

Ideal Inpatient Progress Notes

List of items from the survey to include in the Ideal Progress Note

Do include:

1. Summary of previous 24 hour events
2. Explain what the author is thinking
3. Document only pertinent exam findings
4. Describe the diagnosis at the appropriate level of specificity
 - a. Non-specific vs. specific to support billing
 - b. Admission dx: dyspnea; diagnosis after further evaluation: CHF, systolic
5. Only *active* inpatient problems
6. Pending results (labs, radiology)
7. Keep things brief
8. Document plan for next 24 hours
9. Use problems (not organ systems) as structure for A&P
10. Justification for inpatient stay

Don'ts:

1. Don't copy/paste unless relentlessly editing
2. Don't import *lengthy* labs, radiology, VS

Template of Ideal Progress Note

Subjective:

- Brief narrative of events; last 24 hours

Objective:

- Pertinent VS
- I&O if important to problem(s)
- Only pertinent labs, x-rays, imaging

Physical Exam:

- Only pertinent findings

Assessment:

- Brief 1-2 sentence overview of current status
- Description of patient problems that are active on this admission
- Describe to the appropriate level of specificity
 - e.g. *dyspnea* vs. *Acute on Chronic Heart Failure due to uncontrolled hypertension*
- If you include a running summary, denote today's changes with **bold font**
- Justify continued inpatient stay

Plan:

- Explain what the author is thinking
 - Differential diagnosis or clinical reasoning
- Pending labs, x-rays, consults
- Plan for next 24 hours (make new items **bold font**)

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EXAMPLE IDEAL PROGRESS NOTE

S: Patient abdominal pain improved overnight and tolerating clear liquid diet. Patient continues to use PCA for pain but controlled on basal rate of 0.5 mg Dilaudid hourly. Patient not scoring on SAS protocol. No acute event in the last 24 hours.

O: Tmax 37.6, HR 87, RR 16, B/P 130/82

I/O 2200/2500; IV fluids 2000 oral fluids 200 ml

CBC reviewed and stable

BMP reviewed; potassium 3.1 this am otherwise stable

Chest x-ray normal

Physical Exam

General: Alert and oriented; in no acute distress

CV: RRR, trace of bilateral lower extremity edema noted

Resp: CTAB

Abdomen: Soft, non-distended, tender to palpation in the epigastric region without radiation; no guarding; negative Cullen's and turners sign

A/P:

45 y/o male with admitted for acute pancreatitis

Hospital day #4

Acute pancreatitis/alcohol induced

-continue pain control and will transition to oral pain meds

-continue clear liquid diet

-monitor I&O

-continue IV fluids (requires inpatient care)

Hypokalemia

-KCL 40 mEq BID today only and recheck BMP in the AM

Alcohol dependence

-consult SW for inpatient alcohol rehab

-D/C SAS as patient not scoring for 3 days

-continue inpatient observation

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