

**DAILY CRITICAL CARE PROGRESS NOTE TEMPLATE**

**DATE/Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PROBLEM LIST** |
| Acute Medical Problems1.
2.
3.

Chronic Medical Problems1.
2.
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| **SYSTEM-BASED ASSESSMENT & PLAN** |
| 1. **Hemodynamics**
	1. Perfusion parameters (CRT, LA)
	2. Fluid responsiveness
	3. Vasopressor support
	4. Inotropic support
		1. Your plan
2. **Cardiovascular:**
	1. Cardiac contractility (i.e., EF%)
	2. Ischemic parameters (i.e., troponin)
	3. Congestive parameters (i.e., proBNP)
	4. Vascular (pulses)
		1. Your plan
3. **Respiratory**
	1. Oxygenation (FiO2, MAP, PEEP)
	2. Ventilation (MV, TV, RR)
	3. Respiratory dynamics (PIP, PPlateu, Driving pressure, Peso, dyssynchrony):
	4. SBT:
		1. Your plan
4. **Infectious Disease**
	1. Infection parameters (Temperature, WBC, procalcitonin)
	2. Sepsis parameters (SIRS, organ dysfunction)
	3. Culture results
	4. Antibiotics (day# out of total # of days)
		1. Your plan
5. **Renal/Fluid/Electrolytes/Acid-base**
	1. Renal functions (Cr, clearance, urea)
	2. Fluid status (fluid balance, urine output)
	3. Electrolyte abnormalities
	4. Acid/base status
	5. Renal replacement (CRRT, HD, peritoneal)
		1. Your plan
6. **Hematology**
	1. WBC (leukocytosis, leukopenia, neutropenia)
	2. Hemoglobin (acute drop, evidence of bleeding, transfusion)
	3. Platelets (value, transfusion)
	4. Coagulation (PT, INR, PTT, fibrinogen, replacement)
		1. Your plan
7. **Gastrointestinal/Liver**
	1. Abnormalities
	2. Motility (BS, BM)
	3. LFT’s
		1. Your plan
8. **Nutrition**
	1. Type (formula or composition)
	2. Mode (enteral or parenteral)
	3. Calories (target and current)
		1. Your plan
9. **Neurology**
	1. Pain (assessment and treatment)
	2. Sedation (RASS goal and current, medications, SAT)
	3. Delirium (CAM-ICU)
	4. Mobility (level and progress)
	5. Sleep
	6. Studies (EEG, CT, MRI)
		1. Your plan
10. **Endocrinology**
	1. Blood sugar (Target 150-180 mg/dL, current, insulin)
	2. Thyroid (abnormalities, replacement)
	3. Adrenal (steroid therapy)
		1. Your plan
11. **Other organs**
	1. Genitourinary
	2. Orthopedics
	3. Oncology
	4. Musculoskeletal
12. **Health maintenance**
	1. DVT prophylaxis
	2. PUD prophylaxis
	3. Pressure ulcer prophylaxis
	4. Mouth care
	5. PT/OT
	6. Lines and catheters
		1. Central line (indication)
		2. Foley catheter (indication)
	7. Isolation
	8. Code status
13. **Family and Decision Making**
	1. Decision maker (patient, next of kin, guardian)
	2. Advanced directive
	3. Organ donation status
	4. Care conference/family informed (details and date)
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| **Summary of Present Illness** |
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| **ICU EVENTS** |
| * 11/5:
* 11/6
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| **Physical Examination** |
| 1. Vitals:
2. HEENT:
3. Neck:
4. Lungs:
5. Heart:
6. Abdomen:
7. Extremities:
8. Neuro:
9. Skin:
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| **Laboratory Findings** |
| All labs were reviewed, and pertinent findings were included in the assessment  |
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| **Radiology Findings** |
| All radiology tests were reviewed, and pertinent findings were included in the assessment  |