

Dr. J. T. Hannan

PROGRESS NOTES

Patient: Last Name First Name MI Patient #

- Advanced Directives:**
- No IV DNR Full Code No Code No Hospitalization
 No Hospice Hospice No Tubes Comfort Only No Life Support

Diagnosis: _____
 CVA [436] (Improved) Active, 1-Established problem, stable or improving; LORTAB (7.5/500mg) Q6H, Diabetes Type II [250.00] (In Active), LANTUS (28 units) q HSACTOS (15 mg) QD, Hypertension Unspecific [401.9] (Improved) Under Control, LISINOPRIL (20MG) QD, HYDROCHLOROTHIAZIDE (25mg) BID, GERD [530.81] (Improved) Under Control, PRILOSEC (20mg) QD, Atrial Fibrillation [427.01] (Improved) Under Control, AMIODARONE

Chief Complaint

Patient Request: _____
 Family Request: _____
 Nursing Request: _____
 Diagnostic results require physical eval of: _____
 Follow-up visit needed for evaluation of: _____
 Regulatory visit to evaluate D's listed: _____
 Telephone order: _____
 Consultant/Pharmacist Request: _____

Mental Status

Psychosis Alert Lethargic Delirium Disoriented Hallucination
 Oriented x4 Obtunded Non-responsive Confused

Notes: _____

ADLs

Eating: Indepen. Partial Assist Assist
 Dressing: Indepen. Partial Assist Assist
 Toileting: Indepen.
 Bathing: Indepen. Partial Assist Assist
 Hygiene: Indepen. Partial Assist

Feces

Continent Incontinent Colostomy Formed stools Loose Stools Obstipation

Notes: _____

Urine

Incontinence Foley Dysuria Neuro. bladder Obstruction Suprapubic ca

Notes: _____

Ambulation

Independent Assist
 Transfers Walker w/assist Rolling walker
 ambulation w/ assist Lift transfer Transfer bed to w/c

Notes: _____

Vital Signs

Pulse:	Temp:	Blood Pressure:	Resp:	Weight:	Chng Wt.	% Chng.
88	98.5	120/80		202		

Notes: _____

ROS

Pain Orthoponea Dysuria L.E. Edema Cough: dry Wheezing
 SOB Fever Obstipation Melena BM Changes Depression Decubitis
 ROM Changes

Notes: _____

Skilled Therapy

None

Speech: Dysphagia Rx D/C
 Physical: _____
 Occupational: _____
 Restorative: _____

Notes: _____

PHYSICAL EXAM

ENT Muscosal: pale, moist Muscosal: pink, moist Neck: Stiffness Neck: Pain Tooth Pain
 Hearing Loss Right Hearing Loss Left Epistaxis Tinnitus Tenderness
 Sinus Pain Nodes Drainage Dysphagia

Notes:

EYES EOM intact Pupils reactive Pupils equal Sclera clear Sclera jundice

Notes:

Abdomen Tenderness: Right Tenderness: Left Guarding Organomegaly (hep/spl)
 Tenderness: UQ Tenderness: LQ Pulsatile masses

Notes:

Pul/Chest Abnormal Breath Sounds Dullness Wheeze Rhonchi Rales: Coarse

Notes:

GU-Rectal Exam Deferred Foley Hemmorriods Hernia Pruritus

Notes:

Cardio Regular rate Irregular Rate IRRG/IRRG Rate Arrhythmia Carotid Bruit: Right
 S3 JVP Elevated Murmur

Notes:

Extremities Edema: left leg Edema: right leg Chronic LE edema Dependent LE edema

Notes:

Neuro Alert Afocal Obtunded Comatose Depression Dementia Aphasic

Notes:

Skin Lesion Skin Tear Dermatitis Decubitus Ecchymosis Breakdown Stasis edema

Notes:

Abnormal Movements No Abnormal Movement ▼

Notes:

Change in Family/Social History None ▼ None ▼

Notes:

CLINICAL DECISION MAKING

1 Description	MED 1	MED 2	MED 3
CVA [436]	▼ LORTAB (7.5/500mg) Q6H	▼ None	▼
Treatment	MED 4	MED 5	MED 6
Active	▼ None	▼ None	▼
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Unchanged	Assesment: <input style="width: 100%; height: 20px;" type="text"/>	Plan: <input style="width: 100%; height: 20px;" type="text"/>	
	<input type="checkbox"/> BILL		

