



6814

TRAUMA PROGRESS NOTE

Date: _____ Time: _____ Hospital Day: _____ POD# _____

Discharge service >30 min
 <30 min

History: _____

Meds: _____ DVT P: SCD Heparin LMWH Coumadin Ulcer P: H2 PPI
Antibiotics: _____

Past 24 hours: _____ No significant events

ROS (circle): blurry vision headache chest pain palpitations SOB cough nausea vomiting diarrhea
constipation paresthesias muscle weakness fever chills frequency dysuria

Tmax _____ Tcurr _____ HR _____ B/P _____ RR _____ SpO₂ _____% Supplemental O₂ _____ IS _____ GCS _____ CIWA _____

24 hr In _____ IVF: _____ @ _____ ml/hr DIET: _____ TF @ _____ cc/h, goal _____ cc/h

24 hr Out _____ BM: Yes No Foley: Yes No Drains: _____ output: _____

_____ output: _____

PHYSICAL EXAM:

Const. <input type="checkbox"/>	NL _____	Pulm <input type="checkbox"/>	NL _____	MS <input type="checkbox"/>	NL _____
HEENT <input type="checkbox"/>	_____	CV <input type="checkbox"/>	_____	Skin <input type="checkbox"/>	_____
Wound <input type="checkbox"/>	_____	Abd <input type="checkbox"/>	_____	Neuro <input type="checkbox"/>	_____
GU <input type="checkbox"/>	_____	Other <input type="checkbox"/>	_____	Other <input type="checkbox"/>	_____

Labs: PT- _____
INR- _____
PTT- _____

Studies: _____

Consults: _____

Problems/Diagnoses/Assessment/Plan (Must include treatment plan for each diagnosis)

Anemia		Hypoxia	
Atelectasis		Ileus	
Delirium		Leukocytosis	
DVT		PE	
Electrolyte abnormalities		Pneumonia	
Fractures		Pulmonary Cont	
		Rib Fracture(s)	
Fever		Vent dependence	
Head injury		Sub Abuse	
Hypertension		Solid organ injury	
Hemo/ Pneumothorax		Weight Bearing Status	
Other			

Signature / Title: _____ Pager: _____ Date: _____ Time: _____

Summary/Action Plan: I have seen and evaluated the patient in conjunction with the trauma team. I agree with the findings, interpretation of data and management plan as stated above. Any revisions to these findings and/or plan are noted below.

Attending Signature: _____ Date: _____ Time: _____