



MUSC Health
Trauma/Acute Care Surgery Progress Note

PRGRECRD

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Form Origination Date: 1/10
Version: 2

Version Date: 5/10

Date _____

Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL

Interval History Pt unable to provide history due to _____

Vitals Tmax _____ °C/°F Tc _____ °C/°F SaO₂ _____ % on _____
R _____ P _____ BP _____ / _____

EYES PERRL No other abnormalities
Other findings: _____

ENT Trach in place and w/o problems
 No other abnormalities
Other findings: _____

Intake / Output
GU Total In _____ mL Total Out _____ mL
IV Fluids / PN _____ mL Urine _____ mL
PO / Tube feeds _____ mL Drains _____ mL
Other: _____ Other: _____

Foley in place Yes No Foley need reviewed Yes No
Other findings: _____

NEURO A&O x _____ No focal findings GCS = _____
Other findings: _____

CV RRR
Other findings: _____

RESP Clear bilat. Chest Tubes Left suction water seal Output _____ mL
Right suction water seal Output _____ mL
Vent: Not applicable Mode _____ Settings _____
Other findings: _____

GI Benign +BS BM Yes No Flatus Yes No
Nutrition _____ Route _____
Other findings: _____

MS No abnormalities
Other findings: _____

PSYCH Appropriate Unable to assess
Other findings: _____

SKIN Wounds Intact / healthy Other _____
Decubitus ulcer? No Yes Stage ____ Location _____
Other findings: _____

ID Active infections _____

Abx Drug Day # of #
_____ of _____
_____ of _____
_____ of _____

Lines _____ day _____
_____ day _____
_____ day _____
Invasive line need reviewed? Yes No

Other Management
DVT Prophylaxis Enoxaparin SC Heparin SCDs Foot Pumps
Contraindication _____ Not indicated
H₂ Blocker _____ Not indicated
Sedation _____ Analgesia _____

Labs

Xray Findings

Other Meds

Other Findings

A/P Problem / Injuries	Status	Plan
_____	<input type="checkbox"/> new <input type="checkbox"/> unchanged <input type="checkbox"/> worsening <input type="checkbox"/> improved	_____
_____	<input type="checkbox"/> new <input type="checkbox"/> unchanged <input type="checkbox"/> worsening <input type="checkbox"/> improved	_____
_____	<input type="checkbox"/> new <input type="checkbox"/> unchanged <input type="checkbox"/> worsening <input type="checkbox"/> improved	_____
_____	<input type="checkbox"/> new <input type="checkbox"/> unchanged <input type="checkbox"/> worsening <input type="checkbox"/> improved	_____
_____	<input type="checkbox"/> new <input type="checkbox"/> unchanged <input type="checkbox"/> worsening <input type="checkbox"/> improved	_____
_____	<input type="checkbox"/> new <input type="checkbox"/> unchanged <input type="checkbox"/> worsening <input type="checkbox"/> improved	_____

Signature _____ MD (Resident/Fellow) MD (Attending) PA NP Pager _____ Date ____ / ____ / ____ Time _____ AM PM

ATTENDING I have reviewed and discussed with the housestaff / physician extenders the clinical course and findings above, as well as laboratory reports Xray reports Xray films
 results of additional medical testing and monitored output as noted above. I personally examined the patient and discussed care plans on rounds with the housestaff / physician extenders.
My additional comments are:

Patient is critically ill / injured. I spent _____ minutes providing critical care to this patient.
Overall risk of complications / mortality Minimal Low Moderate High I personally discussed the case with _____
 In addition, I provided family / patient counseling. This counseling involved greater than 50% of the visit. Total counseling time was _____ minutes.

