

# Hospital Daily Progress Note Tutorial

SETMA's Suite of Hospital Templates includes:

- History and Physical Examination completed via the [GP Master Suite of Templates](#)
- [Admission Orders](#)
- Daily Progress Note Suite of Templates
- [Discharge Summary Suite of Templates](#)
- [Care Transitions Data Set from Physician Consortium for Performance Improvement](#)
- [Telephone Calls Follow-up of Hospital Stay or ER visit](#)
- [Hydration](#)
- [Nutrition](#)

The **Hospital Daily Progress Note** templates enable an inpatient-hospital note to be completed efficiently and excellently with data being accumulated over the course of an inpatient stay. This data is then automatically aggregated for the Discharge Summary to be completed quickly and completely.

The complexity of this task will become obvious as you review this tutorial. However, the use of the Hospital Daily Progress Note is very much easier than it may seem from the length of this tutorial. Of necessity, the variety of documentation needs for inpatient, daily progress notes is such that the suite of templates will be large, but applied to individual patients, they are manageable and valuable.

In addition, the Hospital Daily Progress Note is the “last piece” in making a patient’s care seamless regardless of where the patient is being treated. The inpatient record is not isolated in a patient’s hospital chart but through the hospital daily progress note has become a dynamic part of the patient’s medical record and contributes to the continuity of care and to the continued building of a detailed, accurate and complete portrait of the patient’s health history, condition, care and needs.

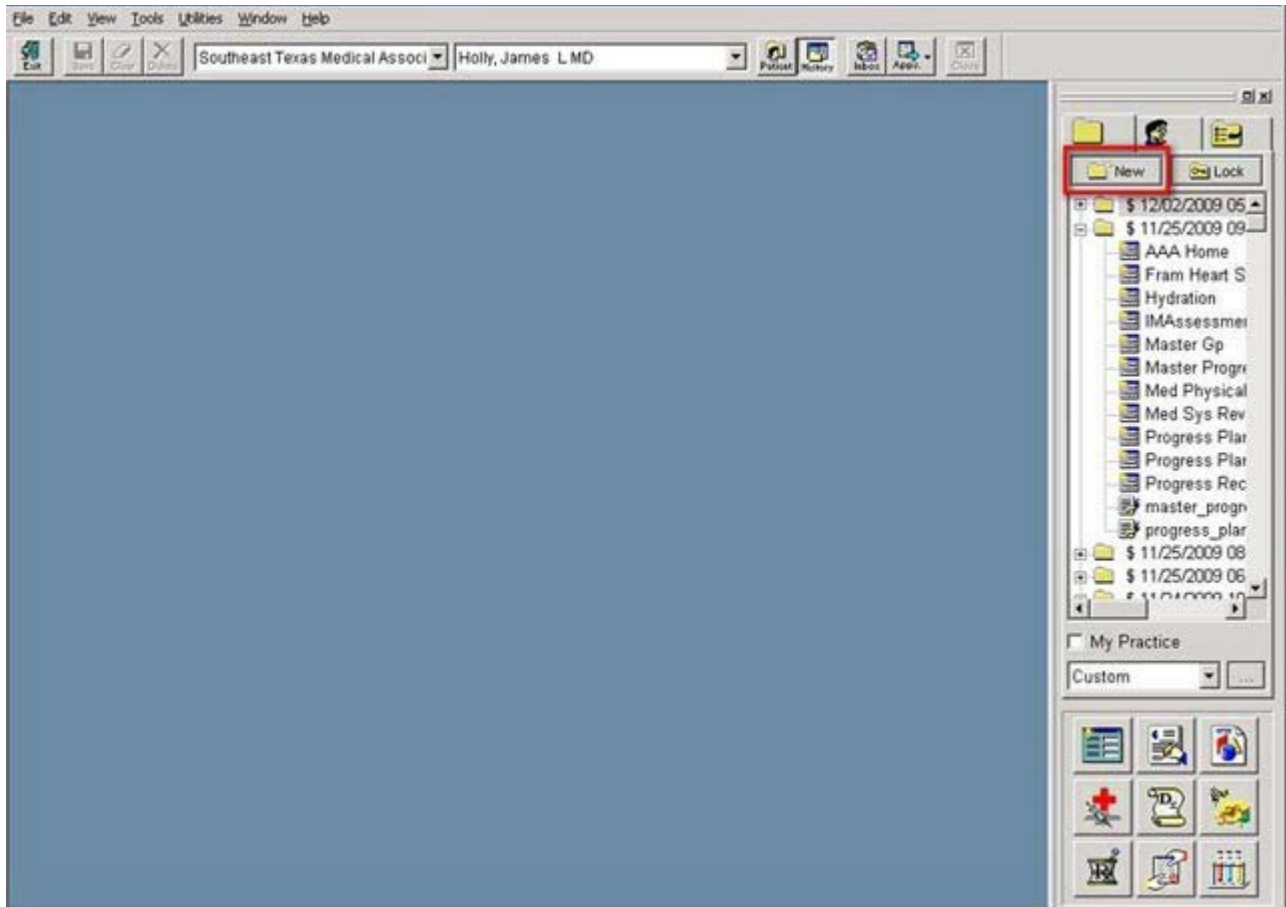
## How to Begin a Daily Progress Note

There are two different but similar methods for initiating the completion of a Hospital Daily Progress Note. Once you are familiar with these steps, they can be completed in a few seconds.

### **Steps for starting a Hospital Daily Progress Note**

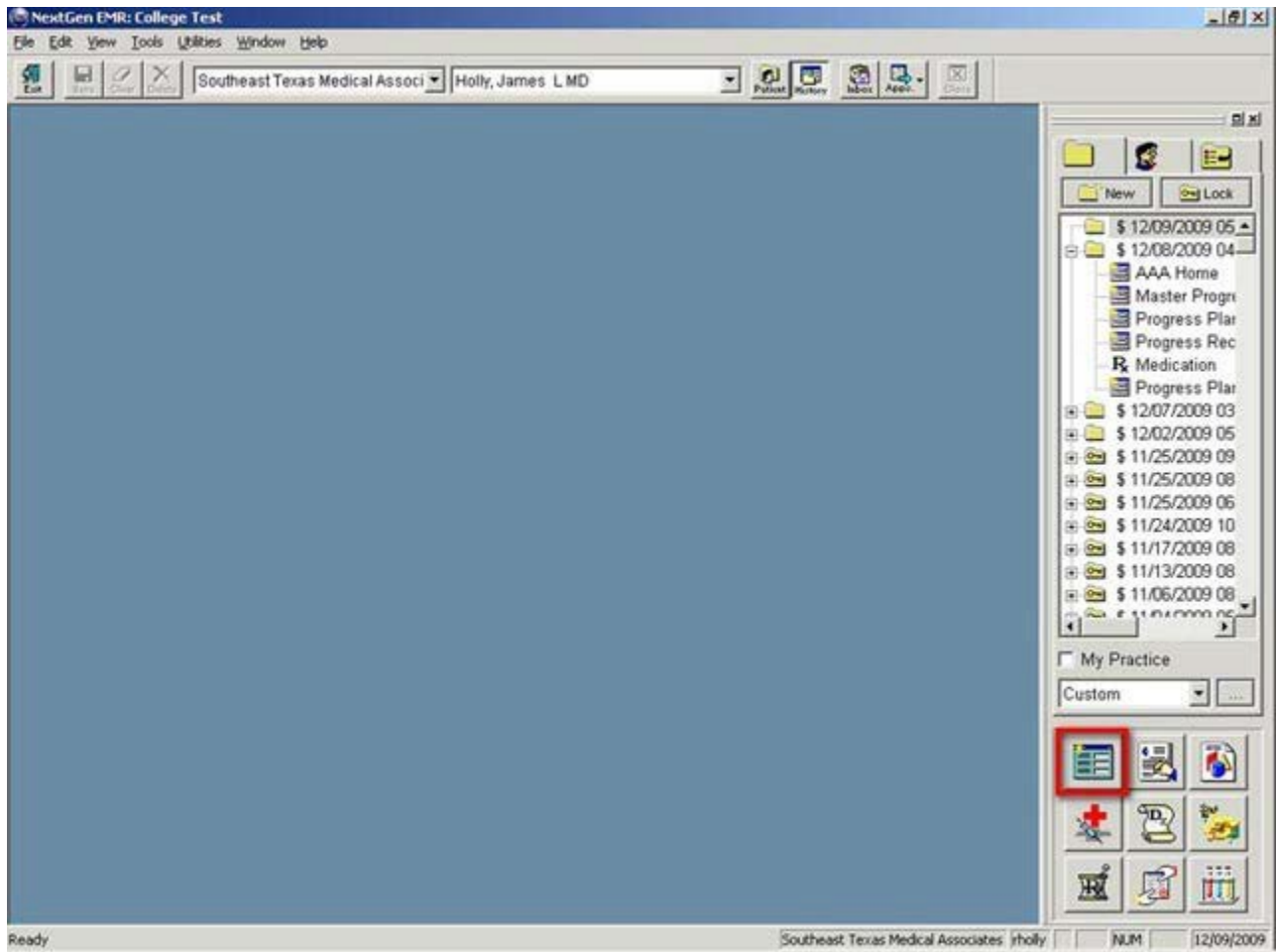
- **Create a new visit in the EMR**
- **Open the AAA Home Template**
- **Save the AAA Home Template**
- **Drag the Assessment template from the History and Physical Examination or from the previous day's Daily Progress Note**
- **Open the Hospital Daily Progress Note**

1. **The first way to begin a hospital daily progress note is when it is being completed on the first day after admission** – in this case, the following four steps need to be taken in order to complete a Hospital Daily Progress Note successfully.
  - In the **History Tool Bar**, which is the tool bar to the right hand side of the NextGen screen, you must create a **New Visit** for the day on which the **Hospital Daily Progress Note** is going to be completed.



You create a **New Visit** by clicking on the **New** button, at the top of the **History Tool Bar**. If you place your cursor over the **New** button and rest it there, the full title of the button will appear which is “**Add a new encounter.**”

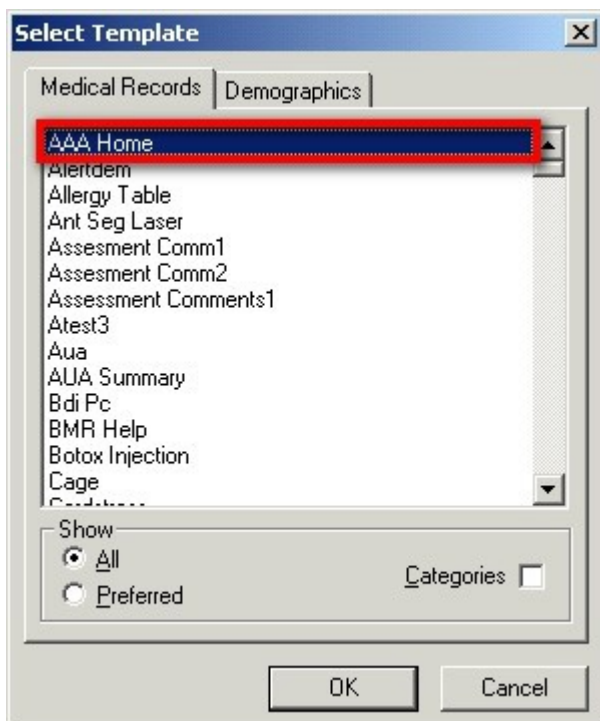
- You now need to open the AAA Home template. To do this, click the “**Templates**” Button at the bottom of the History Tool Bar. Below it is outlined in red.



- This will pop-up the “Select Template” window. Based on your user preferences yours could look different.



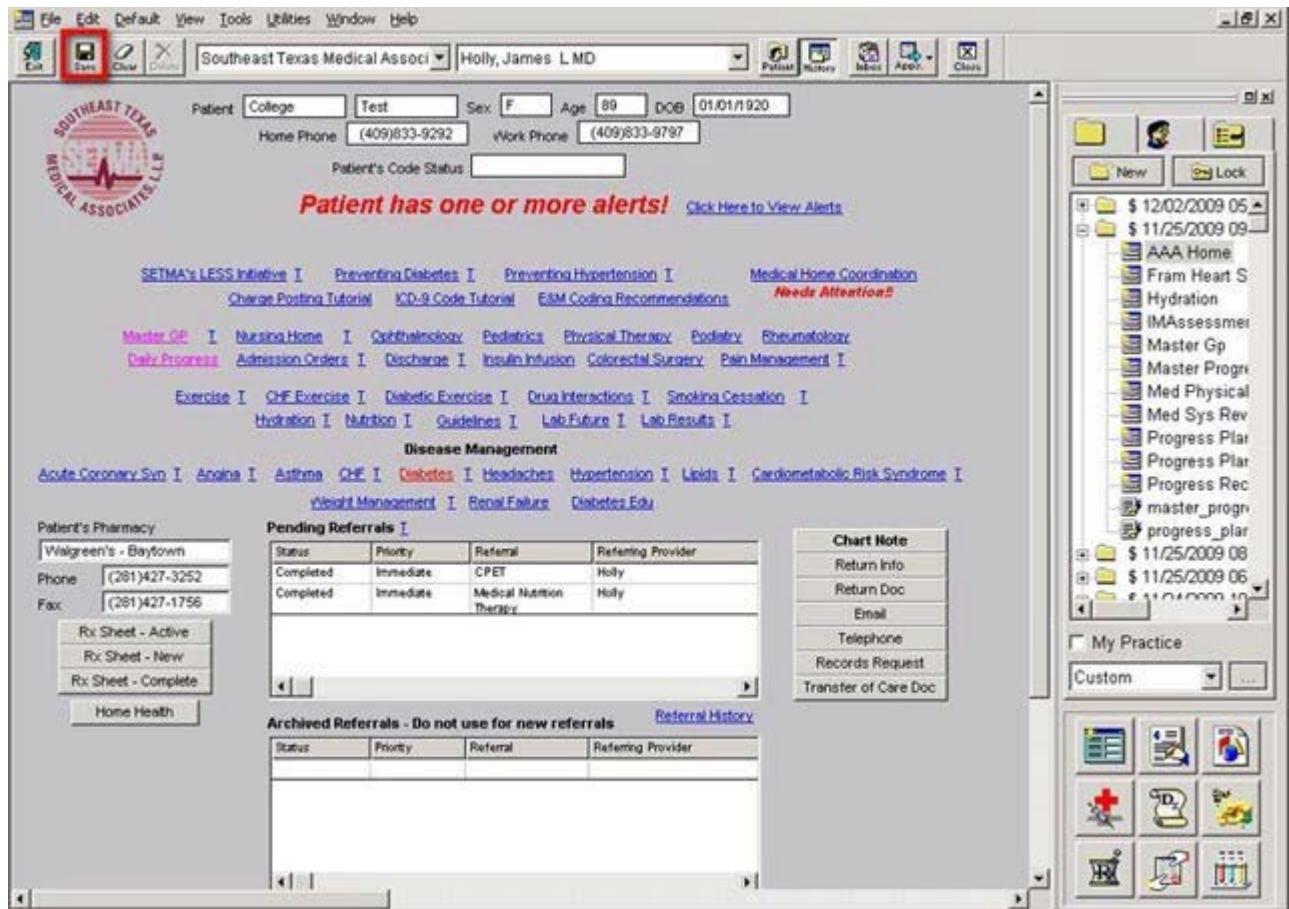
If you do not have AAA Home in your Preferred list, you will need to select “All” to see it.



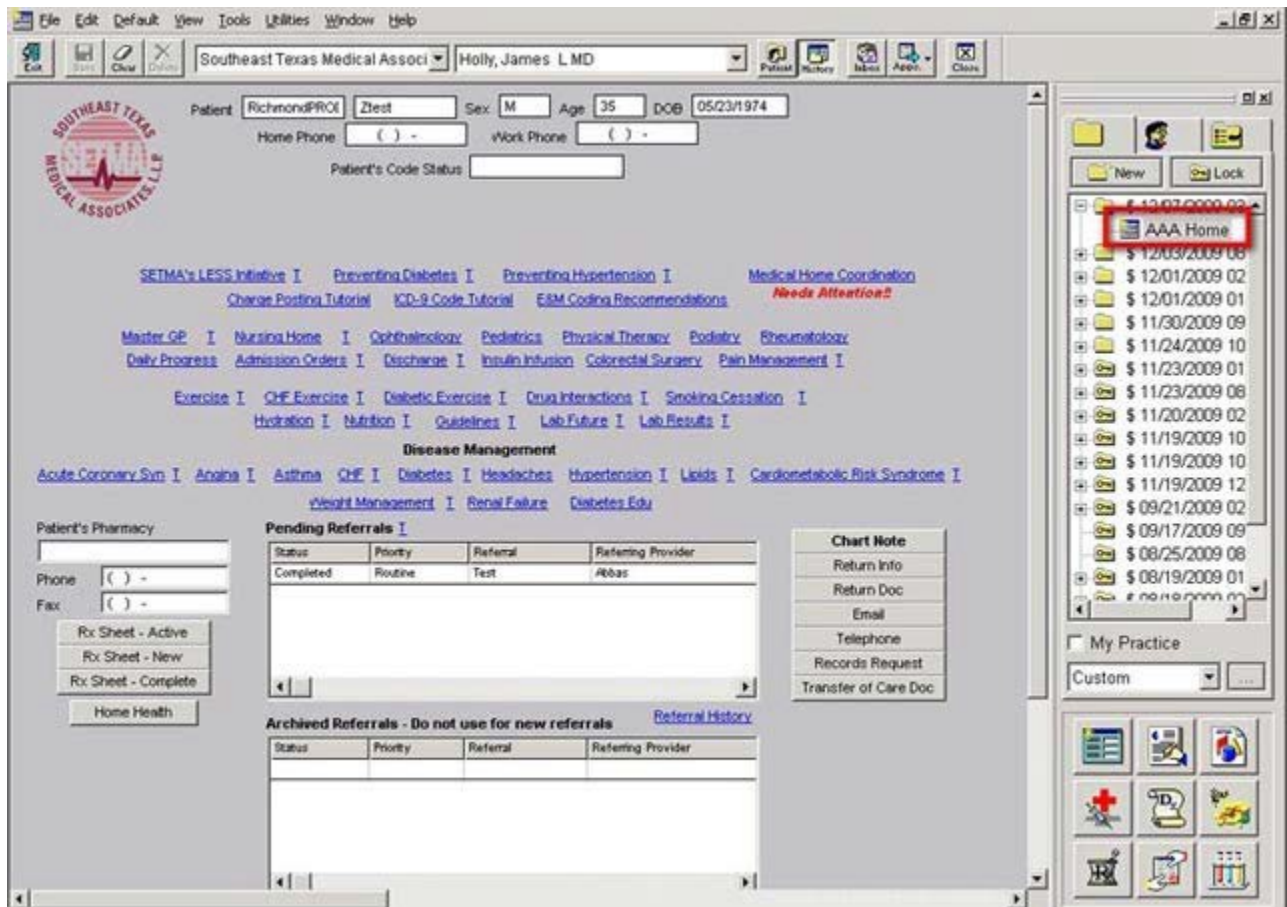
- Select AAA Home and hit Enter or click “Ok”



- Now that you have created your new visit and opened the AAA Home template, you must go to the ‘**Save**’ button at the top left –hand side of the AAA Home screen and click that button. It is outlined in red below.

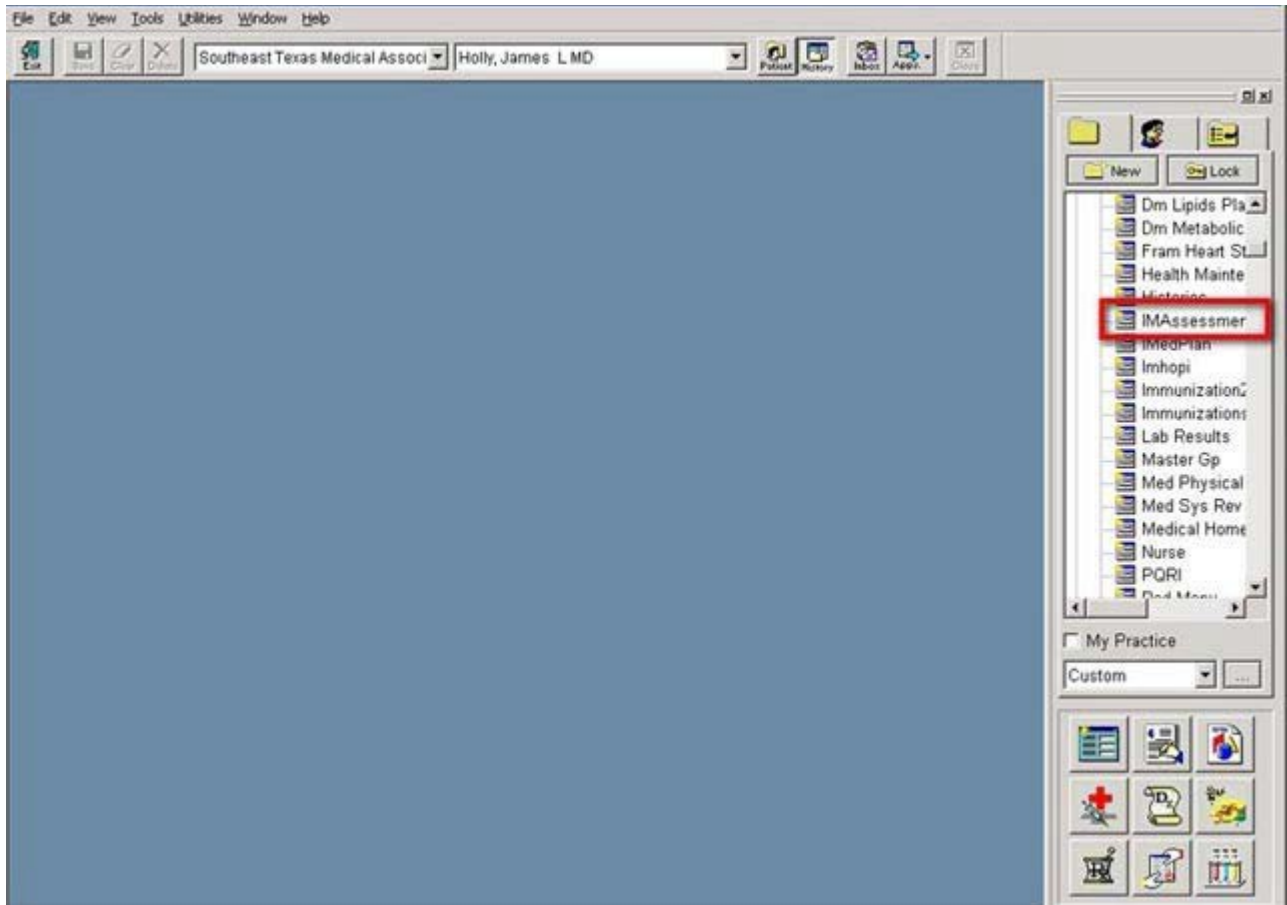


This action will cause AAA Home to appear in the encounter history list, on the History Tool Bar to the right of the screen. It is outlined in red below.



- Once the new encounter is open and the AAA Home appears in the history list, find the Assessment from the encounter where the history and physical examination was completed.

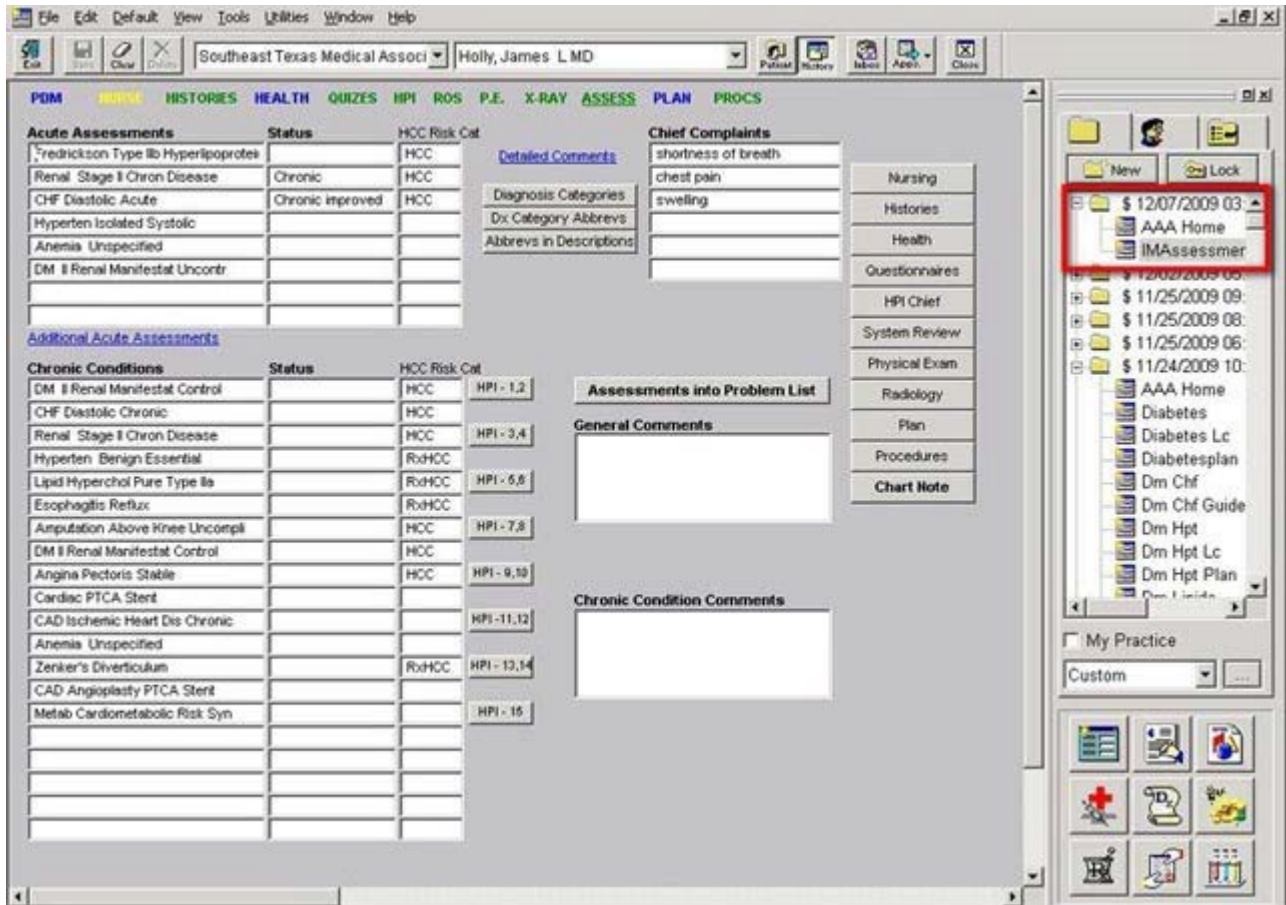




Left click your mouse on “assessment;” leave it depressed and drag the assessment to the new encounter, and then release the button and it will drop it on the new encounter. A popup will appear asking you if you want to copy the template to the new encounter. Click ‘Yes’.



You will now be on the Assessment template. Click the “save” button again.



Now you should see the following in the history screen:

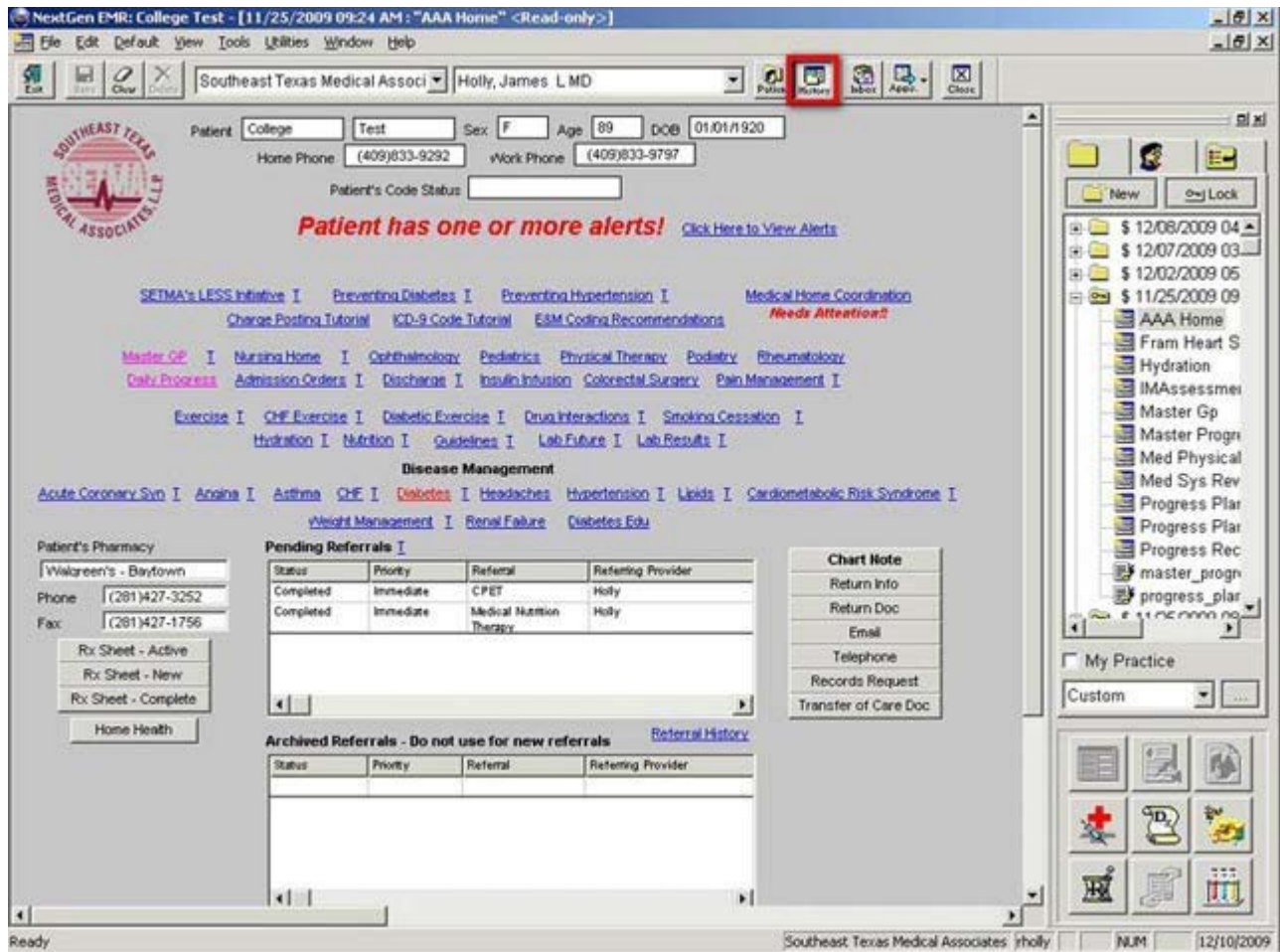
- Encounter Date for the day on which you are completing the Hospital Daily Progress note
- AAA Home
- Assessment
- Go to AAA Home and find the icon for Hospital Daily Progress note. It is outlined in red below and is entitled **Daily Progress**.

