

PMA Computerized Progress Note Form

Please complete all sections of this page before proceeding to the progress note

Physician: _____
Name Physician #

Patient Name: _____
Last First

Medical Record Number: _____ Account Number: _____

CODE STATUS:

Prognosis and treatment plan were discussed with the patient or with _____

FULL CODE

Limited CODE (Check all that Apply)

Assisted Ventilation without Intubation

Assisted Ventilation with Intubation

Chest Compressions

Defibrillation

Medications Only Advanced Life Support Protocols to be followed when indicated.

NO CODE

OTHER: _____

HOSPITAL:

Mercy General Mercy San Juan Mercy Folsom Methodist

Subjective: (Today's Event)

Vital Signs:

Go to the 24 hr summary on Care Connect. Copy and paste the vital signs into the box below: (Ctrl-C)/(Ctrl-V)
Cut information in order to fit to box as needed.
(Recommendation: Copy data thru Weight Gain/Loss; Cut all Vent/Oxygenation data and remove all empty rows)

Labs:

Go to the 24 hr summary on Care Connect. Copy and paste the labs into the box below: (Ctrl-C)/(Ctrl-V)
Cut information in order to fit to box as needed.
(Recommendation: Copy labs thru Albumin data only)

Physical Exam: (To edit a normal exam, check and then uncheck the box, then edit)

The patient was seen and examined with the Family Practice Residency Service

Neuro: **Normal Exam**

HEENT: **Normal Exam**

Chest: **Normal Exam**

Cardiac: **Normal Exam**

Abdomen: **Normal Exam**

Extremities: **Normal Exam**

Other Exam:

Other Studies:

Problem List/Diagnosis:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- 5. _____
- 6. _____
- 7. _____
- 8. _____

Assessment and Plan:

Critical Care Time: ____minutes