Attending Signature _____ Pager _____ Date ____ / ____ / ____ Time _____ AM PM

Trauma / Acute Care Surgery

Date _____

Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL

	Code	Description	History*	Exam*	Decision Making*	Time
Critical Care:						
<input type="checkbox"/>	99291	Initial-First Hour	N/A	N/A	N/A	30 -74 minutes
<input type="checkbox"/>	99292	Additional 30 minutes Tally	N/A	N/A	N/A	Each additional 30 minutes
Subsequent Hospital Care: Requires 2 of 3 key components,						
<input type="checkbox"/>	99231	Problem focused Interval History Problem Focused Exam	1-3 HPI 0 PFSH 0 ROS	1 organ system or Limited exam of the affected organ system or body area	Straightforward/Low Complexity	15 minutes
<input type="checkbox"/>	99232	Expanded Problem Focused Interval History Expanded Problem Focused Examination	1-3 HPI 0 PFSH 1 ROS	2-4 organ systems or Limited exam of the affected organ system or body area & other symptomatic or related organ systems	Moderate Complexity	25 minutes
<input type="checkbox"/>	99233	Detailed Interval History Detailed Examination	≥ 4 HPI 1 PFSH 2-9 ROS	5-7 organ systems or an extended exam of the affected organ system/body region & other symptomatic or related organ systems	High Complexity	35 minutes
Discharge Management						
<input type="checkbox"/>	99238	Hospital Discharge ≤ 30 minutes	N/A	N/A	N/A	≤ 30 minutes
<input type="checkbox"/>	99239	Hospital Discharge > 30 minutes	N/A	N/A	N/A	> 30 minutes
Facility Observation Visits: Requires all three key components (Applies to patients admitted to observation status who are <i>not</i> admitted and discharged on the same day)						
<input type="checkbox"/>	99217	Observation Care Discharge Management	For services provided on discharge from observation status <i>if</i> the discharge is on a date <i>other than</i> the initial date of observation status			
<input type="checkbox"/>	99218	Detailed or Comprehensive History Detailed or Comprehensive History Exam	≥ 4 HPI 1 PFSH 2-9 ROS	5-7 organ systems or an extended exam of the affected organ system/body region & other symptomatic or related organ systems	Straightforward/Low Complexity	
<input type="checkbox"/>	99219	Comprehensive History Comprehensive Exam	≥ 4 HPI 3 PFSH ≥10 ROS	8 organ systems or complete examination of a single organ system	Moderate Complexity	
<input type="checkbox"/>	99220	Comprehensive History Comprehensive Exam	≥ 4 HPI 3 PFSH ≥10 ROS	8 organ systems or complete examination of a single organ system	High Complexity	
Observation / Inpatient Visits; Same Day Admit/Discharge: Requires all 3 key components						
<input type="checkbox"/>	99234	Detailed or Comprehensive History Detailed or Comprehensive History Exam	≥ 4 HPI 1 PFSH 2-9 ROS	5-7 organ systems or an extended exam of the affected organ system/body region & other symptomatic or related organ systems	Straightforward/Low Complexity	
<input type="checkbox"/>	99235	Comprehensive History Comprehensive Exam	≥ 4 HPI 3 PFSH ≥10 ROS	8 organ systems or complete examination of a single organ system	Moderate Complexity	
<input type="checkbox"/>	99236	Comprehensive History Comprehensive Exam	≥ 4 HPI 3 PFSH ≥10 ROS	8 organ systems or complete examination of a single organ system	High Complexity	
<input type="checkbox"/>	99024	Post-operative Follow Up Visit during the global period				

*** Key Components**

<u>Review Of Systems Components</u>		<u>Physical Exam Components</u>	
Constitutional Symptoms	Musculoskeletal	Eyes	Musculoskeletal
Eyes	Skin/Breast	ENT	Skin
ENT	Neurological	Cardiovascular	Neurologic
Cardiovascular	Psychiatric	Respiratory	Psychiatric
Respiratory	Endocrine	Gastrointestinal	Hematologic/Lymphatic/Immunologic
Gastrointestinal	Hematologic/Lymphatic	Genitourinary	
Genitourinary	Allergic/Immunologic		

Type of Decision Making	Number of Diagnoses or Management Options	Amount or Complexity of Data Reviewed	Risk of Complications and / or Morbidity / Mortality
Straightforward	Minimal	Minimal/None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High