Click the Hospital Daily Progress Note icon and then click the save button again. Now you should see the following in the “history screen”:

- Encounter Date for the day on which you are completing the Hospital Daily Progress note
- AAA Home
- Assessment
- Master Progress, the name of the Hospital Daily Progress Note Master Template.

**You are now ready to complete the Daily Progress Note.**

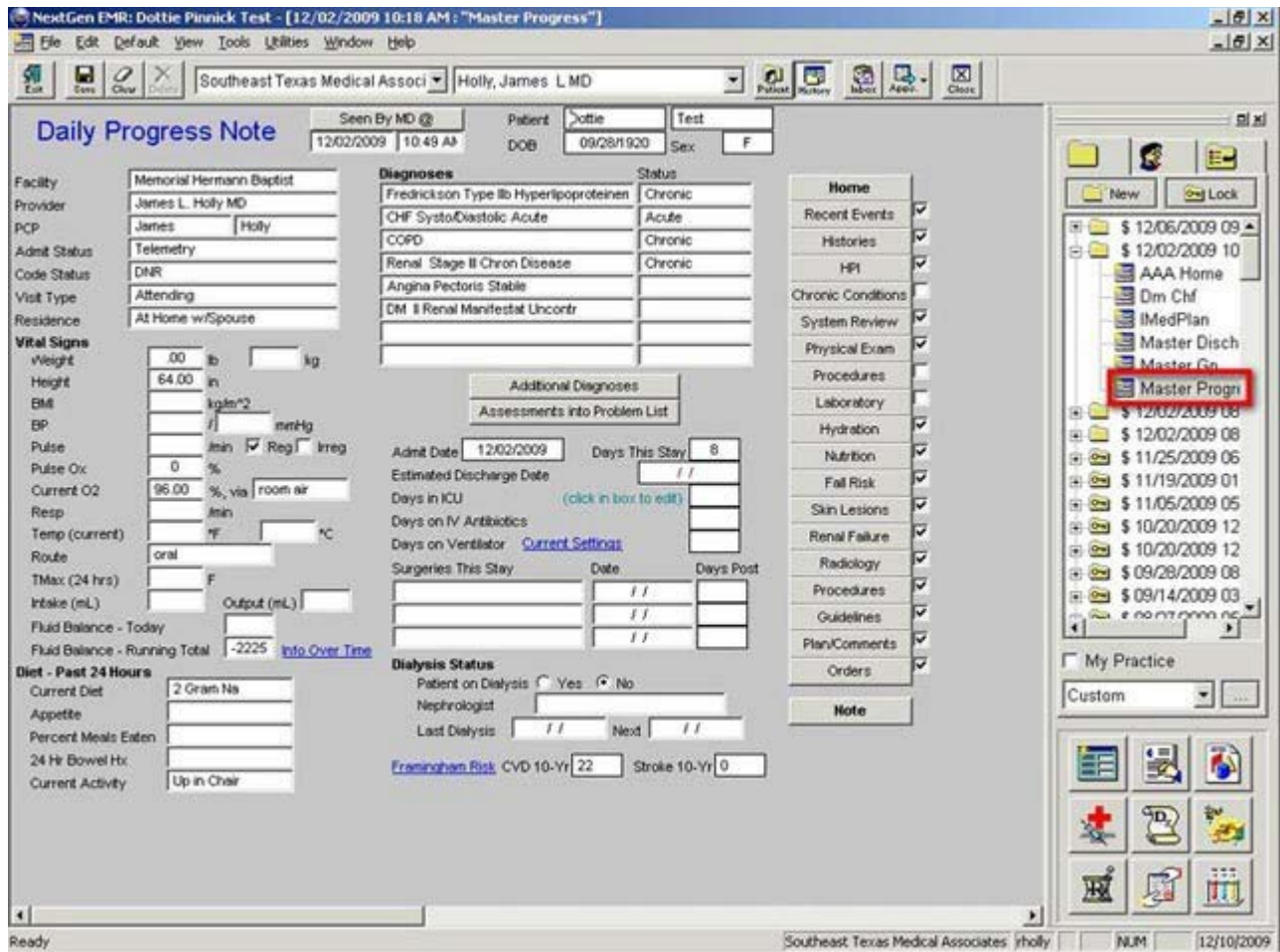
Go to the “Toggle History Toolbar” at the top of the screen and close the “history toolbar.” Your navigation will now be totally through the Master Progress suite of templates until you get to medications, laboratory or allergies.



- The second way to begin a Daily Progress note is on the second day after admission or on subsequent days after admission. This assumes that a hospital daily progress note was completed in the EMR on the day after admission.

On these occasions, the steps described above will be repeated with one significant difference. The Master Progress template from the previous day's Hospital Daily Progress Note will be dragged forward rather than the assessment from the Admission H&P.





## Completing a Hospital Daily Progress Note in the EMR

The following is a screen shot of the template which is launched when you click on the icon entitled **Master Progress**. The template is entitled **Daily Progress Note** and it is the principle template in the **Hospital Daily Progress Note** suite of templates, which is the starting point of completing the **Hospital Daily Progress Note**

The **Master Hospital Daily Progress Note** template is organized into three columns.

The **first column of the Master Progress template has three sections**

The **first section** is demographic information about the patient which identifies seven important facts about the patient:

- **Facility** – this denotes the hospital to which the patient is admitted.
- **Provider** – this denotes who the attending physician is for this admission
- **PCP** – this denotes who the patient’s primary care physician is
- **Admit Status** – this tells if the patient is a full admit, observation or telemetry
- **Code Status** – this denotes whether patient is a full code, DNR, medications code only or other.
- **Visit Type** – this denotes whether the daily progress note is by the attending, consultant, etc.
- **Residence** – this alerts the provider to where the patient resides and particularly if he patient lives alone. This function is critical to discharge planning for a patient and needs to be known from the time of admission

Once completed, these fields are brought forward each day automatically when the Hospital Daily Progress Note is dragged forward from the History Tool Bar each day in preparation to complete the Hospital Daily Progress Note.

**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM Patient College Test  
DOB 01/01/1920 Sex F

Facility: Memorial Hermann Baptist  
 Provider: James L. Holly MD  
 PCP: James Holly  
 Admit Status: Telemetry  
 Code Status: Full Code  
 Visit Type: Attending  
 Residence: At Home Alone

**Vital Signs**  
 Weight: 227.00 lb / 103.1 kg  
 Height: 63.00 in  
 BMI: 40.21 kg/m<sup>2</sup>  
 BP: 138 / 85 mmHg  
 Pulse: 92.00 /min Reg Irreg  
 Pulse Ox: 95 %  
 Current O2: % via room air  
 Resp: 19 /min  
 Temp (current): 98.60 °F / 36.96 °C  
 Route: oral  
 TMax (24 hrs): 98.80 F  
 Intake (mL): Output (mL):  
 Fluid Balance - Today:  
 Fluid Balance - Running Total: Info Over Time

**Diagnoses**  
 Fredrickson Type IIb Hyperlipoproteinemia  
 Renal Stage II Chron Disease  
 CHF Diastolic Acute  
 Hyperten Isolated Systolic  
 Anemia Unspecified  
 DM II Renal Manifestat Uncontr

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement within 1  
 Current Activity: Up in Chair

**Diagnosis Status**  
 Patient on Dialysis: Yes No  
 Nephrologist:  
 Last Dialysis: / / Next: / /  
 Framingham Risk: CVD 10-Yr > 30 Stroke 10-Yr 0

**Home**  
 Recent Events:   
 Histories:   
 HPI:   
 Chronic Conditions:   
 System Review:   
 Physical Exam:   
 Procedures:   
 Laboratory:   
 Hydration:   
 Nutrition:   
 Fall Risk:   
 Skin Lesions:   
 Renal Failure:   
 Radiology:   
 Procedures:   
 Guidelines:   
 Plan/Comments:   
 Orders:   
 Note

The **second section** displays 14 vital signs and other data points about the patient's care which are important for the attending to review each day. At present, this information must be entered manually but by 2010, it is hoped that we will have an interface with at least one hospital where this information will be entered electronically and automatically.

**Daily Progress Note**

Seen By MD @  Patient  College Test   
 11/25/2009 9:25 AM DOB  01/01/1920 Sex  F

Facility  Memorial Hermann Baptist  
 Provider  James L. Holly MD  
 PCP  James  Holly  
 Admit Status  Telemetry  
 Code Status  Full Code  
 Visit Type  Attending  
 Residence  At Home Alone

**Vital Signs**

Weight  227.00 lb  103.1 kg  
 Height  63.00 in  
 BMI  40.21 kg/m<sup>2</sup>  
 BP  138 /  85 mmHg  
 Pulse  92.00 /min  Reg  Irreg  
 Pulse Ox  95 %  
 Current O2  % via  room air  
 Resp  19 /min  
 Temp (current)  98.60 \*F  36.96 \*C  
 Route  oral  
 TMax (24 hrs)  98.80 F  
 Intake (mL)  Output (mL)   
 Fluid Balance - Today   
 Fluid Balance - Running Total  [Info Over Time](#)

**Diagnoses**

Diagnosis	Status
Fredrickson Type IIb Hyperlipoprotein	
Renal Stage II Chron Disease	Chronic
CHF Diastolic Acute	Chronic improve
Hyperten Isolated Systolic	
Anemia Unspecified	
DM II Renal Manifestat Uncontr	

Additional Diagnoses   
 Assessments into Problem List

Admit Date  11/24/2009 Days This Stay  1  
 Estimated Discharge Date  11/27/2009  
 Days in ICU  0 (click in box to edit)  
 Days on IV Antibiotics  0  
 Days on Ventilator  0 [Current Settings](#)

Surgeries This Stay	Date	Days Post
<input type="text"/>	<input type="text"/> / /	<input type="text"/>
<input type="text"/>	<input type="text"/> / /	<input type="text"/>
<input type="text"/>	<input type="text"/> / /	<input type="text"/>

**Dialysis Status**

Patient on Dialysis  Yes  No  
 Nephrologist   
 Last Dialysis  / / Next  / /

Framingham Risk CVD 10-Yr  > 30 Stroke 10-Yr  0

**Home**

- Recent Events
- Histories
- HPI
- Chronic Conditions
- System Review
- Physical Exam
- Procedures
- Laboratory
- Hydration
- Nutrition
- Fall Risk
- Skin Lesions
- Renal Failure
- Radiology
- Procedures
- Guidelines
- Plan/Comments
- Orders

**Note**

**Diet - Past 24 Hours**

Current Diet  Carolic  
 Appetite  Diminished  
 Percent Meals Eaten  50 to 75%  
 24 Hr Bowel Hx  Movement within I  
 Current Activity  Up in Chair

On the route of oxygen administration, there are multiple options. When the box is clicked a pick list appears from which you can select the correct response.



**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM Patient College Test  
DOB 01/01/1920 Sex F

Facility: Memorial Hermann Baptist  
 Provider: James L. Holly MD  
 PCP: James Holly  
 Admit Status: Telemetry  
 Code Status: Full Code  
 Visit Type: Attending  
 Residence: At Home Alone

**Vital Signs**  
 Weight: 227.00 lb / 103.1 kg  
 Height: 63.00 in  
 BMI: 40.21 kg/m<sup>2</sup>  
 BP: 138 / 85 mmHg  
 Pulse: 92.00 /min Reg Irreg  
 Pulse Ox: 95 %  
 Current O2: % via room  
 Resp: 19 /min  
 Temp (current): 98.60 rF 36.96  
 Route: oral  
 TMax (24 hrs): 98.80 F  
 Intake (mL): Output (mL):  
 Fluid Balance - Today: Fluid Balance - Running Total: Info O

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement within 12  
 Current Activity: Up in Chair

**Diagnoses**  
 Fredrickson Type IIb Hyperlipoproteinemia  
 Renal Stage II Chron Disease  
 CHF Diastolic Acute  
 Hyperten Isolated Systolic  
 Anemia Unspecified  
 DM II Renal Manifestat Uncontr

**Status**  
 Chronic  
 Chronic Improve

Additional Diagnoses  
 Assessments into Problem List

Admit Date: 11/24/2009 Days This Stay: 16  
 Discharge Date: 11/27/2009  
 Date: Days Post

Yes No  
 Next: //

Framingham Risk CVD 10-Yr > 30 Stroke 10-Yr 0

**Home**  
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 Nutrition  
 Fall Risk  
 Skin Lesions  
 Renal Failure  
 Radiology  
 Procedures  
 Guidelines  
 Plan/Comments  
 Orders

**Note**

**Oxygen**  
 BiPAP  
 CPAP  
 hood  
 nasal cannula  
 non-rebreather mask  
 room air  
 ventilator  
 venti-mask

When the Box labeled “Route” which is just below **Temp (Current)** is clicked the following pop-up appears which allows you to designate how the temperature was taken.

**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM Patient College Test  
 DOB 01/01/1920 Sex F

Facility: Memorial Hermann Baptist  
 Provider: James L. Holly MD  
 PCP: James Holly  
 Admit Status: Telemetry  
 Code Status: Full Code  
 Visit Type: Attending  
 Residence: At Home Alone

**Vital Signs**  
 Weight: 227.00 lb / 103.11 kg  
 Height: 63.00 in  
 BMI: 40.21 kg/m<sup>2</sup>  
 BP: 138 / 85 mmHg  
 Pulse: 92.00 /min Reg Irreg  
 Pulse Ox: 95 %  
 Current O2: % via room air  
 Resp: 19 /min  
 Temp (current): 98.60 °F  
 Route: oral  
 TMax (24 hrs): 98.80 F  
 Intake (mL):  
 Fluid Balance - Today:  
 Fluid Balance - Running Total:

**Diagnoses**  
 Fredrickson Type IIb Hyperlipoproteinemia  
 Renal Stage II Chron Disease  
 CHF Diastolic Acute  
 Hyperten Isolated Systolic  
 Anemia Unspecified  
 DM II Renal Manifestat Uncontr

Status  
 Chronic  
 Chronic improve

Additional Diagnoses  
 Assessments into Problem List

Admit Date: 11/24/2009 Days This Stay: 15  
 Estimated Discharge Date: 11/27/2009  
 Days in ICU: 0  
 Days on IV Antibiotics: 0

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement  
 Current Activity: Up in Chair

**Temperature Route**  
 axillary  
 ear  
 oral  
 rectal

**Home**  
 Recent Events  
 Histories  
 HPI  
 Chronic Conditions  
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 Physical Exam  
 Procedures  
 Laboratory  
 Hydration  
 Nutrition  
 Fall Risk  
 Skin Lesions  
 Renal Failure  
 Radiology  
 Procedures  
 Guidelines  
 Plan/Comments  
 Orders

**Note**

The **third section** addresses diet, appetite, activity and whether physical therapy is seeing the patient. These fields are also automatically brought forward from the previous days Hospital Daily Progress Note and may be changed and updated if the information changes.

**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM Patient College Test DOB 01/01/1920 Sex F

Facility: Memorial Hermann Baptist  
 Provider: James L. Holly MD  
 PCP: James Holly  
 Admit Status: Telemetry  
 Code Status: Full Code  
 Visit Type: Attending  
 Residence: At Home Alone

**Vital Signs**  
 Weight: 227.00 lb / 103.1 kg  
 Height: 63.00 in  
 BMI: 40.21 kg/m<sup>2</sup>  
 BP: 138 / 85 mmHg  
 Pulse: 92.00 /min Reg Irreg  
 Pulse Ox: 95 %  
 Current O2: % via room air  
 Resp: 19 /min  
 Temp (current): 98.60 °F / 36.96 °C  
 Route: oral  
 TMax (24 hrs): 98.80 F  
 Intake (mL): Output (mL):  
 Fluid Balance - Today:  
 Fluid Balance - Running Total: Info Over Time

**Diagnoses**  
 Fredrickson Type IIb Hyperlipoproteinemia  
 Renal Stage II Chron Disease  
 CHF Diastolic Acute  
 Hyperten Isolated Systolic  
 Anemia Unspecified  
 DM II Renal Manifestat Uncontr

Status  
 Chronic  
 Chronic improve

Additional Diagnoses  
 Assessments into Problem List

Admit Date: 11/24/2009 Days This Stay: 15  
 Estimated Discharge Date: 11/27/2009  
 Days in ICU: 0 (click in box to edit)  
 Days on IV Antibiotics: 0  
 Days on Ventilator: 0 (Current Settings)

Surgeries This Stay: Date: Days Post

**Dialysis Status**  
 Patient on Dialysis: Yes No  
 Nephrologist:  
 Last Dialysis: Next:  
 Framingham Risk: CVD 10-Yr > 30 Stroke 10-Yr 0

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement within 1  
 Current Activity: Up in Chair

**Home**  
 Recent Events:   
 Histories:   
 HPI:   
 Chronic Conditions:   
 System Review:   
 Physical Exam:   
 Procedures:   
 Laboratory:   
 Hydration:   
 Nutrition:   
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 Skin Lesions:   
 Renal Failure:   
 Radiology:   
 Procedures:   
 Guidelines:   
 Plan/Comments:   
 Orders:   
 Note

The second column displays the following

At the top of the screen, there is a button entitled “**Seen by MD @.**” When depressed this notes the date and time that the healthcare provider saw the patient. Until this function is completed multiple reminders will appear to make certain that this crucial piece of data is added to the Daily Progress Note.

**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM

Patient College Test  
DOB 01/01/1920 Sex F

Facility Memorial Hermann Baptist  
Provider James L. Holly MD  
PCP James Holly  
Admit Status Telemetry  
Code Status Full Code  
Visit Type Attending  
Residence At Home Alone

**Vital Signs**  
Weight 227.00 lb 103.1 kg  
Height 63.00 in  
BMI 40.21 kg/m<sup>2</sup>  
BP 138 / 85 mmHg  
Pulse 92.00 /min Reg Irreg  
Pulse Ox 95 %  
Current O2 % via room air  
Resp 19 /min  
Temp (current) 98.60 °F 36.96 °C  
Route oral  
TMax (24 hrs) 98.60 F  
Intake (mL) Output (mL)  
Fluid Balance - Today  
Fluid Balance - Running Total [Info Over Time](#)

**Diet - Past 24 Hours**  
Current Diet Cardiac  
Appetite Diminished  
Percent Meals Eaten 50 to 75%  
24 Hr Bowel Hx Movement within 1  
Current Activity Up in Chair

**Diagnoses**

Diagnoses	Status
Fredrickson Type IIb Hyperlipoproteinemia	
Renal Stage II Chron Disease	Chronic
CHF Diastolic Acute	Chronic improve
Hyperten Isolated Systolic	
Anemia Unspecified	
DM II Renal Manifestat Uncontr	

Additional Diagnoses  
Assessments into Problem List

Admit Date 11/24/2009 Days This Stay 15  
Estimated Discharge Date 11/27/2009  
Days in ICU (click in box to edit) 0  
Days on IV Antibiotics 0  
Days on Ventilator [Current Settings](#) 0

Surgeries This Stay	Date	Days Post
	///	
	///	
	///	

**Dialysis Status**  
Patient on Dialysis Yes No  
Nephrologist  
Last Dialysis /// Next ///

Framingham Risk CVD 10-Yr > 30 Stroke 10-Yr 0

**Home**

- Recent Events
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**Note**

The next section of the second column lists the diagnoses which were brought forward from the **Assessment of the admission H&P** or from the **previous day's hospital daily progress note**. This function allows the provider to bring forward all previous diagnoses and to note whether they are improved, still acute, resolved, or have another status. It also allows for new diagnoses to be added, which, if added, will be brought forward the following day.

This function allows for the automatic displaying of all diagnoses from this admission on the discharge summary which will be quickly and easily completed on the day of discharge, if the Hospital Daily Progress Note has been used each day of the admission.

**Daily Progress Note**

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DOB 01/01/1920 Sex F

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 Resp: 19 /min  
 Temp (current): 98.60 °F 36.96 °C  
 Route: oral  
 TMax (24 hrs): 98.60 F  
 Intake (mL): Output (mL):  
 Fluid Balance - Today:  
 Fluid Balance - Running Total: [Info Over Time](#)

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement within 1  
 Current Activity: Up in Chair

**Diagnoses**

Diagnoses	Status
Fredrickson Type IIb Hyperlipoproteinemia	
Renal Stage II Chron Disease	Chronic
CHF Diastolic Acute	Chronic improve
Hyperten Isolated Systolic	
Anemia Unspecified	
DM II Renal Manifestat Uncontr	

Additional Diagnoses  
 Assessments into Problem List

Admit Date: 11/24/2009 Days This Stay: 15  
 Estimated Discharge Date: 11/27/2009  
 Days in ICU: 0 (click in box to edit)  
 Days on IV Antibiotics: 0  
 Days on Ventilator: [Current Settings](#) 0

Surgeries This Stay

Surgeries This Stay	Date	Days Post
	///	
	///	
	///	

**Dialysis Status**  
 Patient on Dialysis:  Yes  No  
 Nephrologist:  
 Last Dialysis: /// Next: ///

Framingham Risk: CVD 10-Yr > 30 Stroke 10-Yr 0

**Home**

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**Note**

The next function of the second column is two buttons:

- **Additional diagnosis** – this allows you to expand your diagnoses list from 8 to 15.



**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM Patient College Test  
DOB 01/01/1920 Sex F

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 Provider: James L. Holly MD  
 PCP: James Holly  
 Admit Status: Telemetry  
 Code Status: Full Code  
 Visit Type: Attending  
 Residence: At Home Alone

**Vital Signs**  
 Weight: 227.00 lb / 103.1 kg  
 Height: 63.00 in  
 BMI: 40.21 kg/m<sup>2</sup>  
 BP: 138 / 85 mmHg  
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 Pulse Ox: 95 %  
 Current O2: % via room air  
 Resp: 19 /min  
 Temp (current): 98.60 °F / 36.96 °C  
 Route: oral  
 TMax (24 hrs): 98.60 F  
 Intake (mL): Output (mL):  
 Fluid Balance - Today:  
 Fluid Balance - Running Total: [Info Over Time](#)

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement within 1  
 Current Activity: Up in Chair

**Diagnoses**

Diagnosis	Status
Fredrickson Type IIb Hyperlipoproteinemia	
Renal Stage II Chron Disease	Chronic
CHF Diastolic Acute	Chronic improve
Hyperten Isolated Systolic	
Anemia Unspecified	
DM II Renal Manifestat Uncontr	

**Additional Diagnoses**  
 Assessments into Problem List

Admit Date: 11/24/2009 Days This Stay: 15  
 Estimated Discharge Date: 11/27/2009  
 Days in ICU: (click in box to edit) 0  
 Days on IV Antibiotics: 0  
 Days on Ventilator: [Current Settings](#) 0

Surgeries This Stay

Surgeries This Stay	Date	Days Post
	/ /	
	/ /	
	/ /	

**Dialysis Status**  
 Patient on Dialysis: Yes No  
 Nephrologist:  
 Last Dialysis: / / Next: / /

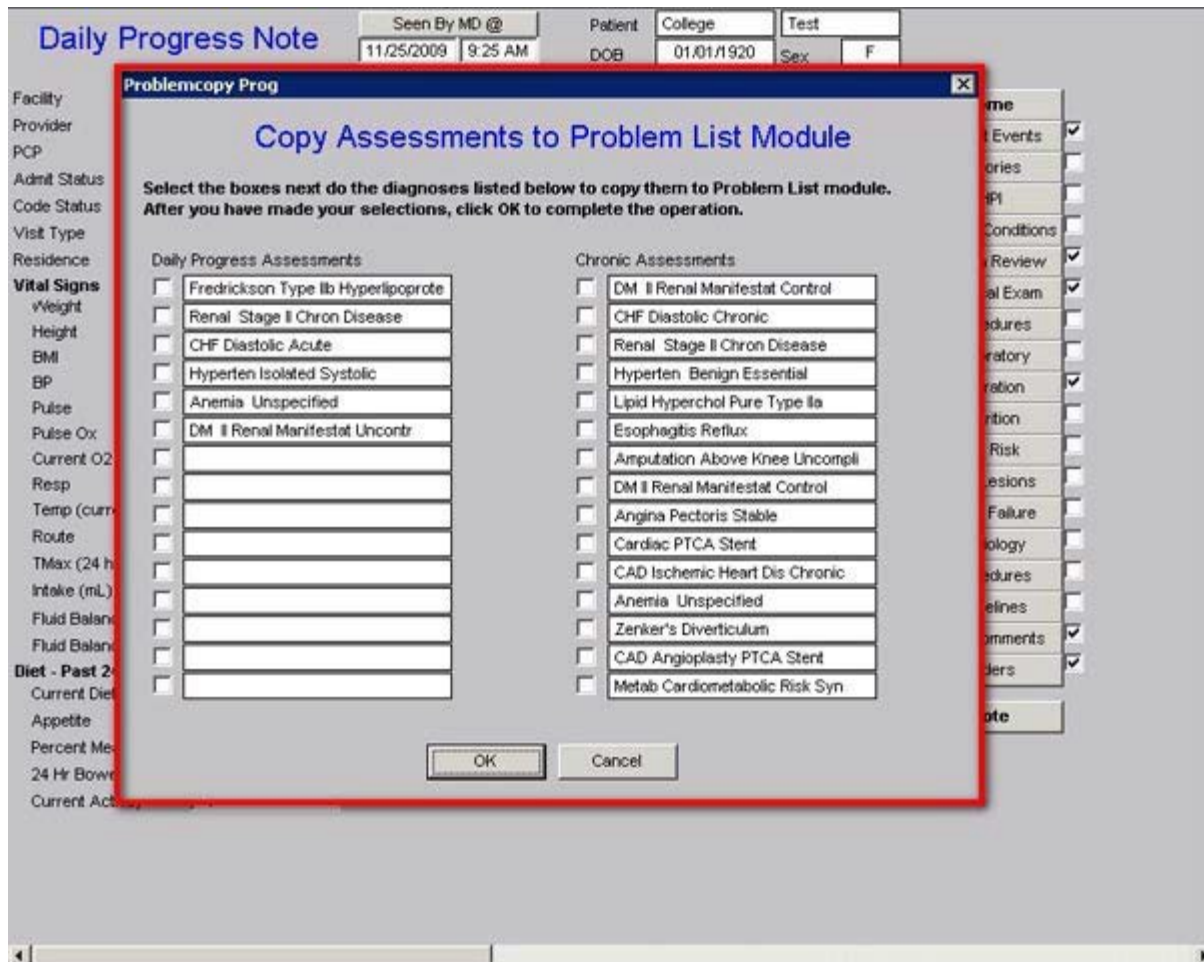
Framingham Risk CVD 10-Yr > 30 Stroke 10-Yr 0

**Home**

- Recent Events
- Histories
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- Orders

Note

- **Assessments into Problem list** – this allows you to place a check mark by any diagnosis which you wish to add to the permanent Problem List in NextGen. This then allows you to associate medications with the problems for which they are being prescribed. (This function is described in detail on the HCC Risk Tutorial under the heading “**Associating Medications with the RxHCC Risk Diagnosis in the EMR Medication Module.**” Click [Here](#) to review this function)



The last seven functions in the second column relate to:

- Length of stays – this is automatically calculated each day
- Estimated discharge date
- Days in ICU,
- Days on IV antibiotics
- Days on Ventilator
- Surgeries this stay
- Dialysis status
  
- Patient on dialysis yes or no
- Nephrologist
- Last Dialysis                      Next Dialysis
  
- Framingham Cardiovascular and Cerebrovascular Risk

**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM Patient College Test  
DOB 01/01/1920 Sex F

Facility: Memorial Hermann Baptist  
 Provider: James L. Holly MD  
 PCP: James Holly  
 Admit Status: Telemetry  
 Code Status: Full Code  
 Visit Type: Attending  
 Residence: At Home Alone

**Vital Signs**  
 Weight: 227.00 lb / 103.1 kg  
 Height: 63.00 in  
 BMI: 40.21 kg/m<sup>2</sup>  
 BP: 138 / 85 mmHg  
 Pulse: 92.00 /min Reg Irreg  
 Pulse Ox: 95 %  
 Current O2: % via room air  
 Resp: 19 /min  
 Temp (current): 98.60 °F / 36.96 °C  
 Route: oral  
 TMax (24 hrs): 98.80 F  
 Intake (mL): Output (mL):  
 Fluid Balance - Today:  
 Fluid Balance - Running Total: [Info Over Time](#)

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement within 1  
 Current Activity: Up in Chair

**Diagnoses**

Diagnosis	Status
Fredrickson Type IIb Hyperlipoproteinemia	
Renal Stage II Chron Disease	Chronic
CHF Diastolic Acute	Chronic improve
Hyperten Isolated Systolic	
Anemia Unspecified	
DM II Renal Manifestat Uncontr	

Additional Diagnoses  
 Assessments into Problem List

Admit Date: 11/24/2009 Days This Stay: 15  
 Estimated Discharge Date: 11/27/2009  
 Days in ICU: (click in box to edit) 0  
 Days on IV Antibiotics: 0  
 Days on Ventilator: [Current Settings](#) 0

Surgeries This Stay	Date	Days Post
	///	
	///	
	///	

**Dialysis Status**  
 Patient on Dialysis: Yes No  
 Nephrologist:  
 Last Dialysis: /// Next: ///  
 Framingham Risk: CVD 10-Yr > 30 Stroke 10-Yr 0

**Home**

- Recent Events
- Histories
- HPI
- Chronic Conditions
- System Review
- Physical Exam
- Procedures
- Laboratory
- Hydration
- Nutrition
- Fall Risk
- Skin Lesions
- Renal Failure
- Radiology
- Procedures
- Guidelines
- Plan/Comments
- Orders

Note

**Special Functions related to days in ICU, days on IV antibiotics, Days on Ventilator in the above:**

If you click within the box next to one of these functions, the following pop-up appears:



**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM Patient College Test  
 DOB 01/01/1920 Sex F

Facility: Memorial Hermann Baptist  
 Provider: James L. Holly MD  
 PCP: James Holly

**Diagnoses**  
 Fredrickson Type IIb Hyperlipoproteinemia  
 Renal Stage II Chron Disease  
 CHF Diastolic Acute

**Status**  
 Chronic  
 Chronic improve

**Home**  
 Recent Events  
 Histories

**Progress Daily**

**Daily Progress Note Daily Details**

Please answer the following questions to help calculate the details of this patient's hospital stay.

