Memorial Hospital

DATE

CCU - PULMONARY AND CRITICAL CARE MEDICINE ATTENDING PROGRESS NOTE

DATE	TIME

Allergies: Dairy products, soy, tomatoes, pain medications including morphine, codeine and percocet.
PMH: asthma, acid reflux, multiple allergies with history of anaphylaxis, possible mitral valve regurgitation
PSH: Nissen fudoplication
Lines: A-line, PIV

ROS: ❑ Reviewed with Pt / Staff ❑ No Change ❑ No Change Except:

Physical Exam: General:

BP = / P = RR = Tmax = T = Sat = % on Wt =

Neuro: ❑ Alert / Nonfocal ***Abnormalities:*** ❑

Eyes: ❑ PERRL / EOM / No Icterus ❑

HENT: ❑ Oral Mucosa Moist / ❑ NC-AT / ❑ NG Tube / ❑ ET Tube ❑

Neck: ❑ No JVD / Trachea Midline ❑

Chest: ❑ No CW Deformity / No Crepitation ❑

Lungs: ❑ Clear to Auscultation Bilaterally / Symmetric Expansion ❑

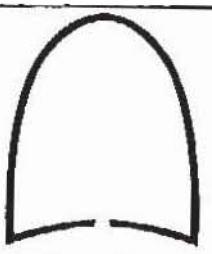
Cor: ❑ No Murmurs / No Rubs / No Gallops / PMI Nondisplaced ❑

Abd: ❑ Soft / Nontender / Active BS's / No Hepatosplenomegaly ❑

Ext: ❑ No Clubbing / No Cyanosis / No Edema ❑

Skin: ❑ No Rash / No Induration ❑

Other: ❑



Data for Medical Decision Making:

CxR:

glu =

BUN / Cr = /

Mg / Ca** / PO_4 / /

PT / INR / PTT / /

Vent Settings: Mode = Set Rate = FIO_2 = Vt = CPAP / PEEP = PS =

ABG: / / / / MAWP = VE = PAP =

I/O = / u.o. =

SG: CO = CI = SVR / SVRI = / PA = / wedge = CVP =

EKG / Other:

Diet:

Infusions:

Medications: **Active meds:** zantac 50mg IV q8h, solumedrol 125mg IV q8h, benadryl 25mg IV q8h, ~~neocynephine gtt~~, ~~insulin gtt~~, vasopressin

CVICU2 - Age/Sex: Admit: MD: Dx:

DATE	TIME	

ABX:

IMPRESSIONS	PLAN
1) S/P unsuccessful open nissen fundoplication	
2)Neuro:Cerebral anoxia.	a. Neuro consult.
poor prognosis.	b. CT (global swelling, herniation, multiple infarcts)
	c. Phenobarbital gtt d/c'd
	d. EEG on 7/13 and repeat when pentobarbital effects worn off.
	e. Monitor CPP
	f. Keep SR 100 and Bis<15
3) Resp: Severe asthma attack leading to hypoxia due to no	a. Pt on vent.
ventilation	b. Solumedrol 125 mg IV q6 x 3 doses then 125mg IV q8 x 3 doses
	c. Benadryl 25 mg IV q8h
	d. CT b/l to suction. (Monitor CT output)
4) CVS: hypovolemia.	a. Neosynephrine/vasopressin to keep MAP @70.
	b. Pt given IV albumin.
	c.D5w@75cc/h, LR@500cc/h
	d. Transfuse as needed.
	e. Continue to monitor BP, HR, MAP, CVP
5) GI: GERD	a. Zantac 50mg IV q8h, wound care for open abd.wound
6) ID: No antibiotics to be given due to pts history of anaphylaxis.	a. Watch for signs of infection.
7)Renal: Pt has urine output at this time, Foley inplace.	a. Continue to monitor bun/creat and UOP.
8)endocrine : (hyperglycemia)	a. insulin gtt & monitor blood glucose levels/FS
9) Heme : (Coagulopathy)	a. check coags (avoid FFP & antithrombin at this time)
10) Supportive Care	a. GI prophylaxis (zantac 50mg IV q8)
I was present with the resident during the{ ( ) admission history	I have reviewed the available radiographs, clinical database and
and exam / ( ) follow-up visit)}	the resident's note, and discussed the case and the medical
The patient was seen and examined by me today for	management of the patient with the resident.
{( ) admission history and exam / ( ) pulmonary consultation / ( )	I agree with the findings and plan as documented in the

The patient is critically ill with (check all that apply): ***CRITICAL CARE TIME*** - _____ minutes

Circulatory (❑ Failure / ❑ Potential Failure) **Renal** (❑ Failure / ❑ Potential Failure) **Neurologic** (❑ Failure / ❑ Potential Failure)

Hepatic (❑ Failure / ❑ Potential Failure) **Respiratory** (❑ Failure / ❑ Potential Failure) **Other** (❑ Shock / ❑ MSOF / ❑ Metab. Derangement)

The patient requires bedside attendance and high complexity decision making for assessment and support as well as (check all that apply):

❑ Vasoactive Manipulations	❑ Frequent Ventilator Manipulations	❑ Neurologic Monitoring and Treatment
Volume Resuscitation	❑ Hemodynamic Assessment	❑ Assessment and Rx of Complex Metabolic Derangement

_____ MD