

Progress Note

Intern Note on Rounds with Dr. \_\_\_\_\_

Hospital Day Number \_\_\_\_\_

Problem List: 1 4  
2 5 **Nutritional Status**  
3 6. **Patient is/is not Restrained**

Medication List. 1. Antibiotic day number  
2. Name and Indication  
3. etc.

Subjective “patient complaint” or “No complaint of .....” Include pertinent negative and positives from ROS

Vitals: T max present tem, pulse range, BP range Resp rate

Physical Exam: General Appearance  
HEENT  
COR  
RESP  
ABD  
EXT  
Neuro  
Restraints present on both upper extremities etc.

LABS : appropriate changes dates

Assessment: Problem list with plan for action most important listed first and reason for continued hospitalization

- 1
- 2
3. Restraints for patient who pulls out IV lines etc

Preventive Care: appropriate to case (eg) dc tobacco, etoh , safe sexual practices etc

Discharge Plan

Signature

Printed Name (clearly)

Pager Number