Has the patient been in the ICU within the last 24 hours?  Yes  No

Has the patient been on IV antibiotics within the last 24 hours?  Yes  No

Has the patient been on a ventilator within the last 24 hours?  Yes  No

OK Cancel

**Vital Signs**  
 Weight  
 Height  
 BMI  
 BP  
 Pulse  
 Pulse Ox  
 Current O2  
 Resp  
 Temp (current)  
 Route  
 TMax (24 hrs)  
 Intake (mL)

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement within li  
 Current Activity: Up in Chair

**Dialysis Status**  
 Patient on Dialysis:  Yes  No  
 Nephrologist  
 Last Dialysis: // Next: //

Framingham Risk CVD 10-Yr: 30 Stroke 10-Yr: 0

Guidelines  
 Plan/Comments  
 Orders  
 Note

For any day that one of the above applies, if you click in the box and then check the box which applies, it will total the days in ICU, on IV antibiotics, and/or on a ventilator. That information will then be transferred to the discharge summary upon the patient's discharge from the hospital.

**Additional Special Function related to Days on Ventilator:**

Beside the “**days on ventilator**” function there is a button entitled “**Current Settings.**” If you deploy that button, you can document the patient's current vent settings. There are several other ventilator functions in the Hospital Daily Progress Note which will be discussed later.

**Daily Progress Note**

Seen By MD @ 11/25/2009 9:25 AM Patient College Test  
 DOB 01/01/1920 Sex F

Facility: Memorial Hermann Baptist  
 Provider: James L. Holly MD  
 PCP: James Holly  
 Admit Status: Telemetry  
 Code Status: Full Code  
 Visit Type: Attending  
 Residence: At Home Alone

**Diagnoses**  
 Fredrickson Type Iib Hyperlipoproteinen  
 Renal Stage II Chron Disease  
 CHF Diastolic Acute

Status  
 Chronic  
 Chronic improve

**Vital Signs**  
 Weight: 227.00 lb / 103.11 kg  
 Height: 63.00 in  
 BMI: 40.21 kg/m<sup>2</sup>  
 BP: 138 / 85 mmHg  
 Pulse: 92.00 /min Reg   
 Pulse Ox: 95 %  
 Current O2: % via room air  
 Resp: 19 /min  
 Temp (current): 98.60 °F / 36.96 °C  
 Route: oral  
 TMax (24 hrs): 98.80 F  
 Intake (mL): Output (mL):  
 Fluid Balance - Today: Fluid Balance - Running Total: Info C

**Diet - Past 24 Hours**  
 Current Diet: Cardiac  
 Appetite: Diminished  
 Percent Meals Eaten: 50 to 75%  
 24 Hr Bowel Hx: Movement within 4  
 Current Activity: Up in Chair

**Progress Ventcurr**  
**Current Ventilator Settings**  
 Last Updated/Changed: / /

Mode: /  
 Rate: / /min  
 Tidal Volume: / mL  
 Peak Flow: / L/min  
 Inspiration/Expiration Ratio: /  
 FIO2: %  
 Pressure Support: / cm H2O  
 PEEP: / cm H2O  
 Vent Sensivity: 0 cm H2O

Comments:

OK Cancel

Framingham Risk CVD 10-Yr > 30 Stroke 10-Yr 0

**Home**  
 Recent Events   
 Histories   
 HPI   
 Chronic Conditions   
 System Review   
 Physical Exam   
 Procedures   
 Laboratory   
 Hydration   
 Nutrition   
 Fall Risk   
 Skin Lesions   
 Renal Failure   
 Radiology   
 Procedures   
 Guidelines   
 Plan/Comments   
 Orders   
**Note**

The third column of the Master Progress template displays 20 Navigation Buttons.

Remember: Once you have the Hospital Daily Progress Note opened, all subsequent navigation should be via these buttons. The following 17 buttons are common to other functions of the EMR. Their function can be found on the tutorial noted beside each:

- Home – navigates you back to the AAA Home template
- History – GP Master tutorial
- HPI – GP Master tutorial
- Chronic conditions – GP Master tutorial
- Systems Review – GP Master tutorial
- Physical Examination -- GP Master tutorial
- Procedures – Discharge Summary tutorial
- Laboratory – Discharge summary tutorial
- Hydration – Nursing Home tutorial
- Nutrition – Nursing Home tutorial
- Fall Risk – Nursing Home Tutorial
- Skin Lesions -- Nursing Home Tutorial

- Renal Failure – no tutorial for this function at this time
- Radiology – GP Master Tutorial
- Procedures – GP Master Tutorial
- Guidelines – Nursing Home Tutorial
- Note – this creates the chart note and the order sheet once the Daily Progress note has been completed.

The following buttons are new and are unique to the **Hospital Master Progress note** and their use will be reviewed in this tutorial:

- Recent Events
- Plan/comments
- Orders

The screenshot shows a 'Daily Progress Note' interface. On the right side, there is a vertical navigation sidebar with a red border. The sidebar contains the following buttons: Home, Recent Events (checked), Histories, HPI, Chronic Conditions, System Review, Physical Exam (checked), Procedures, Laboratory, Hydration (checked), Nutrition, Fall Risk, Skin Lesions, Renal Failure, Radiology, Procedures, Guidelines, Plan/Comments (checked), Orders (checked), and Note. The main form area includes sections for Patient Information (Seen By MD @, Patient, Test, DOB, Sex), Facility (Memorial Hermann Baptist), Provider (James L. Holly MD), PCP (James Holly), Admit Status (Telemetry), Code Status (Full Code), Visit Type (Attending), Residence (At Home Alone), Vital Signs (Weight, Height, BMI, BP, Pulse, Pulse Ox, Current O2, Resp, Temp, Route, TMax, Intake, Output, Fluid Balance), Diet - Past 24 Hours (Current Diet: Cardiac, Appetite: Diminished, Percent Meals Eaten: 50 to 75%, 24 Hr Bowel Hx: Movement within l, Current Activity: Up in Chair), Diagnoses (Fredrickson Type IIb Hyperlipoprotein, Renal Stage II Chron Disease, CHF Diastolic Acute, Hyperten Isolated Systolic, Anemia Unspecified, DM II Renal Manifestat Uncontr), Additional Diagnoses, Assessments into Problem List, Admit Date (11/24/2009), Days This Stay (15), Estimated Discharge Date (11/27/2009), Days in ICU (0), Days on IV Antibiotics (0), Days on Ventilator (0), Surgeries This Stay, Dialysis Status (Patient on Dialysis: No, Nephrologist, Last Dialysis), and Framingham Risk (CVD 10-Yr > 30, Stroke 10-Yr 0).

The **Recent Events** navigation button opens a template entitled **Pertinent Events of the Past 24 Hours**

### Pertinent Events of the Past 24 Hours

No Significant Changes or Events    Overall Condition   
 Worsening   
 Stable/no Change   
 Improving

The above information and the comments will print at the top of the note as the "Current Impression."

**Comments**

Cardio/Pulmonary	Status	Gastro/Digestive	Status
Chest Pain	Improving		
Shortness of Breath	Improving		

Mental/Neurological	Status	Infection/Reaction	Status

Pain/Swelling	Location	Status	Other/General	Status
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness				
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness				
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness				
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness				
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness				

The **Pertinent Events of the Past 24 Hours** template is organized into four sections.

The **first section** at the top contains:

Four radial buttons which allow you to document the patient’s current condition as:

- No significant changes or events
- Overall conditions
  - Worsening
  - Stable/no change
  - Improving

Below these options is a note in red which states, “The above information and the comments will print at the top of the daily hospital progress note as the ‘Current Impression.’” The importance of this is that the information which consultants and others are most interested in will appear at the beginning of the note. They will not have to turn multiple pages to find what they need. While it is impossible to create an adequate Hospital Daily Progress Note with a one-page

document, it is possible to place on the front page 90% of the information other providers or care-givers will need in order to participate effectively in a patient’s care.

**Pertinent Events of the Past 24 Hours**

No Significant Changes or Events   
 Overall Condition   
 Worsening   
 Stable/No Change   
 Improving

*The above information and the comments will print at the top of the note as the "Current Impression."*

Cardio/Pulmonary		Status	Gastro/Digestive		Status
<input type="checkbox"/> Chest Pain		Improving			
<input type="checkbox"/> Shortness of Breath		Improving			

Mental/Neurological		Status	Infection/Reaction		Status

Pain/Swelling			Location	Status	Other/General			Status
<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Redness						
<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Redness						
<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Redness						
<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Redness						
<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Redness						

To the right of the comment about “current impressions” above are two functions:

1. **Comment** – clicking this button launches a box where you can type in a specific comment which does not fit within the structured data responses.

**Pertinent Events of the Past 24 Hours**

No Significant Changes or Events     
 Overall Condition   
  Worsening   
  Stable/No Change   
  Improving

The above information and the comments will print at the top of the note as the "Current Impression."

Cardio/Pulmonary	Status	Gastro/Digestive	Status
Chest Pain	Improving		
Shortness of Breath	Improving		

**Recent Events Comments**

Mental/Neurological	Status

Pain/Swelling	Status
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness	
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness	
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness	
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness	
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness	

- Rehabilitation** – clicking on this button launches a pop-up which allows the documentation of an inpatient’s progress on a rehab service.



### Rehabilitation

<p><b>Transfer</b></p> <p>Bed to Chair with <input type="text"/></p> <p>Bed to Wheelchair with <input type="text"/></p> <p>Wheelchair to Toilet with <input type="text"/></p>	<p><b>Walker</b></p> <p>Number of Steps <input type="text"/></p> <p>Assistance Required <input type="text"/></p> <p>Frequency <input type="text"/> times/day</p> <p>Stability <input type="text"/></p> <p>Contact Guard <input type="text"/></p>	<p><input type="button" value="Return"/></p> <p><input type="button" value="Over Time"/></p>
<p><b>Stairs</b></p> <p>Number of Steps <input type="text"/></p> <p>Assistance Required <input type="text"/></p> <p>Frequency <input type="text"/> times/day</p> <p>Contact Guard <input type="text"/></p>	<p><b>Modified Independent</b> <input type="text"/></p>	
<p><b>Parallel Bars</b></p> <p>Number of Steps <input type="text"/></p> <p>Assistance Required <input type="text"/></p> <p>Frequency <input type="text"/> times/day</p> <p>Contact Guard <input type="text"/></p>	<p><b>Gait &amp; Balance</b></p> <p>Abnormal <input type="checkbox"/> Normal <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
	<p><b>Foot Drop</b></p> <p>Left <input type="text"/></p> <p>Right <input type="text"/></p>	

**No Helper**

- 7 Completely Independent (timely, safely)
- 6 Modified Independent (device)

**Modified Dependence**

- 5 Supervision
- 4 Minimal Assistance (subjective - 75% independent)
- 3 Moderate Assistance (subjective - 50% independent)

**Complete Dependence**

- 2 Maximal Assistance (subjective - 25% independent)
- 1 Total Assistance (subjective - 0% independent)

The functions on this pop-up are obvious but allow the documentation of quantitative measures as well as qualitative judgment of a patient's rehabilitation progress. To the right of this pop-up is a button entitled "over time" – this allows the display of the assessment of rehabilitation progress over multiple days to be reviewed without going from note to note.

## Rehabilitation Over Time

**Transfer (Assistance Required)**

Date & Time	Bed to Chair	Bed to Wheelchair	Wheelchair to Toilet

**Stairs**

Date & Time	Steps	Times/Day	Assistance	Contact Guard

**Walker**

Date & Time	Steps	Times/Day	Assistance	Stability	Contact G

**Parallel Bars**

Date & Time	Steps	Times/Day	Assistance	Contact Guard

At the bottom of the rehabilitation template is a **legend** of definitions for standardizing the qualitative assessment of progress in rehab.



### Rehabilitation

<p><b>Transfer</b></p> <p>Bed to Chair with <input type="text"/></p> <p>Bed to Wheelchair with <input type="text"/></p> <p>Wheelchair to Toilet with <input type="text"/></p>	<p><b>Walker</b></p> <p>Number of Steps <input type="text"/></p> <p>Assistance Required <input type="text"/></p> <p>Frequency <input type="text"/> times/day</p> <p>Stability <input type="text"/></p> <p>Contact Guard <input type="text"/></p>	<div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: 0 auto;"> <p><b>Return</b></p> <p>Over Time</p> </div>
<p><b>Stairs</b></p> <p>Number of Steps <input type="text"/></p> <p>Assistance Required <input type="text"/></p> <p>Frequency <input type="text"/> times/day</p> <p>Contact Guard <input type="text"/></p>	<p><b>Modified Independent</b> <input type="text"/></p>	
<p><b>Parallel Bars</b></p> <p>Number of Steps <input type="text"/></p> <p>Assistance Required <input type="text"/></p> <p>Frequency <input type="text"/> times/day</p> <p>Contact Guard <input type="text"/></p>	<p><b>Gait &amp; Balance</b></p> <p><input type="checkbox"/> Normal</p> <p>Abnormal <input type="text"/></p>	
	<p><b>Foot Drop</b></p> <p>Left <input type="text"/></p> <p>Right <input type="text"/></p>	

**No Helper**

7 Completely Independent (timely, safely)

6 Modified Independent (device)

**Modified Dependence**

5 Supervision

4 Minimal Assistance (subjective - 75% independent)

3 Moderate Assistance (subjective - 50% independent)

**Complete Dependence**

2 Maximal Assistance (subjective - 25% independent)

1 Total Assistance (subjective - 0% independent)

The next three sections of the **Pertinent Events of the Past 24 hours** allow the documentation of specific events in a structure-data format for:

- Cardiopulmonary
- Gastro/digestive
- Mental/Neurological
- Infection/Reaction

Each of these has a place for multiple responses from structured pick-lists which relate to may possible events, complications, or changes in a patient's condition.

### Pertinent Events of the Past 24 Hours

No Significant Changes  

The above information and t

**Cardio/Pulmonary**

- Chest Pain
- Shortness of Breath

**Mental/Neurological**

- 
- 
- 
- 

**Pain/Swelling**

<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Red
<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Red
<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Red
<input type="checkbox"/> Pain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Red

Progress Cp

The above information and t

Current Impression.\*

Stable/No Change  Improving

Comments

**No Adverse Events or Problems**

- Arrest, Cardiac
- Arrest, Cardiorespiratory
- Arrest, Respiratory
- Atrial Fibrillation
- Blood Pressure Controlled
- Blood Pressure Improved
- Blood Pressure Uncontrolled
- Bradycardia
- Chest Gripping Pain
- Chest Pain
- Chest Pain w/Palpation of Chest Wall
- Chest Pain w/Respirations
- Chest Pain, At Rest
- Chest Pain, Precordial
- Chest Pain, w/Diaphoresis
- Chest Pain, w/Nausea
- Chest Pain, w/o Diaphoresis
- Chest Pain, w/o Nausea
- Chest Pain, w/o Radiation
- Chest Pain, w/o SOB
- Chest Pain, w/Ratiation Into Jaw
- Chest Pain, w/SOB
- Chest Pressure
- Chest Tightness
- Cough, Clear Sputum
- Cough, Greenish Sputum
- Cough, Non-Productive
- Cough, Productive
- Cough, Yellowish Sputum
- Episode of Hypotension
- Episode of Hypotension Resolved
- Episode of Hypotension w/Fluid Challenge
- Episode of Hypotension w/Pressor Agent
- Heart Attack
- Hemoptysis
- Intubated and Moved to ICU
- Pain On Deep Inspiration, LLL
- Pain On Deep Inspiration, RLL
- Respiratory Capacity Dimished
- Respiratory Failure
- Shortness of Breath
- Tachycardia

Status	<input type="text"/>
Status	<input type="text"/>
Status	<input type="text"/>
Status	<input type="text"/>
Status	<input type="text"/>
Status	<input type="text"/>
Status	<input type="text"/>
Status	<input type="text"/>

<b>Other/General</b>	Status
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

To the right of these four options is a button entitled **“Transfusion Info.”** This allows the documentation of transfusions. The options allow you to document:

- the number of units,
- the type of blood product and
- the date of the event.

This information will automatically be added to the discharge summary at the end of the inpatient care.

**Pertinent Events of the Past 24 Hours**

No Significant Changes or Events     
 Overall Condition   
  Worsening   
  Stable/No Change   
  Improving

The above information and the comments will print at the top of the note as the "Current Impression."

Cardio/Pulmonary	Status	Gastro/Digestive	Status
Chest Pain	Improving		
Shortness of Breath	Improving		

**Transfusions**

Units	Type	Date

**Bloodproduct**

- Fresh Frozen Plasma
- Packed Cells
- Platelets
- Whole

Pain/Swelling	Location	Status
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness		
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness		
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness		
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness		
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness		

The last section of the **Pertinent Events of the past 24 hours** template displays two functions:

- **Pain/Swelling/Redness**

This provides further opportunity to document precise changes in the patient’s condition under headings for “pain, swelling, redness.” The provider can click on one of these three and select the proper location from the pick list

### Pertinent Events of the Past 24 Hours

No Significant Changes or Events     Overall Status:  Stable/No Change    Improving

The above information and the comments will print as part of the patient's medical record impression.\*

**Cardio/Pulmonary**

Symptom	Status
Chest Pain	Improving
Shortness of Breath	Improving

**Mental/Neurological**

Symptom	Status

**Pain/Swelling**

Pain	Swelling	Redness	Location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Location**

- Abdomen
- Ankle Both
- Ankle L
- Ankle R
- Arm Both
- Arm L
- Arm R
- Elbow Both
- Elbow L
- Elbow R
- Finger All
- Finger L
- Finger R
- Foot Both
- Foot L
- Foot R
- Hand Both
- Hand L
- Hand R
- Head
- Hip Both
- Hip L
- Hip R
- Knee Both
- Knee L
- Knee R
- Leg Both
- Leg L
- Leg R
- Low back
- Middle back
- Multiple Joints
- Neck
- Sacrum
- Shoulder Both
- Shoulder L
- Shoulder R
- Toes All
- Toes L
- Toes R
- Upper back
- Wrist Both
- Wrist L

Comments:

Status:

Transfusion Info:

Other/General:

Status:

Return     Rehabilitation

- **Other/General**

This provides further opportunity to document precise changes in the patient condition under headings of **“other/General”**

**Pertinent Events of the Past 24 Hours**

No Significant Changes or Events     
 Overall Condition   
  Worsening   
  Stable/No Change   
  Improving

The above information and the comments will print at the top of the note as the "Current Impression."

Cardio/Pulmonary	Status	Gastro/Digestive	Status
Chest Pain	Improving		
Shortness of Breath	Improving		

Mental/Neurological	Status	Infection/Reaction	Status

Pain/Swelling	Location	Status	Other/General
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness			
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness			
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness			
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness			
<input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Redness			

**Progress Other**

- No Adverse Events or Problems
- Code Status: Discuss with Family
- Code Status: Patient is DNR
- Code Status: Patient is Full Code
- Difficult Sleeping
- Fall w/Contusion
- Fall w/Fracture
- Fall w/Laceration
- Fall w/o Injury
- Insomnia
- IV Fluids Discontinued
- Patient Refused IV
- Patient Refused Labs
- Patient Refused Physical Therapy
- Patient Refused Procedures
- Patient Refused Vital Signs
- Patient Removed IV
- Patient Removed Urinary Catheter
- Patient Removed Vent Tube
- Restraints Added
- Skin Tear

With these tools, it is possible to prepare an accurate and detailed account of the patient's last 24 hours in the hospital.

### The Hospital Master Progress Plan Template

The second template which is unique to the **Hospital Master Progress** suite is the **Plan Template**, When you the activate the 18th button in the Navigation list on the **Master Progress template**, which is entitled **Plan/Comment**, it launches a template entitled the **Daily Progress Plan**.

**Daily Progress Plan**

Diagnosis	Category	Plan/Comments
Frederickson Type III Hyperlipoproteinemia		<input type="checkbox"/>
Renal Stage II Chron Disease		<input type="checkbox"/>
CHF Diastolic Acute	CHF	<input checked="" type="checkbox"/> General improvement. The patient's pulmonary congestion has improved and the peripheral edema has lessened. Patient is able to lay flat without difficulty and is able to ambulate without SOB.
Hyperten Isolated Systolic	Hypertension	<input checked="" type="checkbox"/> The patient's current blood pressure is 138/85 mmHg. The patient's blood pressure is classified as High-Normal (Pre-Hypertensive). The patient's blood pressure is improving. The patient has the following
Anemia Unspecified	Anemia	<input type="checkbox"/>
DM II Renal Manifestat Uncontr	Diabetes	<input checked="" type="checkbox"/> The patient's HgbA1C on 20091118 was 7.9 % which translates to a mean plasma glucose of 203 mg/dL. The patient's diabetes is not well controlled. The patient's blood sugar is improving. Ketosis is absent.
		<input type="checkbox"/>
		<input type="checkbox"/>

The purpose of this template is to enable a provider to prepare a **Treatment Plan** for the conditions for which a patient is admitted to the hospital, or for conditions which are co-morbidities of a patient admitted to the hospital.

The **Hospital Daily Progress Plan** template has two sections. The first section which is at the top of the template on the same line as the template's name, has two buttons:

- **Additional Diagnoses** – this button launches additional diagnoses which can will be completed if the patient has more valid diagnoses than those which appear on the **Daily Progress Plan**.



The screenshot shows a medical software interface for a 'Daily Progress Note'. At the top, there are fields for 'Seen By MD @' (11/25/2009 9:25 AM), 'Patient' (College), 'Test' (Test), 'DOB' (01/01/1920), and 'Sex' (F). Below this, there are sections for 'Facility' (Memorial Hermann Baptist), 'Provider' (James L. Holly MD), 'PCP' (James Holly), 'Admit Status' (Telemetry), 'Code Status' (Full Code), 'Visit Type' (Attending), and 'Residence'. A central 'Diagnoses' table lists conditions like 'Fredrickson Type IIb Hyperlipoproteinemia', 'Renal Stage II Chron Disease', 'CHF Diastolic Acute', 'Hyperten Isolated Systolic', and 'Anemia Unspecified'. To the right is a 'Home' navigation menu with options like 'Recent Events', 'Histories', 'HPI', 'Chronic Conditions', 'System Review', 'Physical Exam', 'Procedures', 'Laboratory', 'Hydration', 'Nutrition', 'Fall Risk', 'Skin Lesions', 'Renal Failure', 'Radiology', 'Procedures', 'Guidelines', 'Plan/Comments', and 'Orders'. A 'Note' button is at the bottom right. A red box highlights a modal window titled 'Daily Progress Note Additional Diagnoses' with a table for entering additional diagnoses and 'OK' and 'Cancel' buttons.

- **Orders** – this button launches the same template as is activated by depressing the 19th Navigation button in column three of the Master Progress template. The “**Order**” template will be described in detail below (**to review this template click here**)

### Specific Plans for all or some of the diagnoses

The second section of the **Daily Progress Note** template displays the first eight diagnoses which appear on the Master Progress template. The next seven diagnoses, if there are more than 8, up to a maximum of 15, appear when the “**additional diagnoses**” button is launched as described above.

Here it is possible to type specific plans which apply to each diagnosis. The idea of the Master Progress Plan function is to make it possible to complete precise, detailed and complete evaluations of the patient’s status and progress while in the hospital.

There is also another way of completing this section and that is with the “Categories” function.

**Daily Progress Plan**

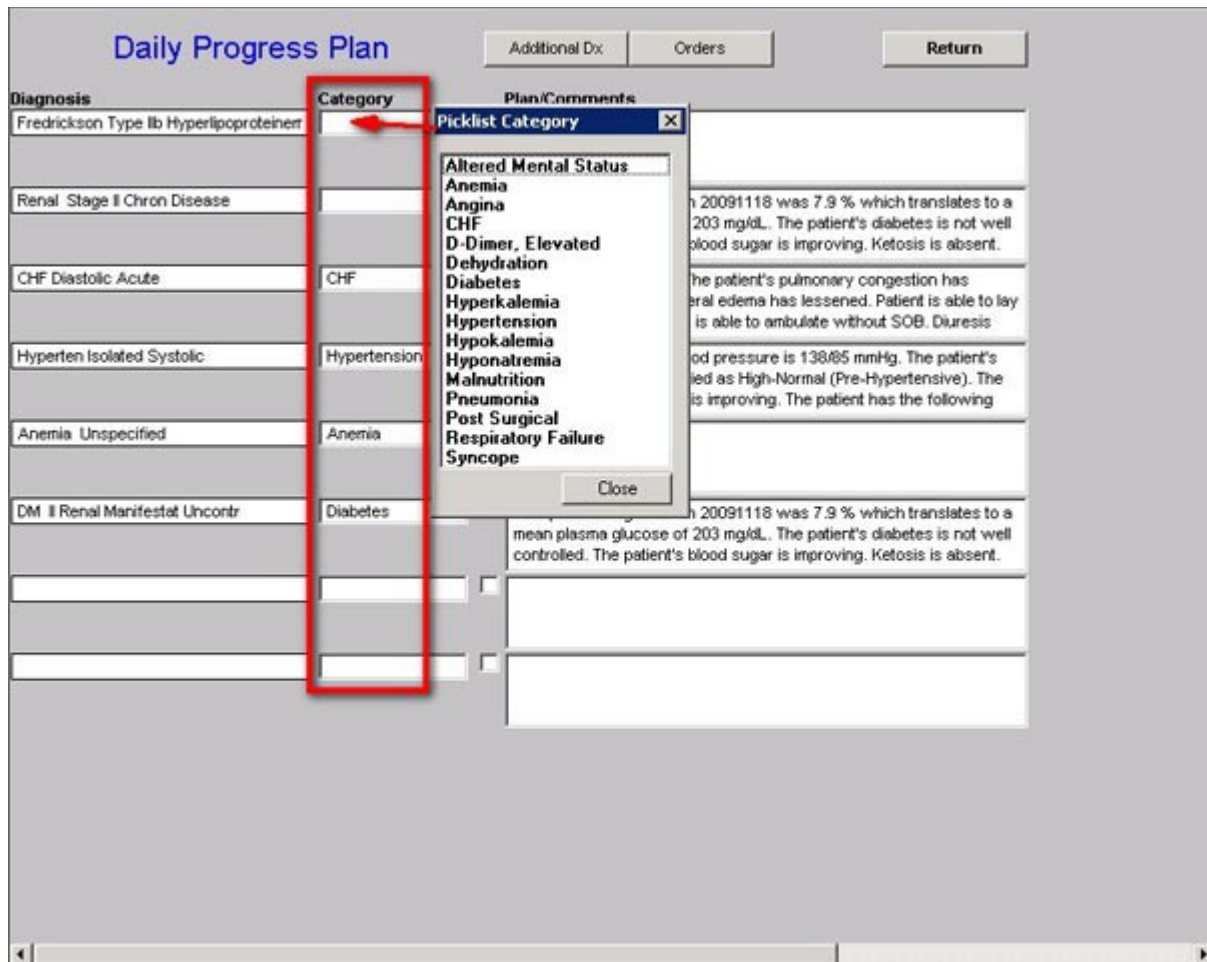
Additional Dx    Orders   

Diagnosis	Category	Plan/Comments
Fredrickson Type III Hyperlipoproteinemia		
Renal Stage II Chron Disease		
CHF Diastolic Acute	CHF	<input checked="" type="checkbox"/> General improvement. The patient's pulmonary congestion has improved and the peripheral edema has lessened. Patient is able to lay flat without difficulty and is able to ambulate without SOB.
Hyperten Isolated Systolic	Hypertension	<input checked="" type="checkbox"/> The patient's current blood pressure is 138/85 mmHg. The patient's blood pressure is classified as High-Normal (Pre-Hypertensive). The patient's blood pressure is improving. The patient has the following
Anemia Unspecified	Anemia	<input type="checkbox"/>
DM II Renal Manifestat Uncontr	Diabetes	<input checked="" type="checkbox"/> The patient's HgbA1C on 20091118 was 7.9 % which translates to a mean plasma glucose of 203 mg/dL. The patient's diabetes is not well controlled. The patient's blood sugar is improving. Ketosis is absent.
		<input type="checkbox"/>
		<input type="checkbox"/>

Next to each diagnosis is a box under the heading of “Category.” If you click in that box, a list of 16 diagnostic categories appear for which we have built a set of structured options for:

- symptoms,
- physical findings
- condition status
- Laboratory studies
- Procedures
- Medications





These are common and complex problems facing clinicians every day. It is SETMA's intent to add numerous other categories up to a potential of 100 or more. The goal is to give providers the facility to document daily progress notes with precision, granularity and efficiency.

