

STRONG REGIONAL
TRAUMA/BURN CENTER
CRITICAL CARE PROGRESS NOTE

SMH 1337 MR

Page 1 of 2

☒ Inpatient

Date: _____ Time: _____ PID: _____ POD: _____

Events Last 24 Hours: _____

Injuries:

Pertinent PMH/Social Hx:

CAD HTN MI Afib

DM PVD GERD

Other: _____

ETOH Smoking Other: _____

Allergies: _____

Vitals:	HR: _____	BP: _____ / _____	RR: _____	Tm/Tc: _____	O ₂ Sat: _____
----------------	-----------	-------------------	-----------	--------------	---------------------------

Vent Settings: ☐ none or _____ **ABG:** _____Cardiac Numbers: ☐ none or CO: _____ CI: _____ SVR: _____

Outputs:	uo: _____ /8 hour _____ /24 hour	NG Tube: _____ /8 hour _____ /24 hour	Chest Tube: L _____ /24 hour Leak yes no R _____ /24 hour Leak yes no	Other: _____
-----------------	-------------------------------------	--	---	--------------

Inputs:	IV Fluid: _____ @ _____ mL/hour	TPN: _____ mL/hour	Tube Feeds: _____ / _____ @ _____ mL/hour Free Water: _____ mL q _____ hour	Total Input and Output: _____ / _____
----------------	---------------------------------	--------------------	--	---------------------------------------

Lines/Tubes:	Swan (Day _____) NG Tube	TLC (Day _____) Dobhoff	Cordis (Day _____) PEG	Art. line (Day _____) PEJ
---------------------	------------------------------	-----------------------------	----------------------------	-------------------------------

Physical Exam:

General
HEENT
Pupils
Neck C-collar yes / no Reason? _____
Chest
Abdomen
Back
Extremities WB Status _____ OOB yes / no Pulses
Neuro GCS

Medications:

Vasopressor Drips: <input type="checkbox"/> None	Other Medications:
Sedation/Analgesia: <input type="checkbox"/> None	
Paralytics: <input type="checkbox"/> None	
Antibiotics: <input type="checkbox"/> None (day #/total)	
Stress Ulcer Prophylaxis: Famotidine Pantoprazole Sucralfate None IV / PO	
DVT/PE Prophylaxis: Lovenox Other: _____ Subcut. Heparin SCD's Coumadin IVC Filter None	

KEY: CO = cardiac output
GERD = gastroesophageal reflux disease
IVC = inferior vena cava
PEJ = percutaneous endoscopic jejunostomy

PID = post injury day
PVD = peripheral vascular disease
SCD's = sequential compression devices
SVR = systemic vascular resistance

Tc = current temperature
TLC = triple lumen catheter
Tm = maximum temperature
WB = weight bearing

STRONG REGIONAL
TRAUMA/BURN CENTER
CRITICAL CARE PROGRESS NOTE

SMH 1337 MR

Page 1 of 2

☒ Inpatient

Date: _____ Time: _____ PID: _____ POD: _____

Events Last 24 Hours: _____

Injuries:

Pertinent PMH/Social Hx:

CAD HTN MI Afib

DM PVD GERD

Other: _____

ETOH Smoking Other: _____

Allergies: _____

Vitals:	HR: _____	BP: _____ / _____	RR: _____	Tm/Tc: _____	O ₂ Sat: _____
----------------	-----------	-------------------	-----------	--------------	---------------------------

Vent Settings: ☐ none or _____ **ABG:** _____Cardiac Numbers: ☐ none or CO: _____ CI: _____ SVR: _____

Outputs:	uo: _____ /8 hour _____ /24 hour	NG Tube: _____ /8 hour _____ /24 hour	Chest Tube: L _____ /24 hour Leak yes no R _____ /24 hour Leak yes no	Other: _____
-----------------	-------------------------------------	--	---	--------------

Inputs:	IV Fluid: _____ @ _____ mL/hour	TPN: _____ mL/hour	Tube Feeds: _____ / _____ @ _____ mL/hour Free Water: _____ mL q _____ hour	Total Input and Output: _____ / _____
----------------	---------------------------------	--------------------	--	---------------------------------------

Lines/Tubes:	Swan (Day _____) NG Tube	TLC (Day _____) Dobhoff	Cordis (Day _____) PEG	Art. line (Day _____) PEJ
---------------------	------------------------------	-----------------------------	----------------------------	-------------------------------

Physical Exam:

General
HEENT
Pupils
Neck C-collar yes / no Reason? _____
Chest
Abdomen
Back
Extremities WB Status _____ OOB yes / no Pulses
Neuro GCS

Medications:

Vasopressor Drips: <input type="checkbox"/> None	Other Medications:
Sedation/Analgesia: <input type="checkbox"/> None	
Paralytics: <input type="checkbox"/> None	
Antibiotics: <input type="checkbox"/> None (day #/total)	
Stress Ulcer Prophylaxis: Famotidine Pantoprazole Sucralfate None IV / PO	
DVT/PE Prophylaxis: Lovenox Other: _____ Subcut. Heparin SCD's Coumadin IVC Filter None	

KEY: CO = cardiac output
GERD = gastroesophageal reflux disease
IVC = inferior vena cava
PEJ = percutaneous endoscopic jejunostomy

PID = post injury day
PVD = peripheral vascular disease
SCD's = sequential compression devices
SVR = systemic vascular resistance

Tc = current temperature
TLC = triple lumen catheter
Tm = maximum temperature
WB = weight bearing

STRONG REGIONAL
TRAUMA/BURN CENTER
CRITICAL CARE PROGRESS NOTE

SMH 1337 MR

Page 1 of 2

☒ Inpatient

Date: _____ Time: _____ PID: _____ POD: _____

Events Last 24 Hours: _____

Injuries:

