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**DAILY CRITICAL CARE PROGRESS NOTE TEMPLATE**

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

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| **PROBLEM LIST** |
| Acute Medical Problems        Chronic Medical Problems |
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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 |