### **A Description of the 16 Categories of Templates on the Master Progress Plan**

The function of each of these diagnostic categories will be obvious as they are reviewed. The following description of each will be limited to unique functions which are not obvious, or which are not visible from a screen shot of the template.

#### **Altered Mental Status**

Progress Altmental

## Daily Progress Note Altered Mental Status

**Type of Altered Mental Status**

Amnesia       Dementia, Primary  
 Delirium       Dementia, Secondary

[Causes](#)

**Patient's Living Arrangements**

Alone  
 With partner  
 In care facility  
 Other \_\_\_\_\_

**Physical Exam**

Orientation  
 Normal      Other \_\_\_\_\_

Speech  
 Incoherent       Slurred  
 Loud               Shouting  
 Mumbling         Unresponsive

Thought  
Coherent       yes       no  
Logical         yes       no  
Delusions      yes       no  
Paranoid       yes       no

**Status**

Mental status has improved  
 Mental status has worsened  
 Patient remains confused  
 Depression excluded as cause  
 No evidence of seizure  
 No evidence of CVA

**Laboratory**

Acetaminophen       CMP  
 Alcohol, blood level       Drug Screen  
 Ammonia, serum       Folate  
 Apo E                   Prealbumin  
 B12, serum               Salicylate  
 Carbon Monoxide       Thyroid profile  
 CBC                       VDRL

Other \_\_\_\_\_

**Procedures**

EKG  
 EEG  
 MRI of head  
 CT of head  
 Spinal Tap

**Consults**

Neurology  
 Psychiatry

**Medications**      [Dosing Help](#)

Sedatives               Lorazepam  
Neuroleptics            Haldol  
                                  Droperidol  
Atypical Antipsychotics       Risperidone  
Antidotes                 Naloxone

OK      Cancel

This template is name **Daily Progress Note Altered Mental Status**. It has two unique functions which are not obvious:

- At the top of the template next to the **Type of Altered Mental Status**, there is a button entitled “**Causes**.” When this button is depressed, the following pop-up appears which is entitled “**Causes of Altered Mental Status**.”

Daily Progress Plan

Additional Dx Orders Return

Diagnoses: Progress Altmencal

Fred

Daily Progress Note  
Altered Mental Status

Type of Altered Mental Status

Amnesia  Delirium  Dementia, Primary  Dementia, Secondary

Causes

Progress Altmencal

Causes of Altered Mental Status

Select all that apply in this patient.

<input type="checkbox"/> Amnesia	<input type="checkbox"/> Delirium	<input type="checkbox"/> Dementia, Primary	<input type="checkbox"/> Dementia, Secondary
<input type="checkbox"/> Head trauma <input type="checkbox"/> Korsakoff syndrome <input type="checkbox"/> Transient global amnesia <input type="checkbox"/> Traveler amnesia	Intoxication <input type="checkbox"/> Alcohol <input type="checkbox"/> Hallucinogens Occult Infection <input type="checkbox"/> Encephalitis <input type="checkbox"/> Meningitis <input type="checkbox"/> Acute mania or other psych etiology <input type="checkbox"/> Cerebral vascular accident <input type="checkbox"/> Endocrine crisis <input type="checkbox"/> Head trauma <input type="checkbox"/> Inflammation (systemic lupus erythematosus) <input type="checkbox"/> Liver failure <input type="checkbox"/> Neoplasia <input type="checkbox"/> Renal failure <input type="checkbox"/> Respiratory dysfunction (hypoxia, hypercarbia) <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Shock <input type="checkbox"/> Sundowning syndrome	<input type="checkbox"/> Medications <input type="checkbox"/> Toxins <input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Sepsis <input type="checkbox"/> Alzheimers <input type="checkbox"/> Frontotemporal dementia (FTD) <input type="checkbox"/> Avitaminosis <input type="checkbox"/> Autoimmune disease <input type="checkbox"/> Psychiatric illness <input type="checkbox"/> Protein Calorie Malnutrition <input type="checkbox"/> Parkinsonism <input type="checkbox"/> Chronic endocrinopathies	<input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Chronic CNS infection <input type="checkbox"/> CNS trauma <input type="checkbox"/> Increased ICP (e.g. neoplasia, mass effect, hydrocephalus) <input type="checkbox"/> Avitaminosis <input type="checkbox"/> Autoimmune disease <input type="checkbox"/> Psychiatric illness

OK Cancel

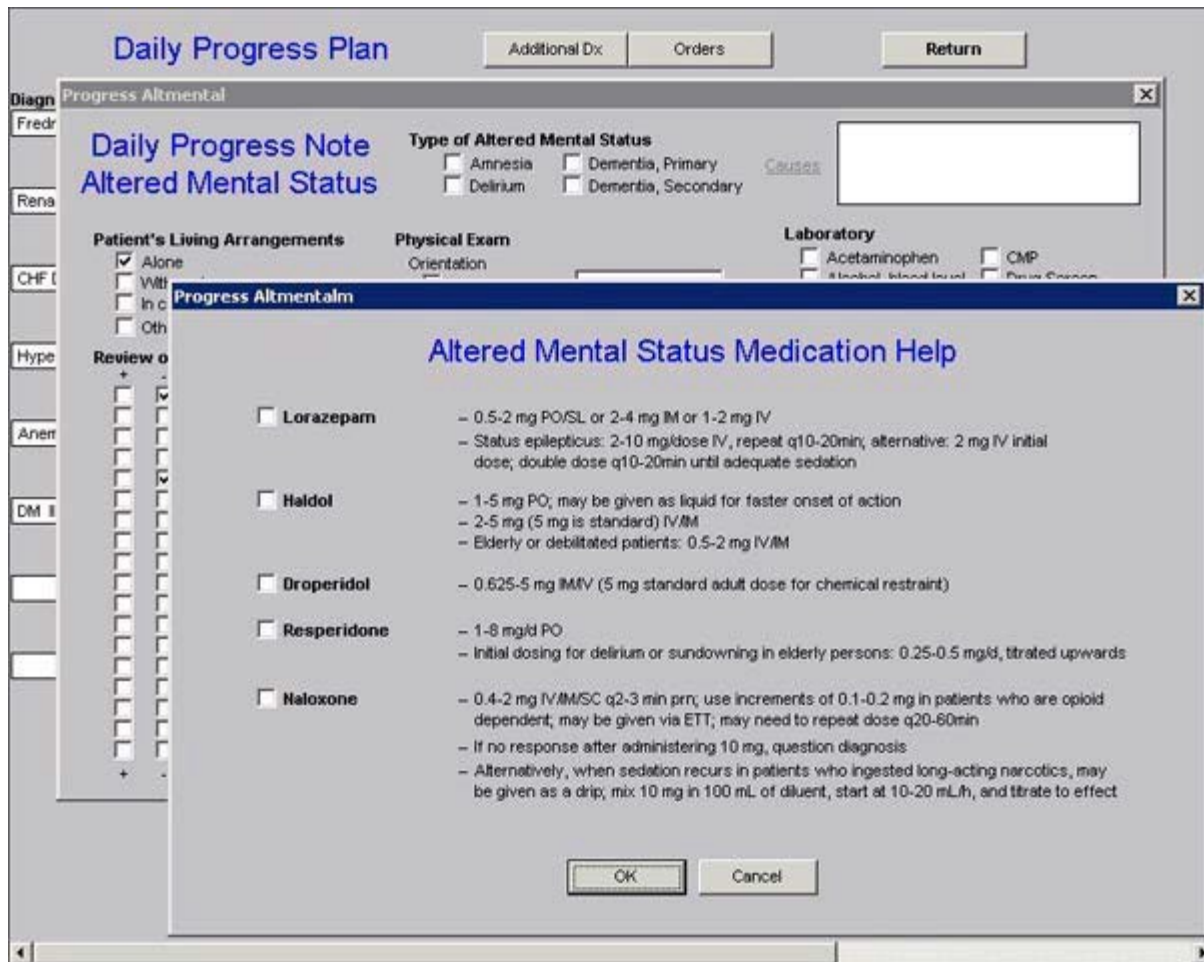
This allows the provider to document very specifically what the cause of AMS is or is suspected of being. All of the choices which are selected will appear in the box next to “Causes” on the **Daily Progress Note Altered Mental Status** and will also appear on the daily progress note next to the diagnosis of Altered Mental Status.

## Daily Progress Plan

Additional Dx
Orders
Return

Diagnosis	Category		Plan/Comments
Fredrickson Type II Hyperlipoprotein	Altered Mental Sta	<input checked="" type="checkbox"/>	Patient lives alone. The following are negative from the review of systems: dizziness, disorientation. Labs ordered. Procedures ordered. See orders sheet.
Renal Stage II Chron Disease	Anemia	<input checked="" type="checkbox"/>	The patient's HgbA1C on 20091118 was 7.9 % which translates to a mean plasma glucose of 203 mg/dL. The patient's diabetes is not well controlled. The patient's blood sugar is improving. Ketosis is absent.
CHF Diastolic Acute	CHF	<input checked="" type="checkbox"/>	General improvement. The patient's pulmonary congestion has improved and the peripheral edema has lessened. Patient is able to lay flat without difficulty and is able to ambulate without SOB. Diuresis
Hyperten Isolated Systolic	Hypertension	<input checked="" type="checkbox"/>	The patient's current blood pressure is 138/85 mmHg. The patient's blood pressure is classified as High-Normal (Pre-Hypertensive). The patient's blood pressure is improving. The patient has the following
Anemia Unspecified	Anemia	<input type="checkbox"/>	
DM II Renal Manifestat Uncontr	Diabetes	<input checked="" type="checkbox"/>	The patient's HgbA1C on 20091118 was 7.9 % which translates to a mean plasma glucose of 203 mg/dL. The patient's diabetes is not well controlled. The patient's blood sugar is improving. Ketosis is absent.
		<input type="checkbox"/>	
		<input type="checkbox"/>	

- Near the right hand bottom of the Altered Mental Status template is a button entitled **“Dosing Help.”** When launched this displays a template entitled **Altered Mental Status Medication Help.** It gives indications and dosing for five medications often used for Altered Mental Status.



The other elements of the Altered Mental Status pop-up are obvious.

## Anemia

When you click in the box labeled as **Categories** and select the choice entitled **Anemia**, the following pop-up appears. This template addresses some of the common issues related to symptoms and laboratory evaluation of anemia, orders and consults.

**Progress Anemia** [X]

## Anemia Assessment

**Classification of Anemia**

Microcytic Hypochromic Anemia (MCV < 83, MCHC < 31)

Macrocytic Anemia (MCV > 95)

Normocytic Normochromic Anemia (blood loss, hemolysis, decreased production)

Abnormal Forms of RBCs

---

**Review of Systems**

Fatigue

Melena

Hematochezia

Pagophagia (ice eating)

Burning of tongue

Loss of proprioception

Renal disease

Cheilosis [Help](#)

PICA [Help](#)

Paresthesias

Dark urine

Shortness of breath

**History**

History of Anemia

Family Hx of Sickle Cell Disease

**Laboratory Results**

HGB		//
HCT		//
MCV		//
MCHC		//
Serum Iron		//
IBC		//
% Iron Sat		//
B12		//
Folate		//
Retic Count		//
Haptoglobin		//

**Laboratory Orders**

B12, Serum

Ferritin

Folic Acid

Haptoglobin

Iron Binding Capacity

Iron, Serum

Reticulocyte Count

Sickle Cell Test

Stool Occult Blood x3

**Consults**

Hematology Consult

GI Consult

**Medications**

Procrit

**Transfusion**

**Physical Exam**

[Integumentary](#)   [Eyes](#)

[Abdomen/GI](#)   [Neck/Thyroid](#)

OK   Cancel

All of the functions of this template are straightforward.

## Angina

When you click in the box labeled as **Categories** and select the choice entitled **Angina** the following pop-up appears.



**Progress Angina** X

## Daily Progress Note Chest Pain Assessment

**Status**

 Chest pain has resolved  
 Chest pain has improved  
 Chest pain has worsened

**Type of Chest Pain**

 Typical  
 Atypical  
 Non-cardiac chest pain

**Type of Angina**

 [Stable](#)  
 [Unstable - Rest Angina](#)  
 [Unstable - New Onset](#)  
 [Unstable - Increasing](#)

**Standards of Care (Consortium Data Set)**

 Patient recieved antiplatelet therapy  
 Patient recieved a statin  
 Patient recieved Beta Blocker Help - Drug Info  
 Smoking cessation discussed

**Quality of Pain**

 Grip-Like  
 Heaviness in chest  
 Pressure-Like  
 Squeezing  
 Suffocating

**CCSC Class of Angina**

 Class I     Class II    Help  
 Class III     Class IV

**Lab Results**

Troponin			CPK		
	//			//	
	//			//	
	//			//	

**The following are predictive of CAD**

	+	-
S3 or S4 sound or gallop	<input type="checkbox"/>	<input type="checkbox"/>
Mitral regurgitant murmur	<input type="checkbox"/>	<input type="checkbox"/>
Paradoxically split S2	<input type="checkbox"/>	<input type="checkbox"/>
Bibasilar rales	<input type="checkbox"/>	<input type="checkbox"/>
Chest wall heave that disappears when pain subsides	<input type="checkbox"/>	<input type="checkbox"/>
Pericardial rub	<input type="checkbox"/>	<input type="checkbox"/>

**Pain Described As**

 Radiation absent  
 Radiation to arms  
 Radiation to epigastrium  
 Radiation to jaw  
 Radiation to neck  
 Substernal  
 Sharp pain lasting a few secs

**Lab Orders**

 AMI q6 hours x3  
 BNP  
 C-Reactive Protein  
 Calcium  
 D-Dimer  
 Hemoglobin A1C

Homocysteine  
 Lipid Panel  
 Magnesium  
 Sed Rate  
 Thyroid Profile  
 Uric Acid

**Palpation of chest wall for tenderness**

	+	-
Sternum	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (1-3)	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (4-7)	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (8-12)	<input type="checkbox"/>	<input type="checkbox"/>

**Pain Aggravated By**

 Emotion  
 Exertion  
 Nothing

**Procedures**

 Echocardiogram  
 EKG

**Consults**

 Cardiology consult ordered  
 Cardiology consult report reviewed

**CAD Risk Factors**

 Elevated blood pressure  
 Xanthomas  
 Retinal exudates

**Angina Equivalents**

	+	-
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diaphoresis	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Indigestion	<input type="checkbox"/>	<input type="checkbox"/>
Light headedness	<input type="checkbox"/>	<input type="checkbox"/>

**Non-coronary atherosclerotic disease increases the likelihood of CAD**

	+	-
Carotid bruit	<input type="checkbox"/>	<input type="checkbox"/>
Diminished pedal pulses	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal aneurysm	<input type="checkbox"/>	<input type="checkbox"/>

This pop-up is a summary of the material contained in the Disease Management tool entitled **Angina** (you can review that material by clicking here). Its use can be reviewed in that tutorial which is found under the Disease Management materials in this section of this website..

In the second column of this pop-up there is a place for the documentation of the **Class of Angina**. It is entitled CCSA, which stands for **Canadian Cardiovascular Society Classification System for Angina**.



**Progress Angina**

### Daily Progress Note Chest Pain Assessment

**Status**

Chest pain has resolved  
 Chest pain has improved  
 Chest pain has worsened

**Quality of Pain**

Grip-Like  
 Heaviness in chest  
 Pressure-Like  
 Squeezing  
 Suffocating

**Pain Described As**

Radiation absent  
 Radiation to arms  
 Radiation to epigastrium  
 Radiation to jaw  
 Radiation to neck  
 Substernal  
 Sharp pain lasting a few secs

**Pain Aggravated By**

Emotion  
 Exertion  
 Nothing

**Angina Equivalents**

	+	-
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diaphoresis	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Indigestion	<input type="checkbox"/>	<input type="checkbox"/>
Light headedness	<input type="checkbox"/>	<input type="checkbox"/>

**Type of Chest Pain**

Typical  
 Atypical  
 Non-cardiac chest pain

**Type of Angina**

Stable  
 Unstable - Rest Angina  
 Unstable - New Onset  
 Unstable - Increasing

**Standards of Care (Consortium Data Set)**

Patient recieved antiplatelet therapy  
 Patient recieved a statin  
 Patient recieved Beta Blocker  
 Smoking cessation discussed

**Help - Drug Info**

**CCSC Class of Angina**

Class I     Class II     Class III     Class IV   

**Lab Results**

Troponin	CPK
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Lab Orders**

AMI q6 hours x3  
 BNP  
 C-Reactive Protein  
 Calcium  
 D-Dimer  
 Hemoglobin A1C

Homocysteine  
 Lipid Panel  
 Magnesium  
 Sed Rate  
 Thyroid Profile  
 Uric Acid

**Procedures**

Echocardiogram  
 EKG

**Consults**

Cardiology consult ordered  
 Cardiology consult report reviewed

**The following are predictive of CAD**

	+	-
S3 or S4 sound or gallop	<input type="checkbox"/>	<input type="checkbox"/>
Mitral regurgitant murmur	<input type="checkbox"/>	<input type="checkbox"/>
Paradoxically split S2	<input type="checkbox"/>	<input type="checkbox"/>
Bibasilar rales	<input type="checkbox"/>	<input type="checkbox"/>
Chest wall heave that disappears when pain subsides	<input type="checkbox"/>	<input type="checkbox"/>
Pericardial rub	<input type="checkbox"/>	<input type="checkbox"/>

**Palpation of chest wall for tenderness**

	+	-
Sternum	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (1-3)	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (4-7)	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (8-12)	<input type="checkbox"/>	<input type="checkbox"/>

**CAD Risk Factors**

	+	-
Elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Xanthomas	<input type="checkbox"/>	<input type="checkbox"/>
Retinal exudates	<input type="checkbox"/>	<input type="checkbox"/>

**Non-coronary atherosclerotic disease increases the likelihood of CAD**

	+	-
Carotid bruit	<input type="checkbox"/>	<input type="checkbox"/>
Diminished pedal pulses	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal aneurysm	<input type="checkbox"/>	<input type="checkbox"/>

When the button entitled **Help** is activated, the following appears.

**Help Anginagrade**

### Grading of Angina Pectoris by the Canadian Cardiovascular Society Classification System

Class I -- Ordinary physical activity does not cause angina, such as walking, climbing stairs. Angina occurs with strenuous, rapid or prolonged exertion at work or recreation.

Class II -- Slight limitation of ordinary activity. Angina occurs on walking or climbing stairs rapidly, walking uphill, walking stair climbing after meals, or in cold, or in wind or under emotional stress, or only during the few hours after awakening. Angina occurs with walking over two blocks on the level, and climbing more than one level of ordinary stairs at a normal pace and in normal conditions.

Class III -- Marked limitation of ordinary activity. Angina occurs when walking one to two blocks on the level and climbing one flight of stairs in normal conditions and at a normal pace.

Class IV -- Inability to carry on any physical activity without discomfort -- angina symptoms may be present at rest.

This enables the grading of the class of angina to be standardized and it also enables the provider to fulfill one of the quality measures of the Physician Consortium for Performance Improvement (PCPI) which is to have determined the class by a standard measure.

In the fourth column of this template there is a summary of the PCPI under the heading “Standards of Care.”

**Progress Angina** X

## Daily Progress Note Chest Pain Assessment

**Status**

 Chest pain has resolved  
 Chest pain has improved  
 Chest pain has worsened

**Quality of Pain**

 Grip-Like  
 Heaviness in chest  
 Pressure-Like  
 Squeezing  
 Suffocating

**Pain Described As**

 Radiation absent  
 Radiation to arms  
 Radiation to epigastrium  
 Radiation to jaw  
 Radiation to neck  
 Substernal  
 Sharp pain lasting a few secs

**Pain Aggravated By**

 Emotion  
 Exertion  
 Nothing

**Angina Equivalents**

Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diaphoresis	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Indigestion	<input type="checkbox"/>	<input type="checkbox"/>
Light headedness	<input type="checkbox"/>	<input type="checkbox"/>

**Type of Chest Pain**

 Typical  
 Atypical  
 Non-cardiac chest pain

**Type of Angina**

 [Stable](#)  
 [Unstable](#) - Rest Angina  
 Unstable - New Onset  
 Unstable - Increasing

**CCSC Class of Angina**

 Class I     Class II  
 Class III     Class IV    

**Lab Results**

Troponin			CPK		
	//			//	
	//			//	
	//			//	

**Lab Orders**

 AMI q6 hours x3     Homocysteine  
 BNP     Lipid Panel  
 C-Reactive Protein     Magnesium  
 Calcium     Sed Rate  
 D-Dimer     Thyroid Profile  
 Hemoglobin A1C     Uric Acid

**Procedures**

 Echocardiogram  
 EKG

**Consults**

 Cardiology consult ordered  
 Cardiology consult report reviewed

**Standards of Care (Consortium Data Set)**

 Patient received antiplatelet therapy  
 Patient received a statin  
 Patient received Beta Blocker      
 Smoking cessation discussed

**The following are predictive of CAD**

S3 or S4 sound or gallop	<input type="checkbox"/>	<input type="checkbox"/>
Mitral regurgitant murmur	<input type="checkbox"/>	<input type="checkbox"/>
Paradoxically split S2	<input type="checkbox"/>	<input type="checkbox"/>
Bibasilar rales	<input type="checkbox"/>	<input type="checkbox"/>
Chest wall heave that disappears when pain subsides	<input type="checkbox"/>	<input type="checkbox"/>
Pericardial rub	<input type="checkbox"/>	<input type="checkbox"/>

**Palpation of chest wall for tenderness**

Sternum	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (1-3)	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (4-7)	<input type="checkbox"/>	<input type="checkbox"/>
Ribs (8-12)	<input type="checkbox"/>	<input type="checkbox"/>

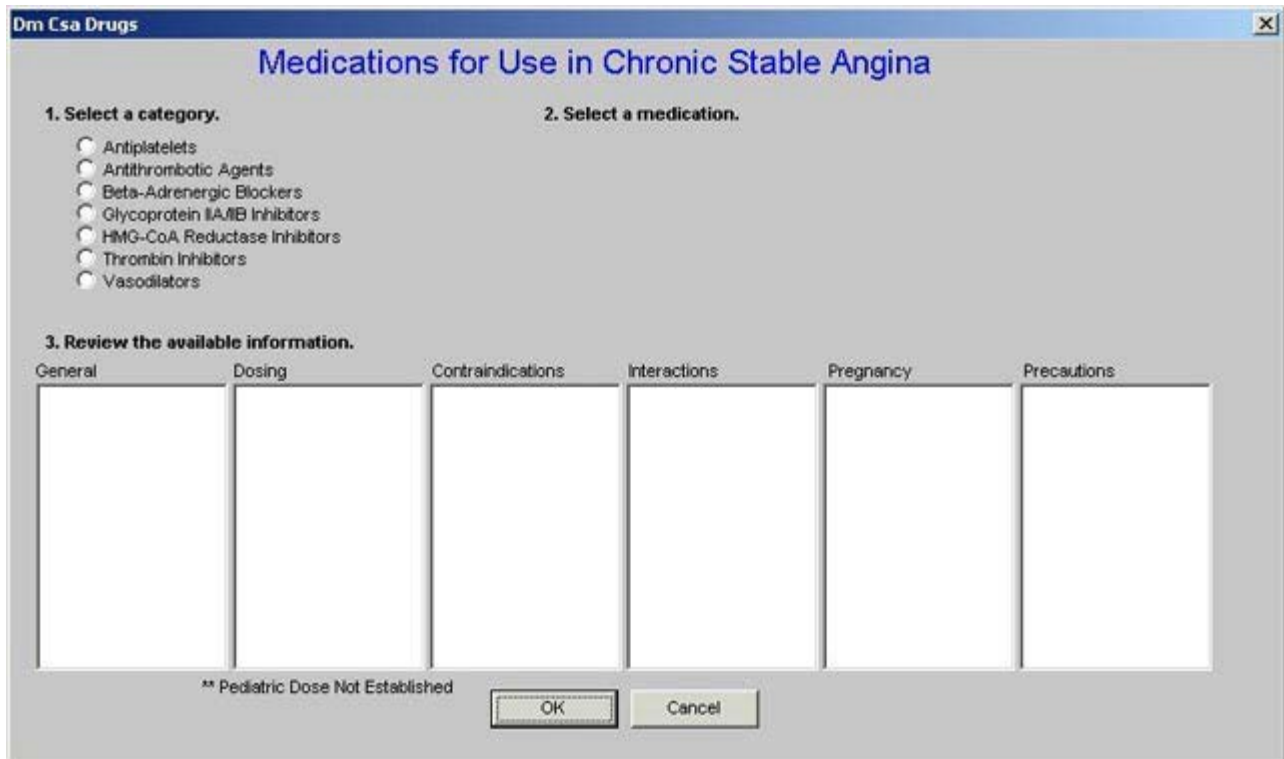
**CAD Risk Factors**

Elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Xanthomas	<input type="checkbox"/>	<input type="checkbox"/>
Retinal exudates	<input type="checkbox"/>	<input type="checkbox"/>

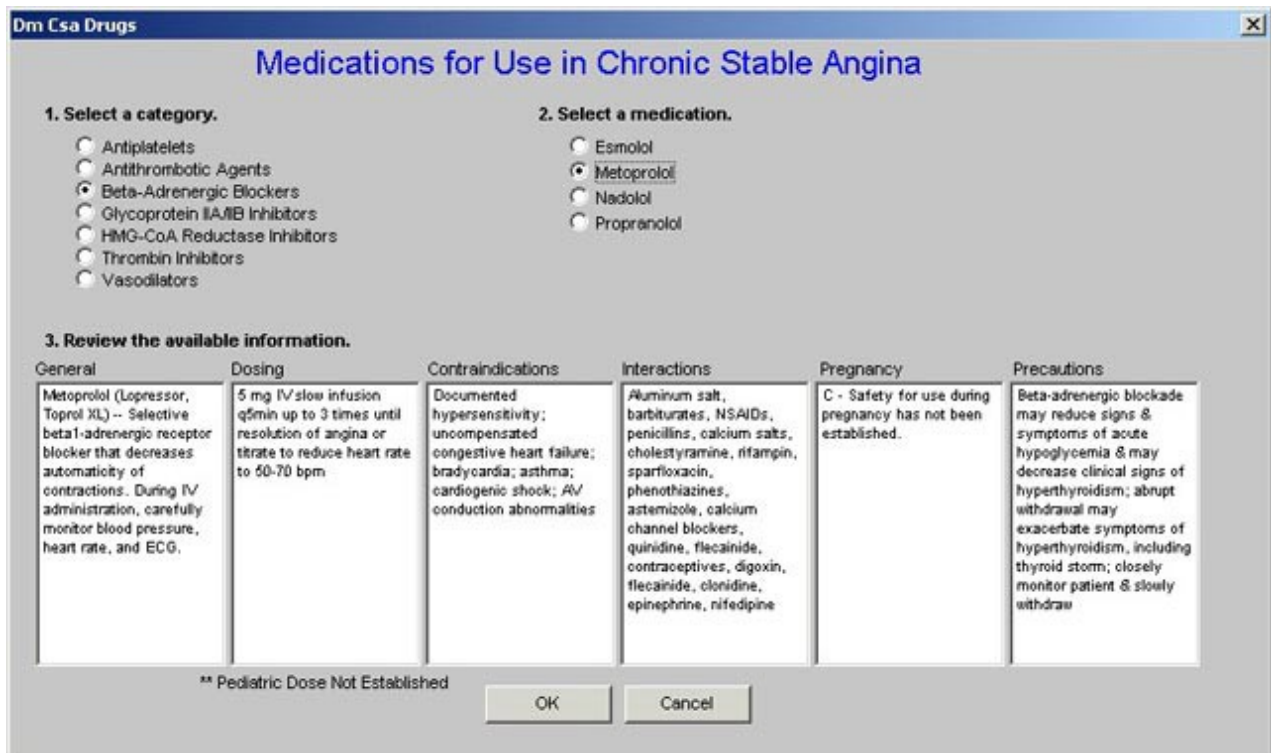
**Non-coronary atherosclerotic disease increases the likelihood of CAD**

Carotid bruit	<input type="checkbox"/>	<input type="checkbox"/>
Diminished pedal pulses	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal aneurysm	<input type="checkbox"/>	<input type="checkbox"/>

Next to the **Standards of Care** is a button entitled **Help – Drug Info**. When depressed this button displays the following template which is entitled **Medications for use in Chronic Stable Angina**.



When a category of drugs is selected and when a specific drug in that category is selected this template displays information about that drug in six categories: General, Dosing, Contraindications, Interactions, Pregnancy, and Precautions.



## CHF

When the **CHF** choice is selected under **Categories** the following template is displayed which is entitled, “**Daily Progress Note CHF Assessment.**”

**Progress Chf**

**Daily Progress Note CHF Assessment**

**General Improvement**  
The patient's pulmonary congestion has improved and the peripheral edema has lessened. Patient is able to lay flat without difficulty and is able to ambulate without SOB. Diuresis has been good. Will continue current medications and repeat BMP, BNP and chest x-ray. Cardiology note reviewed.