Pertinent PMH/Social Hx:

CAD HTN MI Afib

DM PVD GERD

Other: _____

ETOH Smoking Other: _____

Allergies: _____

Vitals:	HR: _____	BP: _____ / _____	RR: _____	Tm/Tc: _____	O ₂ Sat: _____
----------------	-----------	-------------------	-----------	--------------	---------------------------

Vent Settings: ☐ none or _____ **ABG:** _____Cardiac Numbers: ☐ none or CO: _____ CI: _____ SVR: _____

Outputs:	uo: _____ /8 hour _____ /24 hour	NG Tube: _____ /8 hour _____ /24 hour	Chest Tube: L _____ /24 hour Leak yes no R _____ /24 hour Leak yes no	Other: _____
-----------------	-------------------------------------	--	---	--------------

Inputs:	IV Fluid: _____ @ _____ mL/hour	TPN: _____ mL/hour	Tube Feeds: _____ / _____ @ _____ mL/hour Free Water: _____ mL q _____ hour	Total Input and Output: _____ / _____
----------------	---------------------------------	--------------------	--	---------------------------------------

Lines/Tubes:	Swan (Day _____) NG Tube	TLC (Day _____) Dobhoff	Cordis (Day _____) PEG	Art. line (Day _____) PEJ
---------------------	------------------------------	-----------------------------	----------------------------	-------------------------------

Physical Exam:

General
HEENT
Pupils
Neck C-collar yes / no Reason? _____
Chest
Abdomen
Back
Extremities WB Status _____ OOB yes / no Pulses
Neuro GCS

Medications:

Vasopressor Drips: <input type="checkbox"/> None	Other Medications:
Sedation/Analgesia: <input type="checkbox"/> None	
Paralytics: <input type="checkbox"/> None	
Antibiotics: <input type="checkbox"/> None (day #/total)	
Stress Ulcer Prophylaxis: Famotidine Pantoprazole Sucralfate None IV / PO	
DVT/PE Prophylaxis: Lovenox Other: _____ Subcut. Heparin SCD's Coumadin IVC Filter None	

KEY: CO = cardiac output
GERD = gastroesophageal reflux disease
IVC = inferior vena cava
PEJ = percutaneous endoscopic jejunostomy

PID = post injury day
PVD = peripheral vascular disease
SCD's = sequential compression devices
SVR = systemic vascular resistance

Tc = current temperature
TLC = triple lumen catheter
Tm = maximum temperature
WB = weight bearing

**STRONG REGIONAL
TRAUMA/BURN CENTER
CRITICAL CARE PROGRESS NOTE**

SMH 1337 MR

Page 2 of 2

☒ Inpatient

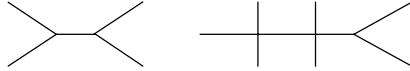
Date: _____

Time: _____

X-Rays: _____

Diet: Clears Regular NPO

Labs:



Culture Results:

Assessment and Plan:

Resident

Neuro/Sedation:
Respiratory:
CV:
GI/Nutrition:
Renal/Fluids:
Infectious Disease:
Heme:
Other:

Attending

Neuro/Sedation:
Respiratory:
CV:
GI/Nutrition:
Renal/Fluids:
Infectious Disease:
Heme:
Other:

Resident Signature: _____ **Resident Name:** _____ **Pager:** _____

Trauma Attending Note:

I have seen and evaluated the patient with the medical staff, confirmed their findings as above and noted the above attending findings as well.

Total Time Spent (not including procedures): _____

Attending Signature: _____ **Attending Name:** _____

**STRONG REGIONAL
TRAUMA/BURN CENTER
CRITICAL CARE PROGRESS NOTE**

SMH 1337 MR

Page 2 of 2

☒ Inpatient

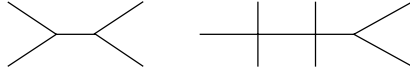
Date: _____

Time: _____

X-Rays: _____

Diet: Clears Regular NPO

Labs:



Culture Results:

Assessment and Plan:

Resident

Neuro/Sedation:
Respiratory:
CV:
GI/Nutrition:
Renal/Fluids:
Infectious Disease:
Heme:
Other:

Attending

Neuro/Sedation:
Respiratory:
CV:
GI/Nutrition:
Renal/Fluids:
Infectious Disease:
Heme:
Other:

Resident Signature: _____ **Resident Name:** _____ **Pager:** _____

Trauma Attending Note:

I have seen and evaluated the patient with the medical staff, confirmed their findings as above and noted the above attending findings as well.

Total Time Spent (not including procedures): _____

Attending Signature: _____ **Attending Name:** _____

**STRONG REGIONAL
TRAUMA/BURN CENTER
CRITICAL CARE PROGRESS NOTE**

SMH 1337 MR

☒ Inpatient

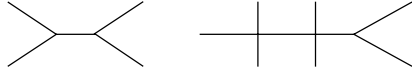
Date: _____

Time: _____

X-Rays: _____

Diet: Clears Regular NPO

Labs:



Culture Results:

Assessment and Plan:

Resident

Neuro/Sedation:
Respiratory:
CV:
GI/Nutrition:
Renal/Fluids:
Infectious Disease:
Heme:
Other:

Attending

Neuro/Sedation:
Respiratory:
CV:
GI/Nutrition:
Renal/Fluids:
Infectious Disease:
Heme:
Other:

Resident Signature: _____ **Resident Name:** _____ **Pager:** _____

Trauma Attending Note:

I have seen and evaluated the patient with the medical staff, confirmed their findings as above and noted the above attending findings as well.

Total Time Spent (not including procedures): _____

Attending Signature: _____ **Attending Name:** _____