2 Description	MED 1	MED 2	
Diabetes Type II [250.00]	▼ LANTUS (28 units) q HS	▼ ACTOS (15 mg) QD	▼
Treatment	MED 4	MED 5	MED 6
Active	▼ None	▼ None	▼
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Unchanged	Assesment: <input style="width: 100%; height: 20px;" type="text"/>	Plan: <input style="width: 100%; height: 20px;" type="text"/>	
	<input type="checkbox"/> BILL		

3 Description	MED 1	MED 2	
Hypertension Unspecific [401.9]	▼ LISINOPRIL (20MG) QD	▼ HYDROCHLOROTHIAZIDE (25mg)	▼
Treatment	MED 4	MED 5	MED 6
Under Control	▼ None	▼ None	▼
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Unchanged	Assesment: <input style="width: 100%; height: 20px;" type="text"/>	Plan: <input style="width: 100%; height: 20px;" type="text"/>	
	<input type="checkbox"/> BILL		

<input type="radio"/> Unchanged	<input type="checkbox"/> BILL		
4	Description	MED 1	MED 2
GERD [530.81]	▼	PRILOSEC (20mg) QD	▼ None
Treatment		MED 4	MED 5 MED 6
Under Control	▼	None	▼ None
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened	Assesment:	ass4	
<input type="radio"/> Unchanged	<input type="checkbox"/> BILL Plan:	plan4	
5	Description	MED 1	MED 2
None	▼	None	▼ None
Treatment		MED 4	MED 5 MED 6
Unresolved	▼	None	▼ None
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened	Assesment:	ass5	
<input type="radio"/> Unchanged	<input type="checkbox"/> BILL Plan:	plan5	
6	Description	MED 1	MED 2 MED 3
Atrial Fibrillation [427.31]	▼	AMIODARONE	▼ None
Treatment		MED 4	MED 5 MED 6
Active	▼	None	▼ None
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened	Assesment:		
<input type="radio"/> Unchanged	<input type="checkbox"/> BILL Plan:		
7	Description	MED 1	MED 2
Advanced Age [797]	▼	None	▼ None
Treatment		MED 4	MED 5 MED 6
Active	▼	None	▼ None
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened	Assesment:		
<input type="radio"/> Unchanged	<input type="checkbox"/> BILL Plan:		
8	Description	MED 1	MED 2
Advanced Age [797]	▼	None	▼ None
Treatment		MED 4	MED 5 MED 6
None	▼	None	▼ None
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened	Assesment:		
<input type="radio"/> Unchanged	<input type="checkbox"/> BILL Plan:		
9	Description	MED 1	MED 2
Advanced Age [797]	▼	None	▼ None
Treatment		MED 4	MED 5 MED 6
None	▼	None	▼ None
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened	Assesment:		
<input type="radio"/> Unchanged	<input type="checkbox"/> BILL Plan:		
10	Description	MED 1	MED 2
None	▼	None	▼ None
Treatment		MED 4	MED 5 MED 6
None	▼	None	▼ None
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened	Assesment:		
<input type="radio"/> Unchanged	<input type="checkbox"/> BILL Plan:		

Unchanged BILL

11	Description	MED 1	MED 2	MED 3	
None	▼	None	▼	None	▼
Treatment		MED 4	MED 5	MED 6	
None	▼	None	▼	None	▼
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Unchanged	Assesment:				
<input type="checkbox"/> BILL	Plan:				

12	Description	MED 1	MED 2		
Advanced Age [797]	▼	None	▼	None	▼
Treatment		MED 4	MED 5	MED 6	
None	▼	None	▼	None	▼
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Unchanged	Assesment:				
<input type="checkbox"/> BILL	Plan:				

13	Description	MED 1	MED 2		
Advanced Age [797]	▼	None	▼	None	▼
Treatment		MED 4	MED 5	MED 6	
None	▼	None	▼	None	▼
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Unchanged	Assesment:				
<input type="checkbox"/> BILL	Plan:				

14	Description	M MED 1	MED 2		
Advanced Age [797]	▼	None	▼	None	▼
Treatment		MED 4	MED 5	MED 6	
None	▼	None	▼	None	▼
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Unchanged	Assesment:				
<input type="checkbox"/> BILL	Plan:				

15	Description	MED 1	MED 2		
None	▼	None	▼	None	▼
Treatment		MED 4	MED 5	MED 6	
None	▼	None	▼	None	▼
<input checked="" type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Unchanged	Assesment:				
<input type="checkbox"/> BILL	Plan:				

Signature: <input type="text" value="Dr. Joseph T. Hannan"/>	Nursing Facility: <input type="text" value="Autumn Breeze Health Care"/>	Codes: <input type="text" value="99304"/>
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