**General Worsening**  
Pulmonary congestion is worsening; peripheral edema persists. Will continue IV lasix and follow.

---

**Status/Symptoms**

- Shortness of breath improved
- Shortness of breath worsened
- Good diuresis
- Poor diuresis
- Peripheral edema has improved
- Peripheral edema has worsened
- Peripheral edema is 1+
- Peripheral edema is 2+
- Peripheral edema is 3+
- Peripheral edema is absent
- PND resolved
- PND persists
- PND absent
- Orthopnea resolved
- Orthopnea persists
- Orthopnea absent
- Exertional dyspnea resolved
- Exertional dyspnea persists
- Echocardiogram demonstrates systolic failure
- Echocardiogram demonstrates diastolic failure
- Echocardiogram demonstrates combined failure
- Patient will be dialyzed today

**Class of CHF**  [Help](#)

**Type of CHF** [Help](#)

- Diastolic Dysfunction
- Systolic Dysfunction
- High Output Heart Failure
- Low Cardiac Output Syndrome
- Left Heart Failure
- Right Heart Failure
- Biventricular Heart Failure

**Latest BNP**  pg/mL

**Labs Ordered**

- ABG
- BMP
- BNP
- CMP
- Lanoxin Level
- Lipid Panel
- Magnesium
- PT/INR
- Thyroid Profile

**Procedures Ordered**

- Echocardiogram
- EKG
- Chest PA and LAT

**Treatment**

- Blood pressure to be controlled
- Smoking cessation discussed
- Alcohol moderation or cessation
- Low sodium diet
- Cardiac rehab will be recommended
- Captopril 6.25 mg PO q8 hours
- Daily weights
- Daily intake and output charting
- Lanoxin will be started

**Lasix**

- Add IV Lasix
- Increase Lasix dose
- Change to PO Lasix

**Diuretics**

- Add Spironalactone
- Add Bumex
- Add HCTZ
- Add Zaroxlyn
- Xopenex 1.25/3 mL

There are three unique features of this pop-up.

The first feature is two summary statements which can be selected at the top of the template. When the box next to either is checked, the language in the statement will appear in the **Plan/Comment Box** on the **Daily Progress Plan** Template and then will also print on the **Daily Progress Note**..



**Progress Chf**

## Daily Progress Note CHF Assessment

**General Improvement**  
The patient's pulmonary congestion has improved and the peripheral edema has lessened. Patient is able to lay flat without difficulty and is able to ambulate without SOB. Diuresis has been good. Will continue current medications and repeat BMP, BNP and chest x-ray. Cardiology note reviewed.

**General Worsening**  
Pulmonary congestion is worsening, peripheral edema persists. Will continue IV lasix and follow.

**Status/Symptoms**

- Shortness of breath improved
- Shortness of breath worsened
- Good diuresis
- Poor diuresis
- Peripheral edema has improved
- Peripheral edema has worsened
- Peripheral edema is 1+
- Peripheral edema is 2+
- Peripheral edema is 3+
- Peripheral edema is absent
- PND resolved
- PND persists
- PND absent
- Orthopnea resolved
- Orthopnea persists
- Orthopnea absent
- Exertional dyspnea resolved
- Exertional dyspnea persists
- Echocardiogram demonstrates systolic failure
- Echocardiogram demonstrates diastolic failure
- Echocardiogram demonstrates combined failure
- Patient will be dialyzed today

**Class of CHF**  [Help](#)

**Type of CHF** [Help](#)

- Diastolic Dysfunction
- Systolic Dysfunction
- High Output Heart Failure
- Low Cardiac Output Syndrome
- Left Heart Failure
- Right Heart Failure
- Biventricular Heart Failure

**Latest BNP**  pg/mL

**Labs Ordered**

- ABG
- BMP
- BNP
- CMP
- Lanoxin Level
- Lipid Panel
- Magnesium
- PT/INR
- Thyroid Profile

**Procedures Ordered**

- Echocardiogram
- EKG
- Chest PA and LAT

**Treatment**

- Blood pressure to be controlled
- Smoking cessation discussed
- Alcohol moderation or cessation
- Low sodium diet
- Cardiac rehab will be recommended
- Captopril 6.25 mg PO q8 hours
- Daily weights
- Daily intake and output charting
- Lanoxin will be started

**Lasix**

- Add IV Lasix
- Increase Lasix dose
- Change to PO Lasix

**Diuretics**

- Add Spironalactone
- Add Bumex
- Add HCTZ
- Add Zaroxlyn
- Xopenex 1.25/3 mL

The second feature is found in the second column and is entitled **Class of CHF**. The pick list which appears in the box when the cursor is clicked in that box allows a choice of Class I through Class IV.

**Progress Chf** X

## Daily Progress Note CHF Assessment

**General Improvement**  
The patient's pulmonary congestion has improved and the peripheral edema has lessened. Patient is able to lay flat without difficulty and is able to ambulate without SOB. Diuresis has been good. Will continue current medications and repeat BMP, BNP and chest x-ray. Cardiology note reviewed.

**General Worsening**  
Pulmonary congestion is worsening, peripheral edema persists. Will continue IV lasix and follow.

---

**Status/Symptoms**

- Shortness of breath improved
- Shortness of breath worsened
- Good diuresis
- Poor diuresis
- Peripheral edema has improved
- Peripheral edema has worsened
- Peripheral edema is 1+
- Peripheral edema is 2+
- Peripheral edema is 3+
- Peripheral edema is absent
- PND resolved
- PND persists
- PND absent
- Orthopnea resolved
- Orthopnea persists
- Orthopnea absent
- Exertional dyspnea resolved
- Exertional dyspnea persists
- Echocardiogram demonstrates systolic failure
- Echocardiogram demonstrates diastolic failure
- Echocardiogram demonstrates combined failure
- Patient will be dialyzed today

**Class of CHF**        [Help](#)

**Type of CHF** [Help](#)

- Diastolic Dysfunction
- Systolic Dysfunction
- High Output Heart Failure
- Low Cardiac Output Syndrome
- Left Heart Failure
- Right Heart Failure
- Biventricular Heart Failure

**Latest BNP**        pg/mL   

<p><b>Labs Ordered</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ABG</li> <li><input type="checkbox"/> BMP</li> <li><input type="checkbox"/> BNP</li> <li><input type="checkbox"/> CMP</li> <li><input type="checkbox"/> Lanoxin Level</li> <li><input checked="" type="checkbox"/> Lipid Panel</li> <li><input type="checkbox"/> Magnesium</li> <li><input type="checkbox"/> PT/INR</li> <li><input type="checkbox"/> Thyroid Profile</li> </ul>	<p><b>Procedures Ordered</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Echocardiogram</li> <li><input type="checkbox"/> EKG</li> <li><input type="checkbox"/> Chest PA and LAT</li> </ul>
---	--

Blood pressure to be controlled  
 Smoking cessation discussed  
 Alcohol moderation or cessation  
 Low sodium diet  
 Cardiac rehab will be recommended  
 Captopril 6.25 mg PO q8 hours  
 Daily weights  
 Daily intake and output charting  
 Lanoxin will be started

**Lasix**

- Add IV Lasix
- Increase Lasix dose
- Change to PO Lasix

**Diuretics**

- Add Spironalactone
- Add Bumex
- Add HCTZ
- Add Zaroxlyn
- Xopenex 1.25/3 mL

Beside this box is a button entitled **Help**. When that button is depressed, a pop-up appears which gives definition to the four classes of CHF and allows for the box next to the appropriate class to be selected.

**Help Chf Classes** X

### Classes of Congestive Heart Failure

- Class I - Patients with documented heart disease of any type who are completely symptom free
- Class II - Slight limitation of physical activity because symptoms (shortness of breath, chest pain) occur only with more than ordinary physical activity
- Class III - Marked limitation of physical activity because symptoms occur even with ordinary physical activity (e.g., eating meals)
- Class IV - Severe limitation of physical activity because symptoms occur even at rest (e.g., in a sitting or lying position)

The third feature is also found in the second column and it is entitled Type of CHF. There are seven options:



**Progress Chf** X

## Daily Progress Note CHF Assessment

**General Improvement**  
The patient's pulmonary congestion has improved and the peripheral edema has lessened. Patient is able to lay flat without difficulty and is able to ambulate without SOB. Diuresis has been good. Will continue current medications and repeat BMP, BNP and chest x-ray. Cardiology note reviewed.

**General Worsening**  
Pulmonary congestion is worsening, peripheral edema persists. Will continue IV lasix and follow.

---

**Status/Symptoms**

- Shortness of breath improved
- Shortness of breath worsened
- Good diuresis
- Poor diuresis
- Peripheral edema has improved
- Peripheral edema has worsened
- Peripheral edema is 1+
- Peripheral edema is 2+
- Peripheral edema is 3+
- Peripheral edema is absent
- PND resolved
- PND persists
- PND absent
- Orthopnea resolved
- Orthopnea persists
- Orthopnea absent
- Exertional dyspnea resolved
- Exertional dyspnea persists
- Echocardiogram demonstrates systolic failure
- Echocardiogram demonstrates diastolic failure
- Echocardiogram demonstrates combined failure
- Patient will be dialyzed today

**Class of CHF**  [Help](#)

**Type of CHF** [Help](#)

<input type="checkbox"/> Diastolic Dysfunction	<input type="checkbox"/> Left Heart Failure
<input type="checkbox"/> Systolic Dysfunction	<input type="checkbox"/> Right Heart Failure
<input type="checkbox"/> High Output Heart Failure	<input type="checkbox"/> Biventricular Heart Failure
<input type="checkbox"/> Low Cardiac Output Syndrome	

**Latest BNP**  pg/mL

<p><b>Labs Ordered</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ABG</li> <li><input type="checkbox"/> BMP</li> <li><input type="checkbox"/> BNP</li> <li><input type="checkbox"/> CMP</li> <li><input type="checkbox"/> Lanoxin Level</li> <li><input checked="" type="checkbox"/> Lipid Panel</li> <li><input type="checkbox"/> Magnesium</li> <li><input type="checkbox"/> PT/INR</li> <li><input type="checkbox"/> Thyroid Profile</li> </ul>	<p><b>Procedures Ordered</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Echocardiogram</li> <li><input type="checkbox"/> EKG</li> <li><input type="checkbox"/> Chest PA and LAT</li> </ul>
---	--

**Treatment**

- Blood pressure to be controlled
- Smoking cessation discussed
- Alcohol moderation or cessation
- Low sodium diet
- Cardiac rehab will be recommended
- Captopril 6.25 mg PO q8 hours
- Daily weights
- Daily intake and output charting
- Lanoxin will be started

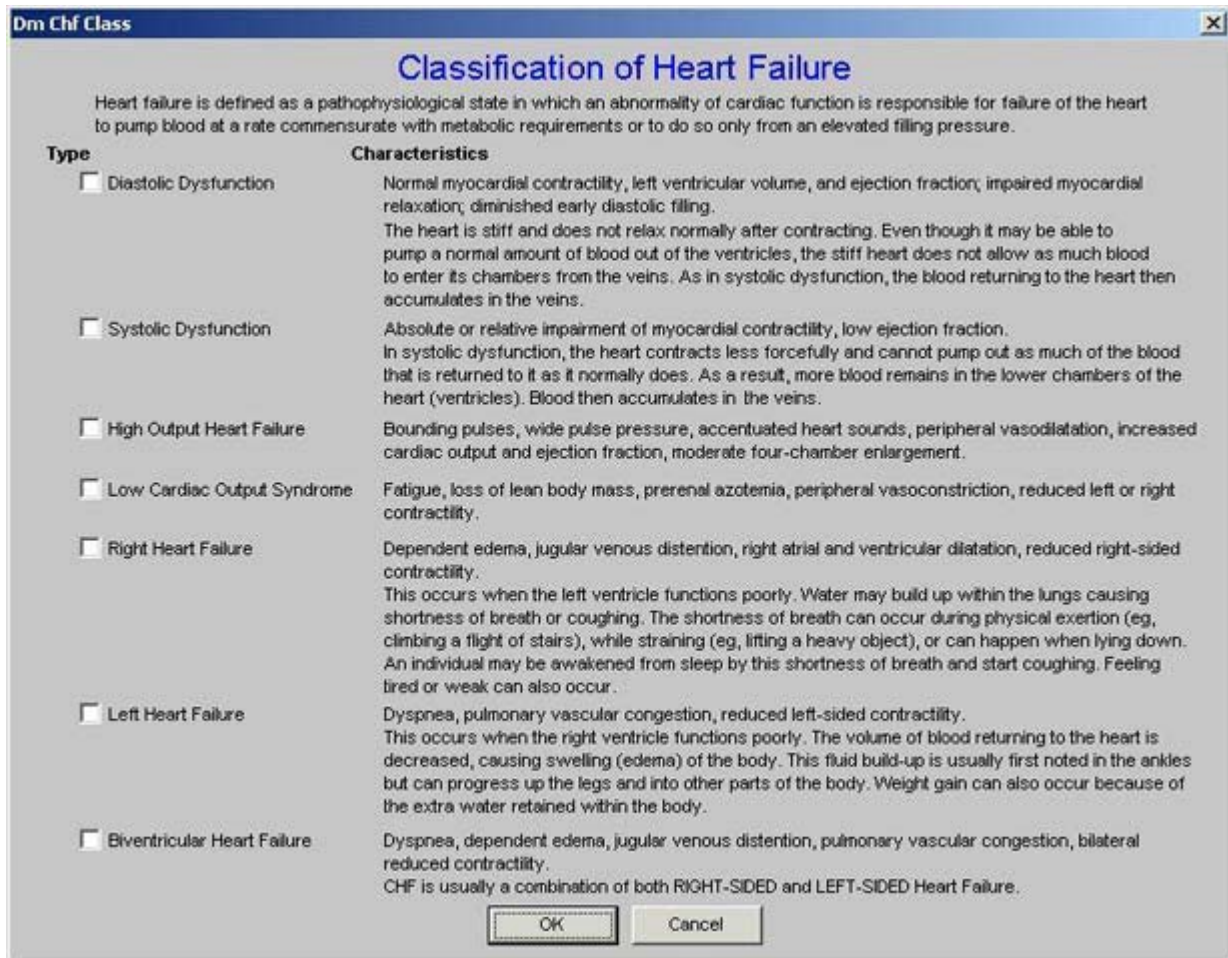
**Lasix**

- Add IV Lasix
- Increase Lasix dose
- Change to PO Lasix

**Diuretics**

- Add Spironalactone
- Add Bumex
- Add HCTZ
- Add Zaroxlyn
- Xopenex 1.25/3 mL

It is also possible to select the radial button next to the **Type of CHF** which will then also appear on the **Daily Progress Note CHF Assessment** template. Next to the Type of CHF is a Help button which when depressed presents a pop-up on which the **Types of CHF** are defined and described.



## D-Dimer Elevated

When the **D-Dimer Elevated** option is selected from the pick list in the **Categories** box, the following template is launched.

Progress Ddimerlev

## Elevated D-Dimer Assessment

**Review of Systems**

Chest pain at rest

Chest pain w/exertion

Shortness of breath

Cough

Peripheral edema

Calf tenderness

+ -

**Physical Exam**

Respiratory

Cardiovascular

Extremity

**Laboratory Results**

D-Dimer		///
Calcium		///
Magnesium		///
Ca/Mg Ratio		
Creatinine		///
BUN		///
PT		///
INR		///
Platelet Count		///

**Laboratory Orders**

D-Dimer

Fibrinogen Titer

Platelet Count

PT/INR

PTT

**Procedure Orders**

V/Q Lung Scan

CT Angiogram

CT Chest

Venous Doppler

**Medications**

Aspirin

Coumadin

Lovenox

**V/Q Lung Scan Results**

Low probability of PE

Moderate probability of PE

High probability of PE

Other

**CT Angiogram Chest Results**

Low probability of PE

Moderate probability of PE

High probability of PE

Other

This evaluation is straight forward with three features which are potentially unique to providers. In the second column, laboratory results are listed. Three lab tests are:

- **Calcium** which promotes blood clotting
- **Magnesium** which promotes fibrinolysis
- **Ca<sup>++</sup>/Mg<sup>++</sup> ratio** which reflects the balance between clotting and fibrinolysis. If the ratio is above 4, the patient has a higher probability of thrombosis abnormalities.

### Dehydration

When this option is selected, the following pop-up appears.

**Progress Dehydration** [X]

## Dehydration Assessment

**Risk Factors**

Recent Infection  
[ ]

Febrile  
[ 98.60 ] \*F

Recent weight loss

Impaction

Decreased appetite

Change in mental status

Paralysis

Inability to feed self

Diabetes Mellitus

On diuretics

Hypoalbuminemia

Age over 60

Nursing home resident

Nausea

Nausea w/vomiting

Diarrhea

Unable to turn and position self

**Physical Signs and Symptoms**

Skin Turgor  
[ ]

Buccal Mucosa  
[ ]

Urine output < 30 cc/hr

**Laboratory Results**

Urine Spec Grav	[ ]	[ // ]
Glucose	[ ]	[ // ]
Sodium	[ ]	[ // ]
Potassium	[ ]	[ // ]
Chloride	[ ]	[ // ]
HCO3	[ ]	[ // ]
BUN	[ ]	[ // ]
Creatinine	[ ]	[ // ]
BUN/Creatinine	[ ]	[ ]

**Calculations** [Click Here to Update](#)

Serum Osmolality [ ]

Serum Osmolarity [ ]

Anion Gap [ ]

Est Creatinine Clearance [ ]

**Laboratory Orders**

BMP       CBC

CMP       Potassium

<< Calculate Status >>

**Status**     Good       Marginal

Adequate     Dehydrated

**Hydration Orders**

[ OK ]      [ Cancel ]

This is straight forward but a tutorial for this can be found elsewhere in the EPM section of this site ([click here to review that tutorial on Hydration](#)).

### Diabetes

When the Diabetes option is made, the following pop-up appears.

**Progress Diabetes** X

## Daily Progress Note Diabetes Assessment

HgbA1C   Mean Plasma Glucose

Blood Pressure  /

Highest Blood Sugar (Last 24 Hours)

Current Diet

Change Diet To

Diabetes well controlled?  
 Yes  No

Blood sugar improving?  
 Yes  No

Ketosis present?  
 Yes  No

**Review of Systems**

<b>Gastrointestinal</b>	+	-	<b>Cardiovascular</b>	+	-
Constipation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chest Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Difficulty Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vomiting	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Endocrine</b>	+	-	<b>Peripheral Vascular</b>	+	-
Hyperkalemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coldness of extremities	<input type="checkbox"/>	<input type="checkbox"/>
Hypokalemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hair loss on extremities	<input type="checkbox"/>	<input type="checkbox"/>
Hypercalcemia	<input type="checkbox"/>	<input type="checkbox"/>	Cyanosis	<input type="checkbox"/>	<input type="checkbox"/>
Hypocalcemia	<input type="checkbox"/>	<input type="checkbox"/>	Intermittent Claudication	<input type="checkbox"/>	<input type="checkbox"/>
Hypernatremia	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral Edema	<input type="checkbox"/>	<input type="checkbox"/>
Hyponatremia	<input type="checkbox"/>	<input type="checkbox"/>	Status Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Polydipsia	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>
Polyuria	<input type="checkbox"/>	<input type="checkbox"/>			
Polyphagia	<input type="checkbox"/>	<input type="checkbox"/>			

**Laboratory Orders**

- BMP
- C-Peptide
- HgbA1C
- Lipid Panel
- Micral Strip
- Thyroid Profile
- Urinalysis
- Urine, 24 Hour Protein

**Procedures**

- Pneumovax
- Flu Shot

**Medications**

- Begin Aspirin, 325 mg
- Continue Aspirin
- Insulin dosing changed
- Medications reviewed for Diabetes
- Medications reviewed for Hypertension

**Consults**

- Endocrinology consult ordered
- Endocrinology consult report reviewed
- Smoking cessation discussed

This template is straight forward.

### Hyperkalemia

When the Hyperkalemia option is made the following pop-up appears



Progress Hyperkal

## Daily Progress Note Hyperkalemia Assessment Help

Potassium  mEq/L

**Severity of Hyperkalemia**

Mild 5.3 - 6.0 mEq/L  
 Moderate 6.0 - 6.5 mEq/L  
 Severe >6.5 mEq/L

**Calculate Creatinine Clearance**

Calculate >>>  mL/min

**Follow-Up Lab**

Serum Potassium in 2 hours

**Procedures**

EKG

**Laboratory**

Aldosterone Help  
 ALT  
 CBC  
 CMP  
 CPK  
 LDH  
 Phosphate  
 Plasma Renin Activity Help  
 Serum Cortisol

Serum Osmolarity Help  
 Thyroid Profile  
 Uric Acid  
 Urine, 24 Hr Creatinine Clearance  
 Urine, Osmolality Help  
 Urine, Potassium  
 Urine, Sodium  
 Urine, Spot Potassium Help  
 Urine, Spot Sodium Help

**Treatment**

Administer intravenous calcium gluconate 10% (4.65 mEq/10 mL) slow IVP over 10 minutes to ameliorate cardiac toxicity, if present.  
 Regular Insulin 10 U IV and 50 mL D50W bolus  
 NaHCO3 50 mEq slow IVP ( If patient has metabolic acidosis and/or EKG changes)  
 Nebulized Albuterol 10 mg  
 Kayexalate retention enema 50 G (in sorbitol). Irrigate with tap water after enema to prevent necrosis  
 Kayexalate 60 mg (in sorbitol) PO  
 Discontinue oral and parenteral potassium supplements  
 Remove potassium-containing salt substitutes  
 Change the diet to a low-potassium tube feed or a 2-g potassium ad-lib diet if patient on PO diet  
 Stat consult to SETMA Nephrology for Emergency Dialysis

This template also appears in the **Hospital Orders** template and the tutorial for Hyperkalemia can be found there.

## Hypertension

When the Hypertension option is made the following pop-up appears



Progress Hpt

## Daily Progress Note Hypertension Assessment

Current Blood Pressure:  /  mmHg

Blood Pressure Classification:

Blood Pressure Is...  Well controlled  Improving  Medications will be changed.  
 Poorly Controlled  Shows acute worsening

---

<p><b>Review of Systems</b></p> <table border="0"> <tr><td>Headache</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Dizziness</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Fatigue</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Palpations</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Malaise</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Nosebleeds</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Weight loss</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Swelling in the legs</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Weakness</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Frequent urination</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Increased thirst</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Enlarged, round or "moon" face</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Excess body or facial hair</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Palpations	<input type="checkbox"/>	<input type="checkbox"/>	Malaise	<input type="checkbox"/>	<input type="checkbox"/>	Nosebleeds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weight loss	<input type="checkbox"/>	<input type="checkbox"/>	Swelling in the legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>	Increased thirst	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged, round or "moon" face	<input type="checkbox"/>	<input type="checkbox"/>	Excess body or facial hair	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Medications</b></p> <p><input checked="" type="checkbox"/> ACE Inhibitor (If also Diabetes or proteinuria)</p> <p><input type="checkbox"/> Alpha Blocker (If also prostate enlargement)</p> <p><input type="checkbox"/> Angiotensin Receptor Blocker</p> <p><input checked="" type="checkbox"/> Beta Blocker (If also angina)</p> <p><input type="checkbox"/> Calcium Channel Blocker</p> <p><input checked="" type="checkbox"/> Thiazide Diuretic (If also elderly or Isolated Systolic Hypertension)</p> <p><input type="checkbox"/> Vasodilator</p> <p><b>Procedure/Imaging Orders</b></p> <p><input type="checkbox"/> Ambulatory BP Monitoring</p> <p><input type="checkbox"/> EKG</p> <p><input checked="" type="checkbox"/> Echocardiogram</p> <p><input type="checkbox"/> Renal Ultrasound</p> <p><input type="checkbox"/> Renal Artery Ultrasound</p>	<p><b>Therapy</b></p> <p><input type="checkbox"/> Smoking cessation discussed</p> <p><input type="checkbox"/> Stress reduction discussed</p> <p><input type="checkbox"/> Alcohol consumption reduction discussed</p> <p><input type="checkbox"/> Dietary consult for <input type="text"/></p> <p><input type="checkbox"/> Increase potassium intake</p> <p><input type="checkbox"/> Increase calcium intake</p> <p><input type="checkbox"/> Maintain adequate magnesium intake</p> <p><input type="checkbox"/> Increase fish oil intake</p> <p><input type="checkbox"/> Reduce sodium intake &lt; 2.4 grams/day</p> <p><b>Laboratory Orders</b></p> <p><input type="checkbox"/> BMP</p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> CMP</p> <p><input checked="" type="checkbox"/> Lipid Panel</p> <p><input checked="" type="checkbox"/> Micral Strip</p> <p><input type="checkbox"/> Plasma Renin Activity</p> <p><input type="checkbox"/> Spot A/C Ratio</p> <p><input type="checkbox"/> Thyroid Profile</p> <p><input type="checkbox"/> Uric Acid</p> <p><input checked="" type="checkbox"/> Urinalysis</p>
Headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																							
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Excess body or facial hair	<input type="checkbox"/>	<input type="checkbox"/>																																							

This template is self-explanatory except that the Blood Pressure Classification is automatically displayed when the blood pressure value is documented on the template.

### Hypokalemia

When the Hypokaemia option is selected, the following template appears.

Progress Hypokal

## Hypokalemia Assessment

Latest Potassium: [ ] [ // ]

Severity of Hypokalemia

<input type="checkbox"/> Mild	3.0 - 3.5 mEq/L
<input type="checkbox"/> Moderate	2.5 - 3.0 mEq/L
<input checked="" type="checkbox"/> Severe	< 2.5 mEq/L

---

**Review of Systems**

<input type="checkbox"/>	<input type="checkbox"/>	Palpitations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Constipation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nausea
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Polyuria
<input type="checkbox"/>	<input type="checkbox"/>	Nocturia
<input type="checkbox"/>	<input type="checkbox"/>	Polydipsia
<input type="checkbox"/>	<input type="checkbox"/>	Delirium
<input type="checkbox"/>	<input type="checkbox"/>	Hallucinations
<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Muscle cramping
<input type="checkbox"/>	<input type="checkbox"/>	Muscle weakness
<input type="checkbox"/>	<input type="checkbox"/>	Paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Paresthesias
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal cramping

**Physical Exam**

Cardiovascular

**Laboratory Orders**

<input type="checkbox"/> ABG	<input type="checkbox"/> Digoxin
<input type="checkbox"/> BMP	<input type="checkbox"/> Potassium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Magnesium
<input type="checkbox"/> CMP	<input type="checkbox"/> Phosphate
<input type="checkbox"/> Creatinine	

**Procedures**

Electrocardiogram

**Treatment**

1. Identify and stop ongoing losses of potassium.

Discontinue laxatives/diuretics  
Use potassium-sparing diuretics if diuretic therapy is required

Treat diarrhea or vomiting

Use H2 blockers to decrease nasogastric suction losses

Control hyperglycemia if glycosuria is present

2. Repletion of potassium losses.

There are two unique functions on this template.

The first is the selection of the **severity of hypokalemia** at the top right of the template.

Progress Hypokal

## Hypokalemia Assessment

Latest Potassium: [ ] [ // ]

Severity of Hypokalemia

<input type="checkbox"/> Mild	3.0 - 3.5 mEq/L
<input type="checkbox"/> Moderate	2.5 - 3.0 mEq/L
<input checked="" type="checkbox"/> Severe	< 2.5 mEq/L

---

**Review of Systems**

<input type="checkbox"/>	<input type="checkbox"/>	Palpitations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Constipation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nausea
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Polyuria
<input type="checkbox"/>	<input type="checkbox"/>	Nocturia
<input type="checkbox"/>	<input type="checkbox"/>	Polydipsia
<input type="checkbox"/>	<input type="checkbox"/>	Delirium
<input type="checkbox"/>	<input type="checkbox"/>	Hallucinations
<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Muscle cramping
<input type="checkbox"/>	<input type="checkbox"/>	Muscle weakness
<input type="checkbox"/>	<input type="checkbox"/>	Paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Paresthesias
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal cramping

**Physical Exam**

Cardiovascular

**Laboratory Orders**

<input type="checkbox"/> ABG	<input type="checkbox"/> Digoxin
<input type="checkbox"/> BMP	<input type="checkbox"/> Potassium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Magnesium
<input type="checkbox"/> CMP	<input type="checkbox"/> Phosphate
<input type="checkbox"/> Creatinine	

**Procedures**

Electrocardiogram

**Treatment**

1. Identify and stop ongoing losses of potassium.

Discontinue laxatives/diuretics  
Use potassium-sparing diuretics if diuretic therapy is required

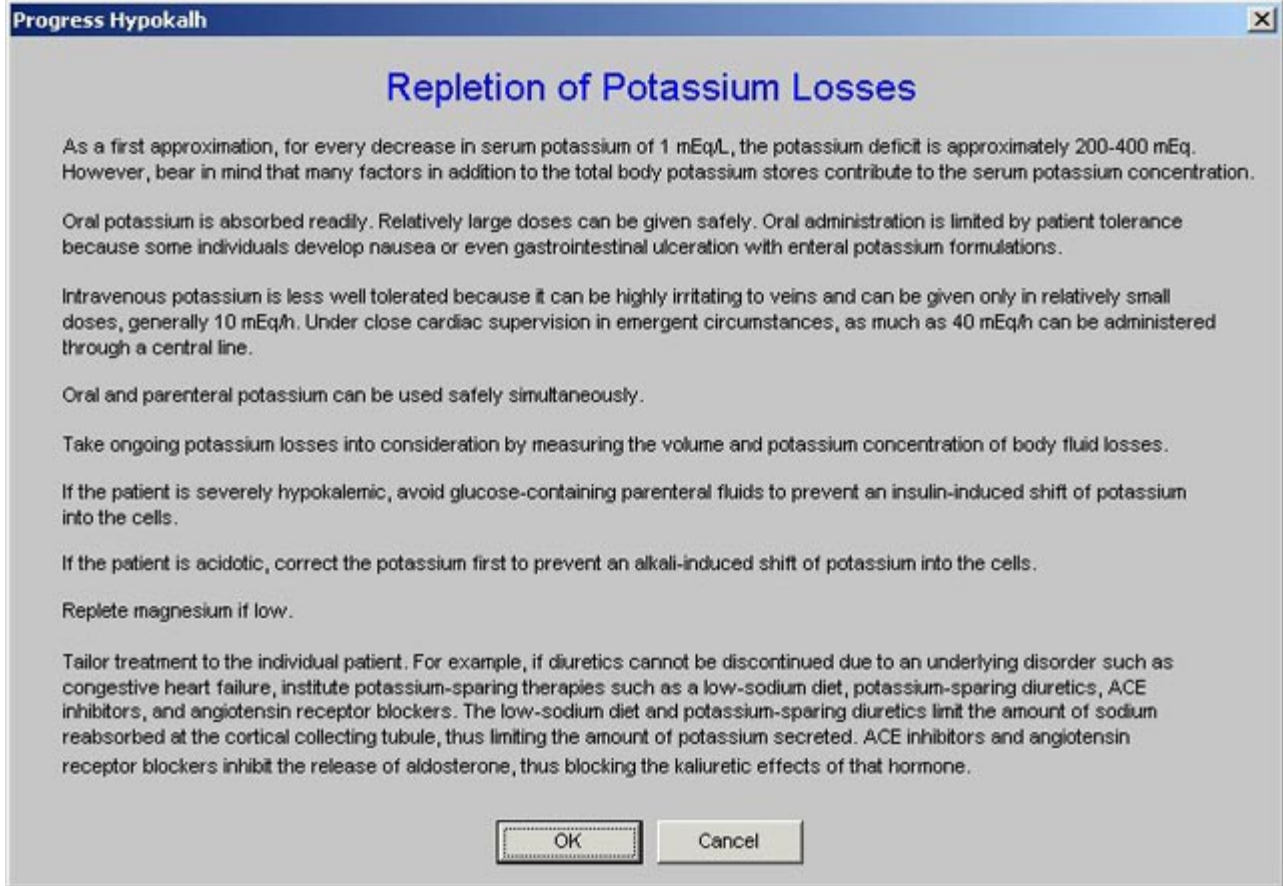
Treat diarrhea or vomiting

Use H2 blockers to decrease nasogastric suction losses

Control hyperglycemia if glycosuria is present

2. Repletion of potassium losses.

The second is in the third column and is entitled **Repletion of Potassium Losses**. Next to this is a **Help** button which displays a tutorial on the same subject and with the same title.



