albumin: _____

Mag: _____ INR: _____ Other: _____

RADIOLOGY:

☐ 1. ☐ Interpreted by me.

☐ 2. ☐ Interpreted by me.



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ASSESSMENT AND PLAN

Brief Summary Statement:

Plan: (e.g. Treatment Options, Additional Testing, Therapeutic Interventions)

Comorbid Conditions and General Description of Their Treatments:

(must state treatment)

| | | | |
|--|---|---|--|
| <input type="checkbox"/> hyponatremia- | <input type="checkbox"/> protein calorie malnutrition- | <input type="checkbox"/> acute/chronic respiratory failure- | <input type="checkbox"/> acute/chronic renal failure- |
| <input type="checkbox"/> hypernatremia- | <input type="checkbox"/> severe protein calorie malnutrition- | <input type="checkbox"/> COPD w/ acute exacerbation- | <input type="checkbox"/> AKI with acute tubular necrosis- |
| <input type="checkbox"/> acute blood loss anemia- | <input type="checkbox"/> protein calorie malnutrition&emaciation- | <input type="checkbox"/> shock, cardiogenic, hypovolemic, septic | <input type="checkbox"/> AKI- |
| <input type="checkbox"/> precipitous drop in hematocrit- | <input type="checkbox"/> pathologic fracture due to- | <input type="checkbox"/> BMI <19, cachectic- | <input type="checkbox"/> ARF with specified lesion- |
| <input type="checkbox"/> NSTEMI- | <input type="checkbox"/> encephalopathy- | <input type="checkbox"/> BMI >40, morbid obesity- | <input type="checkbox"/> Major depressive affective disorder- |
| <input type="checkbox"/> pneumonia due to _____ organism- | <input type="checkbox"/> pleural effusion- | <input type="checkbox"/> BMI >40, morbid obesity- | <input type="checkbox"/> Bipolar disorder (type 1, type 2)- |
| <input type="checkbox"/> decubitus stage ____ location _____ - | <input type="checkbox"/> atelectasis- | <input type="checkbox"/> pancytopenia- | <input type="checkbox"/> acidosis- |
| <input type="checkbox"/> CVA- | <input type="checkbox"/> ileus- | <input type="checkbox"/> alkalosis- | <input type="checkbox"/> illicit drug use...dependence- |
| | <input type="checkbox"/> atrial/ventricular flutter- | <input type="checkbox"/> 2 nd /3 rd degree heart block- | <input type="checkbox"/> acute/chronic systolic/diastolic CHF- |
| <input type="checkbox"/> Other: | | | |

Discharge Planning: ☐ Hospital Stay ☐ Home ☐ SNF ☐ Rehab ☐ Home with PT

Resident Signature: _____ **MD / DO / NP / PA** **Pager** _____ **Time** _____ **Date** _____

Signature: _____ **MD / DO / NP / PA** **Pager** _____ **Time** _____ **Date** _____

Teaching Physician Documentation

☐ I examined and evaluated the patient and agree with the resident's findings and plan as documented. ☐ In addition:

☐ Attending visit, no resident involvement.

☐ Dictated Job #:

Attending Signature: _____ **MD / DO** **Pager** _____ **Time** _____ **Date** _____

PVID ☐ 00061 ☐ 01038 ☐ 30733 ☐ 30980 ☐ 31012 ☐ 31132 ☐ 31177