## Hyponatremia

When the **Hyponatremia** option is made, a top-up appears entitled **Hyponatremia Assessment**.

**Progress Hyponatremia**

**Hyponatremia Assessment**

**Latest Sodium**   / /

**Severity of Hyponatremia**

Mild 130 - 135 mg/dL  
 Moderate 125 - 129 mg/dL  
 Severe < 125 mg/dL

**Status of Hyponatremia**

Acute < 48 hours  
 Chronic > 48 hours

---

**Review of Systems**

- +  
  Confusion/Disorientation  
  Ataxia  
  Headache  
  Seizure  
- +

**Risk Factors for CNS Damage**

Elderly (70+)  
 Malnutrition  
 Alcoholism  
 Premenopausal woman

**Laboratory Orders**

BMP  
 CMP

**Treatment**

If risk factors or symptoms are present and status is Acute...  
8 mmol/24 hours --OR-- 1-2 mmol/L/hour until symptoms resolved  
Emergency correction with hypertonic saline (3%) 0.5-1.0  
mk/kg/hour until serum sodium above 120.

If risk factors or symptoms are present and status is Chronic...  
Correction at maximum 8-10 mmol/L/24 hours  
--OR--  
18 mmol/48 hours

If no symptoms or risk factors are present...

If Hypovolemic  
Stop diuretics.  
Restore intravascular  
volume with 0.9% (normal)  
saline.

If Normovolemic  
Exclude hypothyroidism.  
Exclude glucocorticoid deficiency.  
Restrict fluid intake.  
Give Demeclocycline.  
(600-1200 mg/day)

If Hypervolemic  
Restrict salt and water intake.  
Give diuretics.  
Treat underlying condition  
Heart  
Liver  
Kidney

**Enter IV Orders Here**

**OK** **Cancel**

The treatment options for hyponatremia address the speed of correction and the fluid-volume status of the patient. There is also a navigation button on this template entitled, **Enter IV Orders Here**, which carries you directly to the “orders template” which will be addressed below (**click here to review that function**).

## Malnutrition

When the **Malnutrition** option is chosen, the following template is displayed.

**Progress Malnutrition** X

## Malnutrition Assessment

**Risk Factors**

- Inappropriate food intake
- Poverty
- Social isolation
- Dependence or disability
- Acute or chronic diseases/conditions
- Chronic medication use
- Advanced age (80+)
- Late-life paranoia
- Swallowing disorders
- Oral problems
- Nosocomial infection
- Wandering or other dementia-related behavior
- Hyperthyroidism/hypercalcemia/hyperadrenalism
- Enteric problems
- Inability to feed self
- Eating problems
- Low salt, low cholesterol diet
- Stones (cholelithiasis)
- Depression
- Unable to turn and position self

**Physical Signs/Symptoms**

- Involuntary weight loss - 5% in 30 days
- Involuntary weight loss - 10% in 180 days
- Wasting of fat/muscle tissue
- Flaking dermatitis
- Sparse, thin hair that pulls out easily
- Transverse lines on nails
- Abdominal distention
- Hepatomegaly
- Parotid gland enlargement
- Depression
- 25% of food left uneaten at two thirds of meals

Body Mass Index:

Body Fat Percent:

**Laboratory Results**

Albumin		//
Prealbumin		//
Cholesterol		//
Hemoglobin		//
Transferrin		//

**Laboratory Orders**

- BMP
- Calcium, ionized
- CBC
- CMP
- Creatinine
- Lipid Panel
- Magnesium
- Prealbumin
- Transferrin

**Consults**

Dietary Consult for

**General Orders**

**Suggestions for Family**

Malnutrition is a larger problem that often not recognized particularly in the geriatric and pediatric populations. The tutorial for this function can be found elsewhere on this site. ([click here](#) to review the **Nutrition Tutorial**)

### Pneumonia

When this option is made from the **Categories** pick list, a template is displayed which is entitled **Daily Progress Note Pneumonia Assessment**.



**Progress Pneumonia**

## Daily Progress Note Pneumonia Assessment

**Type of Pneumonia**

Bacterial  
 Viral  
 Fungal

**Status**

Acute  
 Sub-acute  
 Improving  
 Worsening  
 Stable  
 Nosocomial  
 Community Acquired

WBC: .0 / /  
HGB: .0 / /  
Sputum Culture: / /

TMax (24 hours): 98.80 °F  
Blood Pressure: 136 / 85 mmHg  
Pulse: 92.00 beats/min  
Respirations: 19 /min  
Current Oxygen: [ ]

[Current Ventilator Settings](#)

**History**

Patient smokes: + -  
 Smoking cessation discussed  
On chemotherapy: [ ] [ ]  
History of COPD: [ ] [ ]

**Respiratory Physical Exam**

Bronchial Breath Sounds: + -  
[Egophony](#): [ ] [ ]  
Nasal Flairing: [ ] [ ]  
Cyanosis: [ ] [ ]  
Using accessory muscles for breathing: [ ] [ ]

**Chest X-Ray**

Infiltrate:  Yes  No  
Location: [ ]  
Plural Effusion: [ ]  
Lung Mass: [ ]

**Progress**

Afebrile for last 24 hours: + -  
Patient feels better: [ ] [ ]  
Cough improved: [ ] [ ]  
Chest x-ray improved: [ ] [ ]  
Ambulatory: [ ] [ ]

**Laboratory**

Arterial Blood Gas  
 Blood Culture x2  
 BMP  
 CBC  
 CMP  
 D-Dimer  
 Legionella Urinary Antigen [Help](#)  
 Sputum Culture  
 Sputum Gram Stain

**Imaging**

CT Angiogram  
 CT of Chest  
 Venous Doppler  
 Chest X-Ray  
 Chest Ultrasound

**Treatment**

Flu Vaccine  
 Pneumovax  
 Thoracentesis

**Medications**

Atrovent 0.5 mg q [ ] hours  
 Xopenex 0.63/3 mL q [ ] hours  
 Xopenex 1.25/3 mL q [ ] hours  
 Albuterol - 2.5 mg, dilute 0.5 mL of the 0.5% inhalation solution with 2.5 mL of sterile normal saline solution q [ ] hours

**Antibiotics**

[ ]  
[ ]  
[ ]  
 Penicillin Allergy

Review of Systems: + -  
Malaise: [ ] [ ]  
Chest pain (rest): [ ] [ ]  
Chest pain (exertion): [ ] [ ]  
Dyspnea: [ ] [ ]  
Pleuritic chest pain: [ ] [ ]  
Cough: [ ] [ ]  
Night-time: [ ]  
Day-time: [ ]  
Sitting: [ ]  
Lying: [ ]  
Productive: [ ]

OK Cancel

This template's use is straightforward.

### Post-Surgical

When this option is selected, the following template is displayed.



**Progress Postsurg** x

## Post Surgical Assessment

Procedure

Surgeon

Date  /  /  Days Post

Temperature  98.60 F

Temp Max  98.80 F (24 hours)

Blood Pressure  138 /  85 mmHg

Current Diet  Cardiac

Current Activity  Up in Chair

Patient tolerating activity?  yes  no

**Incision Site**

Location

Sutures

Staples

Retention sutures

Open to air for secondary closure

**Drainage**

<input type="checkbox"/> None	Amount	<input type="checkbox"/> Small
<input type="checkbox"/> Serous	<input type="checkbox"/> Moderate	
<input type="checkbox"/> Serosanguinous	<input type="checkbox"/> Large	
<input type="checkbox"/> Pus	<input type="checkbox"/> Increasing	
	<input type="checkbox"/> Decreasing	

**Wound Inspection**

Site Appearance Edges

<input type="checkbox"/> -	<input type="checkbox"/> +	
<input type="checkbox"/>	<input type="checkbox"/>	Well Approximated
<input type="checkbox"/>	<input type="checkbox"/>	Edema
<input type="checkbox"/>	<input type="checkbox"/>	Erythema
<input type="checkbox"/>	<input type="checkbox"/>	Scabs slough
<input type="checkbox"/>	<input type="checkbox"/>	Pus
<input type="checkbox"/>	<input type="checkbox"/>	Foul smell
<input type="checkbox"/> -	<input type="checkbox"/> +	

Wound Bed

<input type="checkbox"/> Beefy red	<input type="checkbox"/> Pale
<input type="checkbox"/> Escar	<input type="checkbox"/> Slough
<input type="checkbox"/> Lipping	<input type="checkbox"/> Tunneling

**Physical Exam**

[Constitutional](#)      [Abdomen/GI](#)

[Respiratory](#)        [Extremities](#)

[Cardiovascular](#)    [Skin](#)

[Neurological](#)

**Laboratory Orders**

BMP       Prealbumin

CBC       Urinalysis

CMP

Cultures

**Treatment Orders**

Wound Care Consult

Bilateral sequential compression device

TED Hose

Remove sutures

Apply steristrips

Decubitus precautions

Assess for breakdown

Turn patient q 2 hours

KEN air bed

There are two unique features on this template.

The first is at the bottom of the third column and is entitled **Physical Therapy Orders**. When that button is depressed, the following template appears which allows the ordering of appropriate PT. This same function also launches from the Master Progress Plan template.

**Progress Act** ✕

## Activity/Therapy Orders

- Ambulate BID
- Buck's Traction
- Dangle Feet to Bedside
- Elevate Head of Bed 6 Inches
- Fall-Risk Precautions
- Non Weight Bearing
  - Left Leg/Ankle
  - Right Leg/Ankle
- Out of Bed PRN
- Sit in Chair
  - 3x per day
  - 4x per day
- Soft Physical Restraints
- Turn Patient Every 2 Hours
- Warm/Moist Soaks
  - Right Arm
  - Left Arm
  - Right Calf
  - Left Calf

Physical Therapy

- Range of Motion
- Strengthening
- Ambulation
- Pulmonary Rehabilitation
- Occupational Therapy
- Speech Therapy

Location(s)

**Comments**

The second unique feature is entitled **Diet/Intake** orders when this button is depressed, the following template appears:

**Progress Diet** [X]

### Diet/Intake Orders

All Meals Out of Bed  
 Begin/Continue Intake and Output Documentation  
 Begin/Continue Daily Calorie Count  
 Daily Weights  
 Encourage PO Fluids  
 Fluid Restriction - 1000 mL q 24 hours including meals  
 Modified Barium Swallow

Change Diet To

Order Dietary Consult for

Comments

OK Cancel

This allows for a precise and appropriate diet and intake to be selected. SETMA believes that there are three ways to survive a hospital stay:

**Get up** – get out of bed.

**Eat up** – maintain your nutrition.

**Get out** – don't overstay your health's welcome.

Proper diet and activity while in the hospital are key to a patient's well being.

### **Respiratory Failure**

When this option is made, the following pop-up appears.

**Progress Respfail**

## Daily Progress Note Respiratory Failure

**Type of Respiratory Failure**  Acute, Type I (pH < 7.3) [Causes](#)  
 [Which type of failure?](#) [Progress](#)  Acute, Type II (pH < 7.3)  
 Chronic (pH > 7.3)

Suspected Cause

**Vital Signs**  
 Blood Pressure 138 / 85  
 Pulse 92.00  
 Pulse Ox 95  
 Respirations 19  
 FIO2 %

**Pulmonary Mechanics** [Help](#)  
 (measured on C-PAP)  
 Spontaneous Breathing Rate 0 /min  
 Negative Inspiratory Force 0 /cm H2O  
 Tidal Volume /mL  
 Vital Capacity /mL/kg  
 Rapid Shallow Breathing Index 0 [Help](#)  
 (if > 100, cannot extubate patient)

**Physical Exam**  
[Cardiovascular Exam](#) [Neurological Exam](#)  
[Respiratory Exam](#) [Constitutional Exam](#)

**Current Ventilator Settings**

**Lab Results**

pH			/ /
PaO2		mmHg	/ /
PaCO2		mmHg	/ /
HCO3		mEq/L	/ /
HGB		g/dL	/ /

**Laboratory**

- AMI q 6 hours x3
- Ammonia, Serum
- Arterial Blood Gas
- CBC
- CMP
- Cortisol, AM
- Cortisol, PM
- CPK
- Magnesium
- Phosphate
- Sputum Culture
- Sputum Gram Stain
- TSH

**Treatment** [Help](#)

- Antibiotics
- Coumadin
- Diprovan
- Pulmonary Physiotherapy  
(Chest percussion, postural drainage, vibration)

**Tests/Procedures**

- Bronchoscopy
- Chest PA / Lateral
- Chest X-Ray, Portable [Help](#)
- CT Angiogram
- CT Chest
- Echocardiogram
- EKG
- Pulmonary Function Testing  
(once off ventilator)
- Pulmonary Mechanics
- Venous Doppler
- VQ Lung Scan

**Review of Systems**

- Cough
- Rhinorrhea
- Dyspnea
- Shortness of breath
- Fever
- PND
- Orthopnea
- Peripheral edema
- Pleuritic chest pain
- Weakness [Help](#)
- History of stroke
- History of seizure
- History of headaches [Help](#)
- Recent general anesthesia
- Exposure to sedatives  
(benzodiazepines, tricyclic antidepressants, narcotics, etc.)

**Check for fecal impaction**  
 Enemas until clear  
 Pulmonary Rehabilitation  
 Range of Motion  
 Strengthening  
 Thoracentesis

[New Ventilator Settings](#)  
[Preparation for Extubation](#)

OK Cancel

This template has a number of special features:

- At the top of the template is a function entitled **Which Type of Failure?** When that button is depressed the following appears:

**Progress Respfail**

## Type of Respiratory Failure

**Chronic Failure**  
pH > 7.3

**Acute, Type I Failure**  
pH < 7.3  
Low oxygen AND normal-to-low PaCO2

**Acute, Type 2 Failure**  
pH < 7.3  
Low oxygen and PaCO2 between 55 - 60

**Acute vs. Chronic**  
 Acute hypercapnic respiratory failure develops over minutes to hours; therefore, pH is less than 7.3. Chronic respiratory failure develops over several days or longer, allowing time for renal compensation and an increase in bicarbonate concentration. Therefore, the pH usually is only slightly decreased. The distinction between acute and chronic hypoxemic respiratory failure cannot readily be made on the basis of arterial blood gases. The clinical markers of chronic hypoxemia, such as polycythemia or cor pulmonale, suggest a long-standing disorder.

OK Cancel

This allows for a designation of the kind of respiratory failure.

- To the right of the **Which Type of Failure** button is a button entitled **Causes**. When that button is depressed a pop-up appears which is entitled, **Common Causes of Acute Respiratory Failure**.

**Progress Respfailc**

### Common Causes of Acute Respiratory Failure

Type I Failure (hypoxemic)	Type II Failure (hypercapnic)
<input type="checkbox"/> Chronic bronchitis and emphysema (COPD)	<input type="checkbox"/> Chronic bronchitis and emphysema (COPD)
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Severe asthma
<input type="checkbox"/> Pulmonary edema	<input type="checkbox"/> Drug overdose
<input type="checkbox"/> Pulmonary fibrosis	<input type="checkbox"/> Poisonings
<input type="checkbox"/> Asthma	<input type="checkbox"/> Myasthenia gravis
<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Polyneuropathy
<input type="checkbox"/> Pulmonary embolism	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Pulmonary artery hypertension	<input type="checkbox"/> Primary muscle disorders
<input type="checkbox"/> Pneumoconiosis	<input type="checkbox"/> Porphyria
<input type="checkbox"/> Granulomatous lung diseases	<input type="checkbox"/> Cervical cordotomy
<input type="checkbox"/> Cyanotic congenital heart disease	<input type="checkbox"/> Head and cervical cord injury
<input type="checkbox"/> Adult respiratory distress syndrome	<input type="checkbox"/> Primary alveolar hypoventilation
<input type="checkbox"/> Fat embolism syndrome	<input type="checkbox"/> Obesity hypoventilation syndrome
<input type="checkbox"/> Kyphoscoliosis	<input type="checkbox"/> Constipation
<input type="checkbox"/> Obesity	<input type="checkbox"/> Pulmonary edema
	<input type="checkbox"/> Adult respiratory distress syndrome
	<input type="checkbox"/> Myxedema
	<input type="checkbox"/> Tetanus
	<input type="checkbox"/> Heroin overdose
	<input type="checkbox"/> Guillan-Barre syndrome
	<input type="checkbox"/> Chest wall deformities

OK Cancel

This function allows the provider to designate whether the patient has Type I or Type II respiratory failure and what the cause is believed to be.

- Immediately under the **Type of Failure** is a button which is entitled **Progress**.



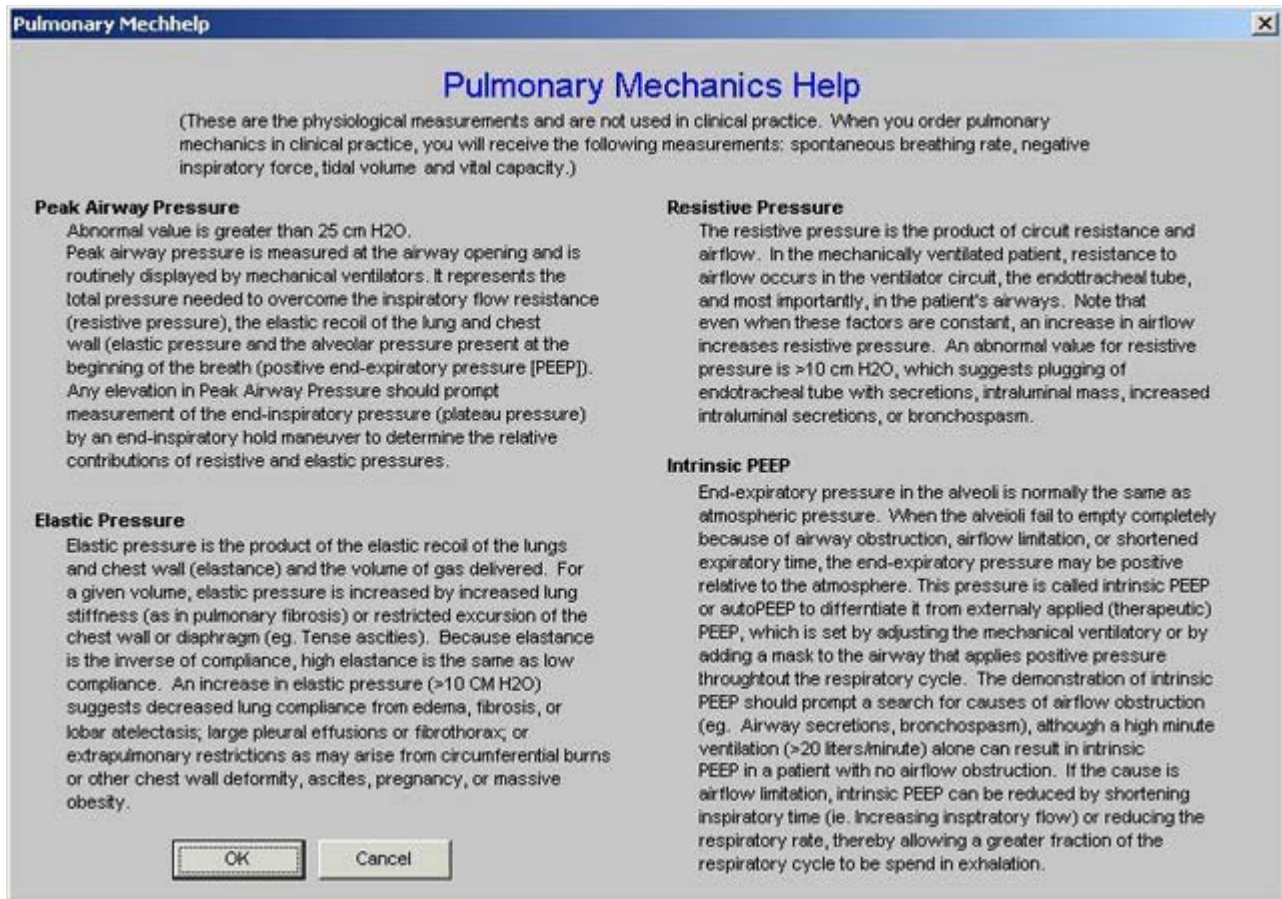
**Progress Respfailp**

### Respiratory Failure Progress

Current Values		Goals
FiO2	<input type="text"/> %	
Minute Ventilation	<input type="text"/> L/min	Goal is less than 10. Normal is 5.
Peak Airway Pressure	<input type="text"/> cm H2O	Goal is less than 35. Normal is 5. Below 40 is mandatory.
Mean Airway Pressure	<input type="text"/> cm H2O	Goal is less than 8-12

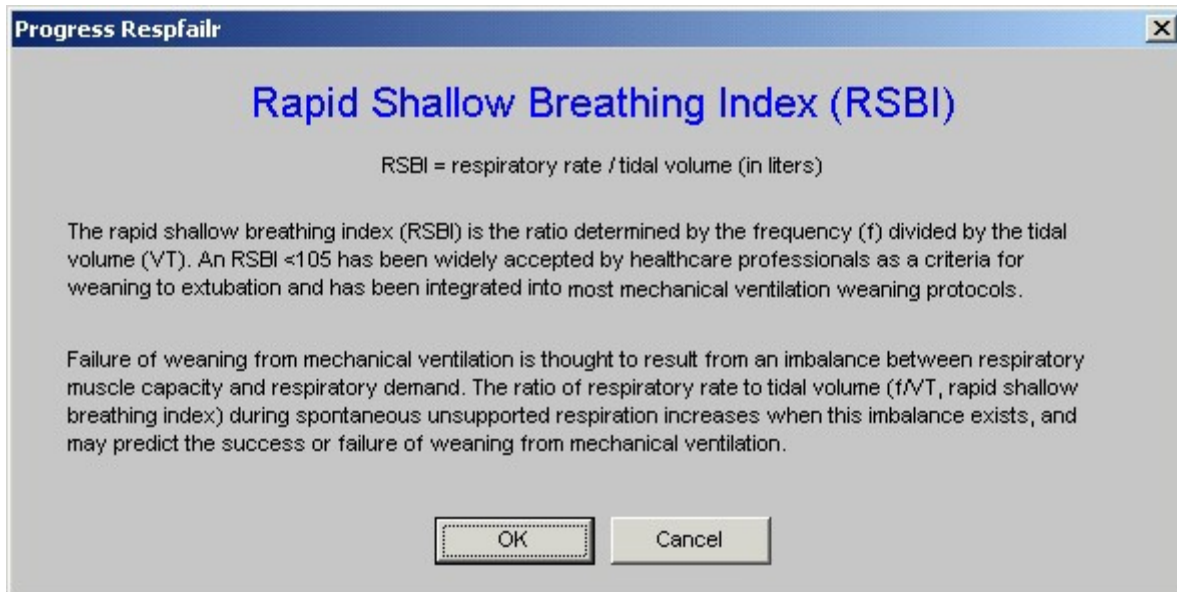
This allows for the patient's progress toward extubation to be monitored and quantified.

- The next unique function is immediately below the first and third functions and is entitled **Pulmonary Mechanics Help**.



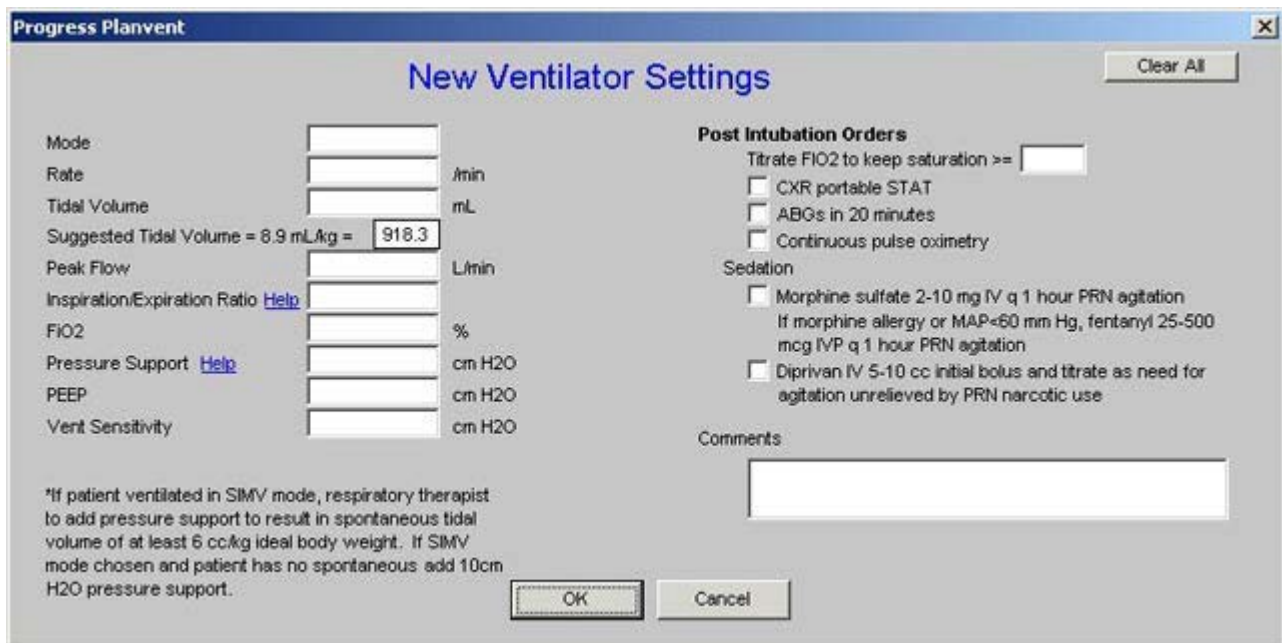
This pop-up describes the physiology of pulmonary mechanics and describes the elements of pulmonary mechanics which will indicate whether the patient is ready for extubation. The pulmonary mechanics necessary for determining if the patient is ready for extubation are:

- spontaneous breathing rate,
  - negative inspiratory pressure,
  - tidal volume and
  - vital capacity.
- The fifth unique feature of the Daily Progress Note Respiratory Failure template is entitled **Rapid Shallow Breathing Index (RSBI)**.



If the RSBI is above 100 the patient cannot be extubated. The RSBI is calculated automatically by the EMR.

- At the bottom of the third column is a function entitled **New Ventilator Settings**



This allows a provider to create new ventilator settings which will print out on the order set and which then can be placed on the inpatient chart.

- The seventh and last unique feature of the **Daily Progress Note Respiratory Failure** template is launched by clicking the last button in the third column which is entitled **Preparation for Extubation**.

**Progress Respfaile** [X]

## Preparation for Extubation

Please provide responses to the highlighted question(s) below...

Criteria	Value	Criteria Met
1. Underlying condition has been addressed? <input type="text"/>	<input type="radio"/> Stable <input type="radio"/> Resolved <input type="radio"/> Unresolved	<input type="text"/>
2. PaO <sub>2</sub> /FIO <sub>2</sub> ratio > 150	<input type="text" value="0"/>	<input type="text"/>
3. pH > 7.25	<input type="text"/>	<input type="text"/>
4. FIO <sub>2</sub> < 40	<input type="text"/>	<input type="text"/>
5. PEEP < 5 cm H <sub>2</sub> O	<input type="text"/>	<input type="text"/>
6. Minute ventilation < 10 L/min	<input type="text" value="0"/>	<input type="text"/>
7. Patient is capable to initiate respiratory effort?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
8. PaO <sub>2</sub> > 60	<input type="text"/>	<input type="text"/>
9. Heart rate < 140	<input type="text" value="92.00"/>	<input type="text" value="Yes"/>
10. Afebrile (temperature < 100.4 F)	<input type="text" value="98.60"/>	<input type="text" value="Yes"/>
11. Hemoglobin > 8.9	<input type="text"/>	<input type="text"/>
12. Stable electrolytes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

This template gives the criteria which need to be met before extubation can be undertaken.

### Syncope

If the Syncope option is selected from the **Categories**, the following template is displayed:

**Progress Syncope** X

## Syncope Assessment

**Review of Systems**

-	+	
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness
<input type="checkbox"/>	<input type="checkbox"/>	Light headedness
<input type="checkbox"/>	<input type="checkbox"/>	Vertigo
<input type="checkbox"/>	<input type="checkbox"/>	Weakness
<input type="checkbox"/>	<input type="checkbox"/>	Diaphoresis
<input type="checkbox"/>	<input type="checkbox"/>	Epigastric discomfort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	<input type="checkbox"/>	Blurred vision
<input type="checkbox"/>	<input type="checkbox"/>	Faded vision
<input type="checkbox"/>	<input type="checkbox"/>	Pallor
<input type="checkbox"/>	<input type="checkbox"/>	Paresthesias
<input type="checkbox"/>	<input type="checkbox"/>	Aura
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain
<input type="checkbox"/>	<input type="checkbox"/>	Dyspnea
<input type="checkbox"/>	<input type="checkbox"/>	Low back pain
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Palpitations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Headache
<input type="checkbox"/>	<input type="checkbox"/>	Focal neurological deficits
<input type="checkbox"/>	<input type="checkbox"/>	Diplopia
<input type="checkbox"/>	<input type="checkbox"/>	Ataxia
<input type="checkbox"/>	<input type="checkbox"/>	Dysarthria
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Confusion/Disorientation
<input type="checkbox"/>	<input type="checkbox"/>	Muscle aches
<input type="checkbox"/>	<input type="checkbox"/>	Loss of bowel control
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of bladder control
<input type="checkbox"/>	<input type="checkbox"/>	Altered mental status
-	+	

**Status**

 All symptoms have resolved  
 Syncope has not returned  
 No postural instability  
 No evidence of cardiac disease  
 Blood pressure is stable

**HPI for Syncope**

Position:

Precipitating Factor:

Circumstances:

**Vital Signs**

Blood Pressure:  /  mmHg

Pulse:  /min

Orthostatics

Lying	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sitting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standing	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Past History**

-	+	
<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Stroke (CVA)
<input type="checkbox"/>	<input type="checkbox"/>	DVT
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal Aortic Aneurysm
<input type="checkbox"/>	<input type="checkbox"/>	Fainting
-	+	
<input type="checkbox"/>	<input type="checkbox"/>	Pregnant (presently)

**Suspected Cause**

**Physical Exam**

[Constitutional](#)

[Cardiovascular](#)

[Neurological](#)

**Laboratory Orders**

 AMI  
 BMP  
 CBC  
 CMP

**Procedures**

 EKG  
 EEG  
 Echocardiogram  
 CT of Head  
 MRI of Head  
 Chest PA and Lateral  
 Carotid Ultrasound

**Consults**

 Neurology Consult

This template has one unique function which is found at the top right of the template and is entitled “**Suspected Causes.**” When this button is depressed, the following pop-up appears.



**Progress Syncope**

### Causes of Syncope

**Cardiac Causes**

Structural Cardiac or Pulmonary Disease

- Aortic Stenosis
- Mitral Stenosis
- Pulmonary Stenosis
- Left Atrial Myxoma
- Aortic Dissection
- Acute Myocardial Infarction
- Cardiac Tamponade
- Pulmonary Embolism
- Obstructive Cardiomyopathy

Cardiac Arrhythmias

- Tachyarrhythmias
- Bradyarrhythmias

Neurally Mediated Syncopal Syndrome

- Neurocardiogenic Syncope
- Vasovagal Syncope
- Carotid Sinus Syncope
- Situational Syncope

Orthostatic (or postural) hypotension

**Metabolic Causes**

- Hypoxia
- Hypoglycemia
- Hyperventilation

**Psychiatric Causes**

- Somatisation Disorders
- Hysteria
- Panic
- Fright

**Neurologic Causes**

- Seizure Disorders
- Transient Ischaemic Disorders
- Subclavian Steal Syndrome
- Normal Pressure Hydrocephalus

OK Cancel

This template displays and allows the provider to select from cardiovascular, metabolic, psychiatric or neurological causes of syncope.

### Master Progress Order Template

As previously noted, of the 20 navigation buttons on the Master Progress template only three are unique to the Master Progress. They are

- Recent Events
- Plan/comments
- Orders

We have reviewed the **Recent Events and Plan/comments** templates. All of the information which is documented on these three templates will appear on the Hospital Daily Progress Note, or on the Hospital Orders Note, both of which are generated at the end of this process.

The **Master Progress Order** template will bring together any orders which have been initiated in any of the current 16 categories templates reviewed under the **Plans/Comment** section of this tutorial.

The following is the **Master Progress Order** template.

### Daily Progress Hospital Orders

Continue Present Course  
 Discharge Planning  
 Transfer To:   
 Social Service Consult:   
 Protective Services Referral:   
 Discharge  
 Discharge Instructions:

Code Status  
 Condition  
 Progress  
 Tests and Procedures  
 Discussed \_\_\_\_\_  
 with  Patient  
 Family  
 Medical Power of Attorney

**Orders**

<input type="checkbox"/> General, O2, IV	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Critical Care
<input type="checkbox"/> PRN Medications	<input type="checkbox"/> Imaging	<input type="checkbox"/> Ventilator Settings
<input type="checkbox"/> Diet/Intake	<input checked="" type="checkbox"/> Procedures	<input type="checkbox"/> Hyperkalemia
<input type="checkbox"/> Activity PT/OT/Speech	<input type="checkbox"/> Family	<input type="checkbox"/> Sliding Scale

Tobacco cessation materials to be given to patient.

**Medications** (Double-click to Add/Edit)  
Medications will print EXACTLY as listed here. Update ALL meds here.

Brand Name	Dose	Start Date
HM NIACIN	100MG	12/08/2009
COREG	6.25MG	11/25/2009
LIPITOR	20MG	11/25/2009
ALDACTONE	25MG	11/24/2009

**Discontinue Medications**  
These will print in addition to the current med list to ensure they are stopped.


**Discontinue**

<input type="checkbox"/> Oxygen	<input type="checkbox"/> Urinary Catheter
<input type="checkbox"/> Monitor	<input type="checkbox"/> IV Fluids
<input type="checkbox"/> Coumadin	<input type="checkbox"/> IV Antibiotics
<input type="checkbox"/> Dilantin	<input type="checkbox"/> Hep Lock

Notify Physician if...

- \* Change in neurological/mental status
- \* SBP < 90 or > 160
- \* Temp > 101.4
- \* SpO2 < 88
- \* Urine Output < 30 cc/hr or < 240 cc/shift

**Consults**

Last Name	First Name	Date	Reason	Status	Report Reviewed Today
Ahmed	Jehanara	11/25/2009	Diabetes coi	<input type="radio"/> Old <input checked="" type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes

The organization of this template is not as systematic as some but it does have a structure. There are **administrative and clinical features to this template**. The administrative features appear in somewhat if a right angle moving from the Discharge Instructions up and across to the Medical Power of Attorney.

**Daily Progress Hospital Orders**

**Continue Present Course**  
 **Discharge Planning**  
 Transfer To \_\_\_\_\_  
 Social Service Consult \_\_\_\_\_  
 Protective Services Referral \_\_\_\_\_  
 **Discharge**  
 Discharge Instructions \_\_\_\_\_

Discussed  Code Status  Patient  
 Condition  Family  
 Progress  With  Medical Power  
 Tests and Procedures  of Attorney

**Orders**  

<input type="checkbox"/> General, O2, IV	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Critical Care
<input type="checkbox"/> PRN Medications	<input type="checkbox"/> Imaging	<input type="checkbox"/> Ventilator Settings
<input type="checkbox"/> Diet/Intake	<input checked="" type="checkbox"/> Procedures	<input type="checkbox"/> Hyperkalemia
<input type="checkbox"/> Activity PT/OT/Speech	<input type="checkbox"/> Family	<input type="checkbox"/> Sliding Scale

 Tobacco cessation materials to be given to patient.

**Medications** (Double-click to Add/Edit)  
 Medications will print EXACTLY as listed here. Update ALL meds here.
 

Brand Name	Dose	Start Date
HM NIACIN	100MG	12/08/2009
COREG	6.25MG	11/25/2009
LIPITOR	20MG	11/25/2009
ALDACTONE	25MG	11/24/2009

**Discontinue Medications**  
 These will print in addition to the current med list to ensure they are stopped.
 


**Discontinue**  
 Oxygen  Urinary Catheter  
 Monitor  IV Fluids  
 Coumadin  IV Antibiotics  
 Dilantin  Hep Lock

Notify Physician If ...  
 \* Change in neurological/mental status  
 \* SBP < 90 or > 160  
 \* Temp > 101.4  
 \* SpO2 < 88  
 \* Urine Output < 30 cc/hr or < 240 cc/shift

**Consults**  

Last Name	First Name	Date	Reason	Status	Report Reviewed Today
Ahmed	Jehanara	11/25/2009	Diabetes coi	<input type="radio"/> Old <input checked="" type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes

In the middle of this section of the template is a function which allows the provider to document that he/she discussed one or more of the following with the patient, family or medical power of attorney:

- code status,
- condition,
- progress,
- laboratory results and
- procedure results

At the top left of the template, functions are displayed which allows the provider to document that the patient's condition is unchanged and/or discharge planning including:

- Patient transfer to another unit (ICU, Medical, Rehabilitation, Nursing Home, Surgical, Telemetry)
- Social Service consult (discharge planning, nursing home, hospice LTAC) and/or
- referral to protective services (adult or child)

The final element in this section is the designation that this patient is going to be discharged on the current date.

Beneath the check box for indicating that the patient will be discharged is a button entitled “Discharge.” When that button is launched, the following template appears:

**Hospital Discharge Instructions**

- Consult Home Health agency
- Consult MediHome Health
- Discussed condition, medications, and follow-up care with patient and/or family
- Discharge to Nursing Home [ ]
- Give a copy of the Post Hospital Follow-up Document
- Home Rehab
- Home Speech Therapy
- Insure patient understands follow-up instructions
- Insure patient knows how to make follow-up appointment
- Review all follow-up instructions with patient
- Review medications with patient before discharge
- Send discharge summary, HPI and consults to nursing home with patient
- Transport by Ambulance
- Follow Up with  
[ ] [ ] [ ]  
[ ] [ ] [ ]  
[ ] [ ] [ ]

**Post Hospital Follow-Up Instructions**

- BMP, CBC, UA in 10 days
- Bring ALL medications to next office appointment
- Code - Full
- Code - Meds
- Code - No
- Continue medications per Post Hospital Follow-up document
- Daily Weight - if patient gains more than 3lbs in one day call MD
- Diet [ ] [ ] [ ]
- Discontinue smoking
- Elevate Limb
- Fall Risk Assessment
- Follow SETMA Guidelines as per Instructions
- Hydration Alert
- Notify Family of Readmission
- Notify CFNP of Readmission
- Portable Chest x-ray in 10 days
- PT/INR in [ ]
- Repeat labs in [ ]
- Skin Care
- Stop antibiotics in [ ]
- Sutures out in [ ]
- Weight Loss Alert

**Comments**

[ ] *Standard Nursing Home Discharge Orders*

[ ] *Standard Home Discharge Orders*

This template is shared with the **Master Discharge Template**. It allows for a series of orders to be generated for every patient who is being discharged to the Nursing Home or to the Home.

At the bottom left of this template there are boxes for creating a standard set of orders for discharge to both the Nursing Home and to the Home.

The following are screen shots of the Hospital Follow-up Template first with the order set for discharge to the Nursing Home and then with the order set for discharge to home displayed.

### Discharge to Nursing Home

**Instructions Hosp** X

## Hospital Follow-Up

**Hospital Discharge Instructions**

- Consult Home Health agency
- Consult MediHome Health
- Discussed condition, medications, and follow-up care with patient and/or family
- Discharge to Nursing Home
- Give a copy of the Post Hospital Follow-up Document
- Home Rehab
- Home Speech Therapy
- Insure patient understands follow-up instructions
- Insure patient knows how to make follow-up appointment
- Review all follow-up instructions with patient
- Review medications with patient before discharge
- Send discharge summary, HP, and consults to nursing home with patient
- Transport by Ambulance
- Follow Up with

		//
		//
		//

**Comments**

- Standard Nursing Home Discharge Orders
- Standard Home Discharge Orders

**Post Hospital Follow-Up Instructions**

- BMP, CBC, UA in 10 days
- Bring ALL medications to next office appointment
- Code - Full
- Code - Meds
- Code - No
- Continue medications per Post Hospital Follow-up document
- Daily Weight - if patient gains more than 3lbs in one day call MD
- Diet
- Discontinue smoking
- Elevate Limb
- Fall Risk Assessment
- Follow SETMA Guidelines as per Instructions
- Hydration Alert
- Notify Family of Readmission
- Notify CFNP of Readmission
- Portable Chest x-ray in 10 days
- PT/ANR in
- Repeat labs in
- Skin Care
- Stop antibiotics in
- Sutures out in
- Weight Loss Alert

### Discharge to Home

**Instructions Hosp** X

## Hospital Follow-Up

**Hospital Discharge Instructions**

- Consult Home Health agency
- Consult MediHome Health
- Discussed condition, medications, and follow-up care with patient and/or family
- Discharge to Nursing Home
- Give a copy of the Post Hospital Follow-up Document
- Home Rehab
- Home Speech Therapy
- Insure patient understands follow-up instructions
- Insure patient knows how to make follow-up appointment
- Review all follow-up instructions with patient
- Review medications with patient before discharge
- Send discharge summary, HP, and consults to nursing home with patient
- Transport by Ambulance
- Follow Up with

		//
		//
		//

**Comments**

- Standard Nursing Home Discharge Orders
- Standard Home Discharge Orders

**Post Hospital Follow-Up Instructions**

- BMP, CBC, UA in 10 days
- Bring ALL medications to next office appointment
- Code - Full
- Code - Meds
- Code - No
- Continue medications per Post Hospital Follow-up document
- Daily Weight - if patient gains more than 3lbs in one day call MD
- Diet
- Discontinue smoking
- Elevate Limb
- Fall Risk Assessment
- Follow SETMA Guidelines as per Instructions
- Hydration Alert
- Notify Family of Readmission
- Notify CFNP of Readmission
- Portable Chest x-ray in 10 days
- PT/ANR in
- Repeat labs in
- Skin Care
- Stop antibiotics in
- Sutures out in
- Weight Loss Alert

One special function on the **Hospital Follow-up Template** is regarding **Diet**. When the provider clicks in the box next to **diet** in the second column, the following pick list appears



Instructions Hosp

## Hospital Follow-Up

**Hospital Discharge Instructions**

- Consult Home Health agency
- Consult MediHome Health
- Discussed condition, medications, and follow-up care with patient and/or family
- Discharge to Nursing Home
- Give a copy of the Post Hospital Follow-up Document
- Home Rehab
- Home Speech Therapy
- Insure patient understands follow-up instructions
- Insure patient knows how to make follow-up appointment
- Review all follow-up instructions with patient
- Review medications with patient before discharge
- Send discharge summary, HPI and consults to nursing home with patient
- Transport by Ambulance
- Follow Up with

		/ /
		/ /
		/ /

**Comments**

- Standard Nursing Home Discharge Orders
- Standard Home Discharge Orders

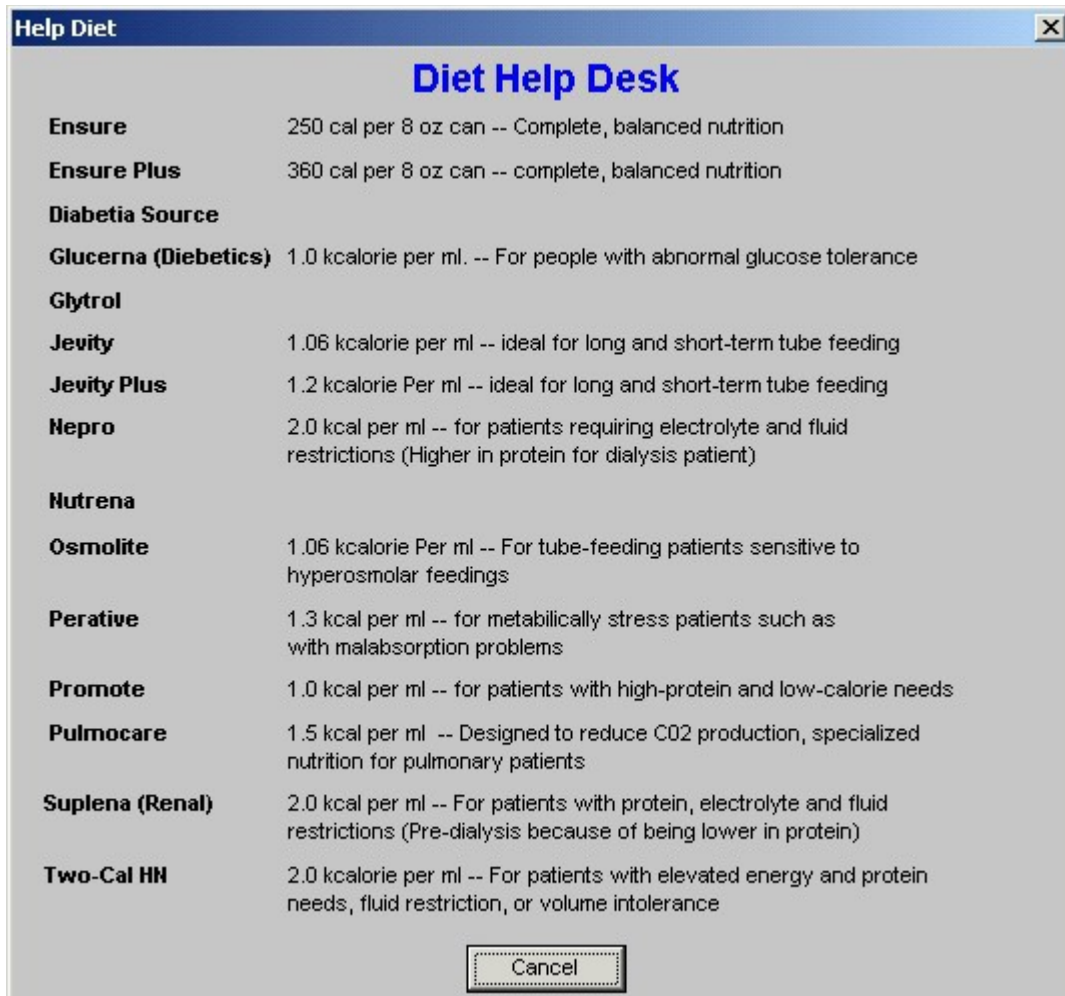
**Post Hospital Follow-Up Instructions**

- BMP, CBC, UA in 10 days
- Bring ALL medications to next office appointment
- Code - Full
- Code - Meds
- Code - No
- Continue medications per Post Hospital Follow-up document
- Daily Weight - if patient gains more than 3lbs in one day call MD
- Diet
- Discontinue smoking
- Elevate Limb
- Fall Risk Assessment
- Follow SETMA Guidelines as p
- Hydration Alert
- Notify Family of Readmission
- Notify CFNP of Readmission
- Portable Chest x-ray in 10 day
- PT/INR in
- Repeat labs in
- Skin Care
- Stop antibiotics in
- Sutures out in
- Weight Loss Alert

**Diet**

- ADA diet
- erratic diet
- gluten-free
- lactose-intolerant
- low cholesterol
- low fat
- low salt
- ovo-lacto vegetarian
- regular
- restricted-calorie
- strict vegetarian
- wt gain program
- wt loss program

Next to the above box is a button entitled **Help**. This button launches a pop-up which describes a number of types of diets to help the provider designate the proper nutrition..



All of the material will print on the Hospital Order set which will give the hospital nursing staff, the family and patient, and/or also the nursing home staff precise directions for transitioning the patient's care from the hospital to the nursing home, or to home.

Below the Discharge instructions, and the across the bottom of the template, a number of functions are provided:

### Daily Progress Hospital Orders

Continue Present Course

Discharge Planning

Transfer To:

Social Service Consult:

Protective Services Referral:

Discharge

Discharge Instructions:

Discussed:  Code Status

Condition

Progress

Tests and Procedures

With:  Patient

Family

Medical Power of Attorney

**Orders**

<input type="checkbox"/> General, O2, IV	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Critical Care
<input type="checkbox"/> PRN Medications	<input type="checkbox"/> Imaging	<input type="checkbox"/> Ventilator Settings
<input type="checkbox"/> Diet/Intake	<input checked="" type="checkbox"/> Procedures	<input type="checkbox"/> Hyperkalemia
<input type="checkbox"/> Activity PT/OT/Speech	<input type="checkbox"/> Family	<input type="checkbox"/> Sliding Scale

Tobacco cessation materials to be given to patient.

**Medications** (Double-click to Add/Edit)

Medications will print EXACTLY as listed here. Update ALL meds here

Brand Name	Dose	Start Date
HM NIACIN	100MG	12/08/2009
COREG	6.25MG	11/25/2009
LIPITOR	20MG	11/25/2009
ALDACTONE	25MG	11/24/2009

**Discontinue Medications**

These will print in addition to the current med list to ensure they are stopped.


**Discontinue**

<input type="checkbox"/> Oxygen	<input type="checkbox"/> Urinary Catheter
<input type="checkbox"/> Monitor	<input type="checkbox"/> IV Fluids
<input type="checkbox"/> Coumadin	<input type="checkbox"/> IV Antibiotics
<input type="checkbox"/> Dilantin	<input type="checkbox"/> Hep Lock

**Consults**

Last Name	First Name	Date	Reason	Status	Report Reviewed Today
Ahmed	Jehanara	11/25/2009	Diabetes coi	<input type="radio"/> Old <input checked="" type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes

Notify Physician If ...

- \* Change in neurological/mental status
- \* SBP < 90 or > 160
- \* Temp > 101.4
- \* SpO2 < 88
- \* Urine Output < 30 cc/hr or < 240 cc/shift

In this section, it is possible to add medications, document consultations, document discontinued medications and to discontinue other points of care.

Finally, in the center of the Plan Template there are twelve buttons which provide the opportunity to order a number of different types of care.

### Daily Progress Hospital Orders

Continue Present Course  
 Discharge Planning  
 Transfer To:   
 Social Service Consult:   
 Protective Services Referral:   
 Discharge  
 Discharge Instructions:

Discussed:  Code Status  
                    Condition  
                    Progress  
                    Tests and Procedures  
 With:  Patient  
           Family  
           Medical Power of Attorney

**Orders**  

General, O2, IV <input type="checkbox"/>	Laboratory <input checked="" type="checkbox"/>	Critical Care <input type="checkbox"/>
PRN Medications <input type="checkbox"/>	Imaging <input type="checkbox"/>	Ventilator Settings <input type="checkbox"/>
Diet/Intake <input type="checkbox"/>	Procedures <input checked="" type="checkbox"/>	Hyperkalemia <input type="checkbox"/>
Activity PT/OT/Speech <input type="checkbox"/>	Family <input type="checkbox"/>	Sliding Scale <input type="checkbox"/>

Tobacco cessation materials to be given to patient.

**Medications** (Double-click to Add/Edit)  
 Medications will print EXACTLY as listed here. Update ALL meds here.
 

Brand Name	Dose	Start Date
HM NIACIN	100MG	12/08/2009
COREG	6.25MG	11/25/2009
LIPITOR	20MG	11/25/2009
ALDACTONE	25MG	11/24/2009

**Discontinue Medications**  
 These will print in addition to the current med list to ensure they are stopped.
 


**Discontinue**

<input type="checkbox"/> Oxygen	<input type="checkbox"/> Urinary Catheter
<input type="checkbox"/> Monitor	<input type="checkbox"/> IV Fluids
<input type="checkbox"/> Coumadin	<input type="checkbox"/> IV Antibiotics
<input type="checkbox"/> Dilantin	<input type="checkbox"/> Hep Lock

Notify Physician If ...
 

- \* Change in neurological/mental status
- \* SBP < 90 or > 160
- \* Temp > 101.4
- \* SpO2 < 88
- \* Urine Output < 30 cc/hr or < 240 cc/shift

**Consults**

Last Name	First Name	Date	Reason	Status	Report Reviewed Today
Ahmed	Jehanara	11/25/2009	Diabetes coi	<input type="radio"/> Old <input checked="" type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes
				<input type="radio"/> Old <input type="radio"/> New	<input type="checkbox"/> Yes

Each of the templates launched by these twelve buttons will be displayed here and an explanation of any unique functions will be described.

### General, O2, IV

This button launches a template called **Routine Orders** and is self-explanatory.

**Progress Planord** X

## Routine Orders

Vital Sign Measurements

Peak Flows

Incentive Spirometry

Foley Catheter to Gravity

Nasogastric Tube to Intermittent Suction

Check for Fecal Impaction

Enemas Until Clear

Stoma Care

Accuchecks

Use SETMA Sliding Scale Insulin Protocol

---

**Supplemental Oxygen**  Pulse Ox on Current Oxygen Level

Via  at  L/min

Percent Oxygen

IPAP  cm H2O  Titrate FiO2 to keep SpO2

EPAP  cm H2O

CPAP  cm H2O

---

**IV Therapy**

at  cc/hr for  hours Follow with

at  cc/hr for  hours

Additives

KCl  mEq/L

MgSO4  grams/L

Regular human insulin  units/L

Sodium Bicarbonate  amps/L

Add thiamine 100 mg, folic acid 1mg, and MVI 1 ampule to first bag of IVF daily.

Other

Comments

### PRN Medications

This button launches a template called **PRN Medications**. Each box by a category has a pick list of medications which can be selected for the patient orders.



**Progress Prnmeds** [Close]

### PRN Medications

[Clear All]

<input type="checkbox"/> <b>Fever</b> Obtain blood cultures x2 if not drawn in past 72 hours CXR portable upright & sputum for gram stain and culture if not done in past 48 hours Urinalysis and culture if not done in past 72 hours Acetaminophen 500mg q4 hours PRN if Temp>101F Cooling blanket if temp>103.5F until temp<103F	<input type="checkbox"/> Anxiety [Text Box] <input type="checkbox"/> Sedation [Text Box] <input type="checkbox"/> Nausea [Text Box] <input type="checkbox"/> Indigestion [Text Box] <input type="checkbox"/> Diarrhea [Text Box] <input type="checkbox"/> Constipation [Text Box]
<input type="checkbox"/> <b>Pain</b> Acetaminophen 500mg q4 hours PRN if Temp>101F	

[OK] [Cancel]

## Diet/Intake Orders

This button launches a template of the same name. The box for the **Change-diet-to** and **Order-dietary-consult-for** both have pick list from which the proper response can be selected by the provider.

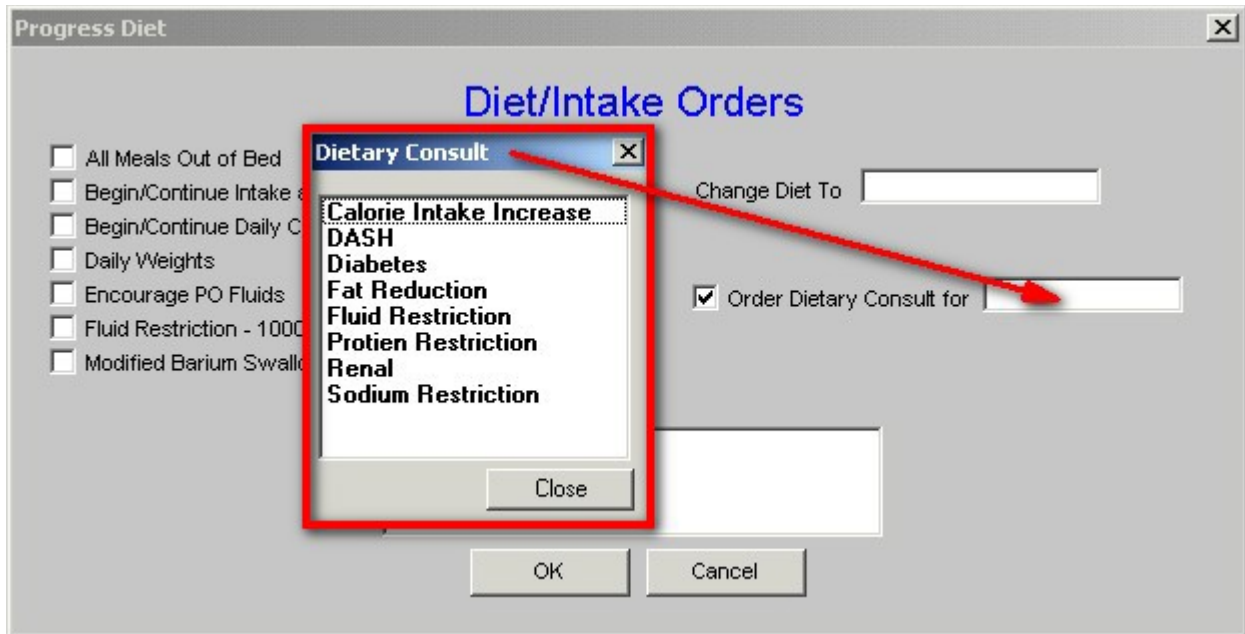
**Progress Diet** [Close]

### Diet/Intake Orders

<input type="checkbox"/> All Meals Out of Bed <input type="checkbox"/> Begin/Continue Intake and Output Documentation <input type="checkbox"/> Begin/Continue Daily Calorie Count <input type="checkbox"/> Daily Weights <input type="checkbox"/> Encourage PO Fluids <input type="checkbox"/> Fluid Restriction - 1000 mL q 24 hours including meals <input type="checkbox"/> Modified Barium Swallow	Change Diet To [Text Box]  <input type="checkbox"/> Order Dietary Consult for [Text Box]
--	--

Comments  
 [Text Area]

[OK] [Cancel]



### Activity PT/OT Speech

This button launches a template entitled **Activity/Therapy Orders**.

**Progress Act** ✕

## Activity/Therapy Orders

Ambulate BID

Buck's Traction

Dangle Feet to Bedside

Elevate Head of Bed 6 Inches

Fall-Risk Precautions

Non Weight Bearing

Left Leg/Ankle

Right Leg/Ankle

Out of Bed PRN

Sit in Chair

3x per day

4x per day

Soft Physical Restraints

Turn Patient Every 2 Hours

Warm/Moist Soaks

Right Arm

Left Arm

Right Calf

Left Calf

Physical Therapy

Range of Motion

Strengthening

Ambulation

Pulmonary Rehabilitation

Occupational Therapy

Speech Therapy

**Comments**

### Laboratory

This launches the **Laboratory Orders** template.

**Progress Labs** X

### Laboratory Orders

<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Aldosterone <input type="checkbox"/> Alcohol Level <input type="checkbox"/> ALT <input type="checkbox"/> AMI <input type="checkbox"/> Ammonia, Serum <input type="checkbox"/> Amylase <input type="checkbox"/> ANA <input type="checkbox"/> Anti Cardiolipin <input type="checkbox"/> Anti DSDNA <input type="checkbox"/> Apo E <input type="checkbox"/> Arterial Blood Gas <input type="checkbox"/> B12 <input type="checkbox"/> BMP <input type="checkbox"/> BNP <input type="checkbox"/> Calcium <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> C-Difficile <input type="checkbox"/> C-Peptide <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> Calcium, Ionized	<input type="checkbox"/> Carbon Monoxide <input type="checkbox"/> Cortisol, AM <input type="checkbox"/> Cortisol, PM <input type="checkbox"/> Cortisol, Total <input type="checkbox"/> CPK <input type="checkbox"/> Creatinine <input type="checkbox"/> D-Dimer <input type="checkbox"/> Digoxin <input type="checkbox"/> Dilantin Level <input type="checkbox"/> Drug Screen <input type="checkbox"/> Ferritin <input type="checkbox"/> Fibrinogen Titer <input type="checkbox"/> Folic Acid <input type="checkbox"/> H Pylori, Breath <input type="checkbox"/> H Pylori, Serum <input type="checkbox"/> Iron Binding Capacity <input type="checkbox"/> Iron, Serum <input type="checkbox"/> Haptoglobin <input checked="" type="checkbox"/> Hemoglobin A1C <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C	<input type="checkbox"/> HGB/HCT <input type="checkbox"/> HIV <input type="checkbox"/> Homocysteine <input type="checkbox"/> Iron Binding Capacity <input type="checkbox"/> Lanoxin Level <input type="checkbox"/> LDH <input type="checkbox"/> Legionella Urinary Antigen <input type="checkbox"/> Lipase <input checked="" type="checkbox"/> Lipid Panel <input type="checkbox"/> Magnesium <input checked="" type="checkbox"/> Micral Strip <input type="checkbox"/> Osmolarity, Serum <input type="checkbox"/> Phenobarbital Level <input type="checkbox"/> Phosphate <input type="checkbox"/> Plasma Renin Activity <input type="checkbox"/> Platelet Count <input type="checkbox"/> Potassium <input type="checkbox"/> Prealbumin <input type="checkbox"/> PT/INR <input type="checkbox"/> PTH <input type="checkbox"/> PTT <input type="checkbox"/> PSA <input type="checkbox"/> RA	<input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Salicylate <input type="checkbox"/> Sed Rate <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Spot A/C Ratio <input type="checkbox"/> Strep Screen <input type="checkbox"/> Thyroid Profile <input type="checkbox"/> Transferrin <input type="checkbox"/> TSH <input type="checkbox"/> Uric Acid <input type="checkbox"/> Urine Chloride <input type="checkbox"/> Urine Osmolality <input type="checkbox"/> Urine Osmolality <input type="checkbox"/> Urine Potassium <input type="checkbox"/> Urine Sodium <input type="checkbox"/> Urine Spot Potassium <input type="checkbox"/> Urine Spot Sodium <input checked="" type="checkbox"/> Urinalysis <input type="checkbox"/> Urine, 24 Hr Calcium <input type="checkbox"/> Urine, 24 Hr Creatinine Clearance <input type="checkbox"/> Urine, 24 Hr Protein <input type="checkbox"/> Vancomycin Peak and Trough <input type="checkbox"/> VDRL	<p><b>Recurring</b></p> <input type="checkbox"/> AMI q6 hours x3 <input type="checkbox"/> BMP qAM x3 days <input type="checkbox"/> CMP qAM x3 days <input type="checkbox"/> CBC qAM x3 days <input type="checkbox"/> PT/INR qAM x3 days <input type="checkbox"/> UA qAM x3 days <input type="checkbox"/> Stool Occult Blood x3
--	--	--	--	--

<p><b>Cultures</b></p> <input type="checkbox"/> Blood x2 <input type="checkbox"/> Sputum	<p><b>Other Cultures</b></p> <input type="text"/> <input type="text"/>	<p><b>Gram Stain</b></p> <input type="checkbox"/> Blood <input type="checkbox"/> Sputum <input type="checkbox"/> Urine <input type="checkbox"/> Wound	<p><b>Other Labs</b></p> <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>Comments</b></p> <input style="width: 100%; height: 40px;" type="text"/>
---	---	--	---	--

## Imaging

This launches the **Imaging Orders** template

**Progress Imaging** [X]

### Imaging Orders

<p><b>X-Ray</b></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Chest X-Ray qAM <input type="checkbox"/> Chest PA and LAT	<p><b>MRI</b></p> <input type="text"/> <input type="text"/> <input type="text"/>
<p><b>Ultrasound</b></p> <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>CT</b></p> <input type="text"/> <input type="text"/> <input type="text"/>

Contrast

<input type="checkbox"/> With	<input type="checkbox"/> Without
<input type="checkbox"/> With	<input type="checkbox"/> Without
<input type="checkbox"/> With	<input type="checkbox"/> Without

Comments

## Procedures

This launches a template of the same name



Each of the boxes has a pick list attached.

### Family

This launches a template named **Family Conference** which creates an order to schedule a family conference.

### Critical Care

This button launches an order template of the same name

**Progress Critical** X

**Critical Care** Clear All

**For any acute occurrence of any of the following:**

- If SBP < 90 mm Hg then give NS 500cc IV bolus over 15 minutes; if SBP<90 mm Hg after bolus, begin Levophed IV (titrate to 70 <MAP<60) and call MD.  
If SBP >180 mm Hg, then give 0.1 mg clonidine PO or 0.625 mg enalaprilat IV x 1 q 4 hours PRN (may repeat x 1 in 1 hour if SBP remains >180 mm Hg). If SBP>180 mm Hg after second dose of PRN antihypertensive, call MD.
- If heart rate<40 and patient is symptomatic (i.e. light headed/presyncopal/loss of consciousness), give 0.5 mg atropine IV STAT (may repeat x 1) and call MD.  
If heart rate > 140 beats per minutes for more than 5 minutes, call MD.
- For VF or pulseless VT, defibrillate with 200 J, then 300 J, then 360 J as needed; call CODE BLUE and notify attending MD immediately.
- If RR<8 call MD.  
If RR>30 with respiratory distress, call MD.
- If urine output < 60 cc over 2 hours (not resolved by repositioning /flushing Foley catheter) and SBP>110, give Lasix 40mg IVP. If no response in 30 minutes, call MD.

Comments

## Ventilator Settings

This launches a template entitled **New Ventilator Settings**

**Progress Planvent** X

## New Ventilator Settings

Clear All

Mode	<input type="text"/>		
Rate	<input type="text"/>	/min	
Tidal Volume	<input type="text"/>	mL	
Suggested Tidal Volume = 8.9 mL/kg =	<input type="text" value="918.3"/>		
Peak Flow	<input type="text"/>	L/min	
Inspiration/Expiration Ratio <a href="#">Help</a>	<input type="text"/>		
FIO2	<input type="text"/>	%	
Pressure Support <a href="#">Help</a>	<input type="text"/>	cm H2O	
PEEP	<input type="text"/>	cm H2O	
Vent Sensitivity	<input type="text"/>	cm H2O	

**Post Intubation Orders**

Titrate FIO2 to keep saturation >=

CXR portable STAT

ABGs in 20 minutes

Continuous pulse oximetry

**Sedation**

Morphine sulfate 2-10 mg IV q 1 hour PRN agitation  
If morphine allergy or MAP<60 mm Hg, fentanyl 25-500 mcg IVP q 1 hour PRN agitation

Diprivan IV 5-10 cc initial bolus and titrate as need for agitation unrelieved by PRN narcotic use

Comments

\*If patient ventilated in SIMV mode, respiratory therapist to add pressure support to result in spontaneous tidal volume of at least 6 cc/kg ideal body weight. If SIMV mode chosen and patient has no spontaneous add 10cm H2O pressure support.

The **Pressure Support** designation has a **Help** button which when depressed launches the following pop-up:

**Progress Planventp** X

## Pressure Support

See below for recommended pressure support values, based on the endotracheal tube.

Endotracheal Tube	Pressure Support
8	8
7.5	9
7	10
6.5	11
6	12

### Hyperkalemia

This button launches the **Daily Progress Note Hyperkalemia** which has been reviewed previously on this tutorial and also is found on the **Hospital Admission Orders**.

Progress Hyperkal

## Daily Progress Note Hyperkalemia Assessment Help

Potassium  mEq/L

**Severity of Hyperkalemia**

Mild 5.3 - 6.0 mEq/L  
 Moderate 6.0 - 6.5 mEq/L  
 Severe >6.5 mEq/L

**Calculate Creatinine Clearance**

Calculate >>>  mL/min

**Follow-Up Lab**

Serum Potassium in 2 hours

**Procedures**

EKG

**Laboratory**

Aldosterone Help  
 ALT  
 CBC  
 CMP  
 CPK  
 LDH  
 Phosphate  
 Plasma Renin Activity Help  
 Serum Cortisol

Serum Osmolarity Help  
 Thyroid Profile  
 Uric Acid  
 Urine, 24 Hr Creatinine Clearance  
 Urine, Osmolality Help  
 Urine, Potassium  
 Urine, Sodium  
 Urine, Spot Potassium Help  
 Urine, Spot Sodium Help

**Treatment**

Administer intravenous calcium gluconate 10% (4.65 mEq/10 mL) slow IVP over 10 minutes to ameliorate cardiac toxicity, if present.  
 Regular Insulin 10 U IV and 50 mL D50W bolus  
 NaHCO3 50 mEq slow IVP ( If patient has metabolic acidosis and/or EKG changes)  
 Nebulized Albuterol 10 mg  
 Kayexalate retention enema 50 G (in sorbitol). Irrigate with tap water after enema to prevent necrosis  
 Kayexalate 60 mg (in sorbitol) PO  
 Discontinue oral and parenteral potassium supplements  
 Remove potassium-containing salt substitutes  
 Change the diet to a low-potassium tube feed or a 2-g potassium ad-lib diet if patient on PO diet  
 Stat consult to SETMA Nephrology for Emergency Dialysis

On this template there are seven **Help** buttons for:

- Hyperkalemia – types
- Aldosterone
- Plasma Renin Activity
- Serum Osmolarity
- Serum Osmolality
- Urine, spot potassium
- Urine, spot sodium

## Hyperkalemia

### Severe hyperkalemia is a medical emergency

- \* Neuromuscular signs (weakness, ascending paralysis, respiratory failure)
- \* Progressive ECG changes (peaked T waves, flattened P waves, prolonged PR interval, idioventricular rhythm and widened QRS complex, "sine wave" pattern, V fib)

### Pseudohyperkalemia

- \* Hemolysis
- \* Thrombocytosis  $>1,000,000$
- \*  $wBC > 200,000$
- \* Redistribution
- \* Acidosis
- \* Digitalis overdose
- \* AD hyperkalemic periodic paralysis

### Impaired Potassium Secretion

- \* Aldosterone deficiency
- \* Adrenal failure
- \* Syndrome of hyporeninemic hypoaldosteronism (SHH)
- \* Tubular unresponsiveness
- \* Renal failure
- \*  $GFR < 10$  -20% of normal

### Treatment (1)

- \* Stop potassium!
- \* Get and ECG
- \* Hyperkalemia with ECG changes is a medical emergency

### Treatment (2)

- \* First phase is emergency treatment to counteract the effects of hyperkalemia
- \* IV Calcium
- \* Temporizing treatment to drive the potassium into the cells
- \* Glucose plus insulin
- \* Beta2 agonist
- \*  $NaHCO_3$

### Treatment (3)

- \* Therapy directed at actual removal of potassium from the body
- \* Sodium polystyrene sulfonate (Kayexalate)
- \* Dialysis

**Determine and correct the underlying cause!**



## Aldosterone

This test is performed to investigate hard to control blood pressure, orthostatic hypotension and certain fluid and electrolyte disorders.

Aldosterone is a hormone released by the adrenal glands. It is part of the complex mechanism used by the body to regulate blood pressure. Aldosterone is the main sodium retaining hormone from the adrenal gland. It increases the reabsorption of sodium and water along with the excretion of potassium in the distal tubules of the kidneys. This action raises blood pressure.

Frequently, blood aldosterone levels are combined with other blood tests (plasma renin activity) or provocative tests (captopril test, intravenous saline infusion test or ACTH infusion test) in order to diagnosis over or under production of the hormone.

### Normal Values

- \* supine: 2 to 16 ng/dl
- \* upright: 5 to 41 ng/dl

### Greater-than-normal levels of aldosterone may indicate

- \* primary hyperaldosteronism (rare)
- \* Bartter syndrome (extremely rare)
- \* Secondary hyperaldosteronism from cardiac or kidney disease
- \* Cushing's syndrome (rare)
- \* Very low sodium diet
- \* Pregnancy

### Lower-than-normal levels of aldosterone may indicate

- \* Addison's disease (rare)
- \* Very high sodium diet
- \* Congenital adrenal hyperplasia
- \* Hyporeninemic hypoaldosteronism

OK

Cancel

## Renin

Plasma renin activity (PRA) is measured as part of the diagnosis and treatment of hypertension.

- \* Patients with primary hyperaldosteronism will have an increased aldosterone production associated with a decreased PRA.
- \* Patients with secondary hyperaldosteronism (that is, caused by renal disease or renal vascular disease) will have increased plasma levels of renin and aldosterone.

### Essential Hypertension and Salt Sensitivity

- \* Patients may also have renin and aldosterone levels checked in essential hypertension to evaluate if patients are salt sensitive.
- \* This will cause a low renin with normal aldosterone levels, and this helps to guide the physician in choosing the correct medication for these patients.
- \* Patients with low renin hypertension, who are salt sensitive, respond well to diuretic medications.

### Renin

- \* Is an enzyme released by specialized cells of the kidney into the blood. It is in response to sodium depletion and/or low blood volume.
- \* Renin converts angiotensinogen (a protein released into the blood by the liver) to angiotensin I.
- \* Angiotensin I is converted to angiotensin II by an enzyme in the veins of the lungs. Angiotensin II acts on the adrenal cortex to stimulate the release of aldosterone. Aldosterone acts on the distal tubules of the kidneys to decrease the loss of sodium ions and secondary fluids.
- \* This has the effect of increasing blood pressure.
- \* In addition, angiotensin causes constriction of small blood vessels, which also increases blood pressure.

Normal values range from 1.9 to 3.7 ng/ml/hour.

### Greater-than-normal levels may indicate

- \* Addison's disease
- \* Cirrhosis
- \* Essential hypertension
- \* Hemorrhage (bleeding)
- \* Hypokalemia
- \* Malignant hypertension
- \* Renin-producing renal tumors
- \* Renovascular hypertension

### Lower-than-normal levels may indicate

- \* Salt-retaining steroid therapy
- \* ADH therapy
- \* Salt sensitive essential hypertension

### Additional conditions under which the test may be performed

- \* Primary hyperaldosteronism

OK

Cancel

## Serum Osmolarity

Osmolality measures the concentration of particles in solution. Osmolality increases with dehydration and decreases with overhydration.

In normal people, increased osmolality in the blood will stimulate secretion of ADH (antidiuretic hormone). This will result in increased water reabsorption, more concentrated urine, and less concentrated plasma.

A low serum osmolality will suppress the release of ADH, resulting in decreased water reabsorption and more concentrated plasma.

**Normal values range from 280 to 303 mOsm/kg. (milliosmoles per kilogram)**

### Greater than normal levels may indicate

- \* Dehydration
- \* Diabetes insipidus
- \* Head trauma resulting in deficient ADH secretion
- \* Hyperglycemia
- \* Hyponatremia
- \* Consumption of alcohol
- \* Consumption of methanol
- \* Consumption of ethylene glycol
- \* Renal tubular necrosis
- \* Severe pyelonephritis
- \* Shock
- \* Stroke resulting in deficient ADH secretion
- \* Uremia

### Lower than normal levels may indicate

- \* Excess fluid intake
- \* Hyponatremia
- \* Overhydration
- \* Paraneoplastic syndromes associated with lung cancer
- \* Syndrome of inappropriate ADH secretion

### Additional conditions under which the test may be performed

- \* Complicated UTI (pyelonephritis)
- \* Diabetic hyperglycemic hyperosmolar coma
- \* Hepatorenal syndrome
- \* Interstitial nephritis

OK

Cancel

## Urine Osmolality

Osmolality measures the concentration of particles in a solution (in this case, urine). Osmolality (particles/kg water) and osmolarity (particles/liter of solution) are sometimes confused -- but for dilute fluids (such as urine), they are essentially synonymous.

Osmolality is a more exact measurement of urine concentration than specific gravity because specific gravity depends on the precise nature of the molecules present in the urine. Specific gravity also requires correction for the presence of glucose or protein.

**Normal values are as follows**

- \* Random specimen: 50 to 1400 mOsm/kg
- \* 12 to 14 hour fluid restriction: greater than 850 mOsm/kg (mOsm/kg = milliosmoles per kilogram)

**Greater-than-normal measurements may indicate**

- \* Addison's disease (rare)
- \* Congestive heart failure
- \* Shock
- \* Syndrome of inappropriate ADH secretion

**Lower-than-normal measurements may indicate**

- \* Aldosteronism (very rare)
- \* Diabetes insipidus (rare)
- \* Excess fluid intake
- \* Renal tubular necrosis
- \* Severe pyelonephritis

**Additional conditions under which the test may be performed**

- \* Complicated UTI (pyelonephritis)
- \* Dilutional hyponatremia (SIADH)

OK

Cancel

## Urine Potassium

This test is usually performed to detect or confirm the presence of conditions that affect body fluids (for example, dehydration, vomiting, diarrhea) or disorders of the kidneys or adrenal glands, which are the source of the aldosterone.

### **The serum (blood) and urine potassium depend on many factors.**

- \* Aldosterone is a steroid hormone that plays a major role in regulating potassium levels within the body.
- \* Aldosterone increases the loss of potassium in the kidneys.
- \* Potassium is also affected by acid/base balance because potassium exchanges with hydrogen, to some extent, across cell membranes.

### **Normal Values**

- \* Spot Urine normal values 40-60 mEq.
- \* The usual range for a person on a regular diet is 25 to 120 mEq/L/day.
- \* However, lower or higher urinary levels may occur depending on dietary potassium intake and the relative amount of potassium in the body.

### **Greater-than-normal urine potassium levels may indicate**

- \* Acute tubular necrosis
- \* Cushing's syndrome (rare)
- \* Diabetic acidosis and other forms of metabolic acidosis
- \* Hyperaldosteronism (very rare)
- \* Eating disorders (anorexia, bulimia) and vomiting
- \* Low magnesium levels

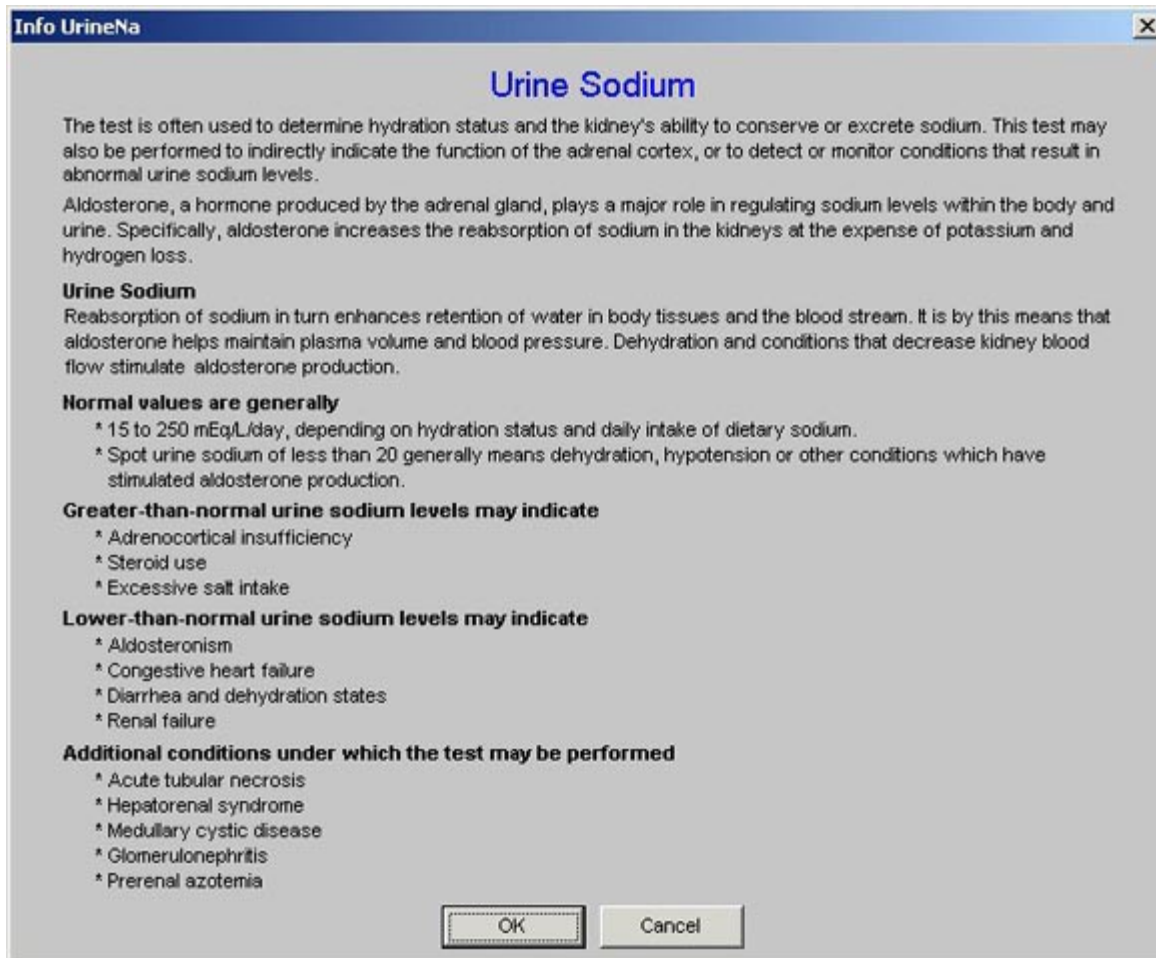
### **Additional conditions under which the test may be performed**

- \* Medullary cystic disease

OK

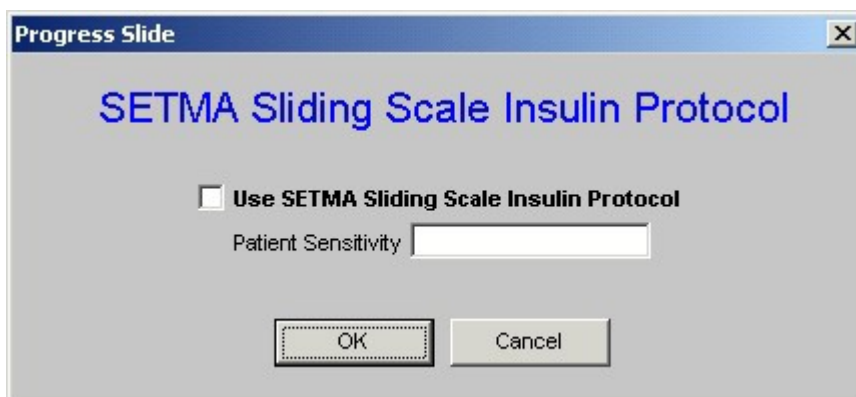
Cancel





## Sliding Scale

This button launches a function entitled **SETMA Sliding Scale Insulin Protocol**. It allows the adjustment of the sliding scale based on the assessment of insulin sensitivity and then prints a sliding scale on the chart based on Patient Sensitivity of : average, resistant, sensitive, very sensitive.



## Conclusion

The following is an illustration of what a daily progress note looks like for a patient. Two documents are generated:

- The Daily Progress Note which will be printed and placed on the patient's chart.
- The Physician Orders which will be printed, signed and placed on the patient's chart.



### Daily Progress Note

Name	College Test	Admit Status	Telemetry
Date of Birth	01/01/1920, 89 years of age	Code Status	Full Code
Date and Time	11/25/2009 9:25 AM	Visit Type	Attending

**This is the first day of hospitalization.**

#### **Current Impression - Stable**

#### **Assessment/Plan**

\* **CHF Diastolic Acute** - General improvement. The patient's pulmonary congestion has improved and the peripheral edema has lessened. Patient is able to lay flat without difficulty and is able to ambulate without SOB. Diuresis has been good. Will continue current medications and repeat BMP, BNP and chest x-ray. Cardiology note reviewed. Shortness of breath has improved. Good diuresis. Peripheral edema is 1+. PND absent. Orthopnea absent. The patient has Class II CHF. The patient's BNP was 658 pg/mL on 20091124. Echocardiogram ordered. Add IV Lasix.

p>\* **Hyperten Isolated Systolic** - The patient's current blood pressure is 138/85 mmHg. The patient's blood pressure is classified as High-Normal (Pre-Hypertensive). The patient's blood pressure is improving. The patient has the following signs of symptoms of hypertension: fatigue, swelling in the legs,. The patient does NOT have the following signs and symptoms of hypertension: dizziness, nosebleeds,. The following medications have been started: ACE inhibitor, beta blocker, thiazide diuretic,. Echocardiogram ordered.

\* **DM II Renal Manifestat Uncontr** - The patient's HgbA1C on 20091118 was 7.9 % which translates to a mean plasma glucose of 203 mg/dL. The patient's diabetes is not well controlled. The patient's blood sugar is improving. Ketosis is absent. The patient's blood pressure is 138/85 mmHg. The patient's current diet is Cardiac. The patient confirms the following from the review of systems: chest pain, difficulty breathing,. The patient denies the following from the review of systems: constipation, diarrhea, nausea, vomiting, hyperkalemia, hypokalemia,. The following lab tests have been ordered: HgbA1C, Lipid Panel, Micral Strip, Urinalysis,. Endocrinology consult ordered.

#### **General Orders**

**Continue Present Course**

## Consults

<u>Last Name</u>	<u>First Name</u>	<u>Date</u>	<u>Reason</u>	<u>Status</u>	<u>Report Reviewed Today</u>
Ahmed	Jehanara	11/25/2009	Diabetes control	New Consult - Please Notify	

## Laboratory Orders

Hemoglobin A1C, Lipid Panel, Micral Strip, Urinalysis,

## Procedures

Echocardiogram

Estimated Discharge Date - 11/27/2009

Surgeries This Stay

Days in ICU this Stay - 0

Days IV Antibiotics this Stay -0

Days Ventilator this Stay - 0

## Current Diagnosis

Fredrickson Type IIb Hyperlipoproteinemia

Renal Stage II Chron Disease, Chronic

CHF Diastolic Acute, Chronic improved

Hyperten Isolated Systolic

mmHg

Anemia Unspecified

DM II Renal Manifestat Uncontr

## Vital Signs

Weight - 227.00 pounds

Height - 63.00 inches

BMI - 40.21 kg/m<sup>2</sup>

Blood Pressure - 138 / 85

Pulse - 92.00 bpm

Pulse Ox - 95 %(room air)

Respirations - 19 /min

Temperature - 98.60 F

TMax (24 Hrs) - 98.80 F

## Chronic Conditions

Hyperten Benign Essential

Knee Derang Medial Menis Posted

Hyperlipidemia, Mixed Epiglottitis

Acute No Obstruct Amputation

Above Knee Uncompli DM II

Renal Manifestat Control Abd Pain

RUQ

Cardiac PTCA Stent

CAD Ischemic Heart Dis Chronic

Abn Brain EEG

Zenker's Diverticulum

CAD Angioplasty PTCA Stent

Hyperten Benign Essential

Hyperten Benign Essential

## Diet

Current Diet - Cardiac

Current Appetite - Diminished

Percentage Meals Eaten - 50 to 75%

24 Hour Bowel History - Movement within last 24 hours/td>

Current Activity Level - Up in Chair

## Pertinent Events of the Past 24 Hours

Cardio/Pulmonary

## Pertinent Events of the Past 24 Hours

+ Chest Pain, Improving + Shortness of Breath, Improving

### **All Current Medications**

Brand Name	Dose	Sig Codes
Hm Niacin	100mg	
Lipitor	20mg	1 tab po qd
Coreg	6.25mg	po bid
Aldactone	25mg	1 tab po qd
Test Strip		q other week
Lisinopril	10mg	1 po qd.
Singulair	5mg	
Actos	15mg	
Allegra	60mg	
Synthroid	137mcg	
Glyburide-metformin Hcl	5mg-500mg	1 po qd

### **Review of Systems**

There has been no change in the review of systems since the history and physical performed on 11/24/2009.

Source of Information - Patient

#### Allergies Description

	<u>Onset</u>
Meperidine Hcl	11/03/2009
Preservative Free	11/03/2009
Codeine	05/19/2009
Iodine	02/23/2009
Potassium Iodide	02/23/2009
Sodium Iodide	02/23/2009
No Known Allergies To Medications	02/23/2009
Aspirin	02/19/2009
Celecoxib	02/23/2009
Sulfa (sulfonamide Antibiotics)	06/27/2008
Egg	11/28/2007
Penicillin G Potassium	02/12/2007
Asafetida	01/17/2007

### **Physical Exam**

#### Respiratory Inspection

- Normal Auscultation

- Normal Palpation -

Normal Percussion -

Normal Cough -

#### Absent Cardiovascular

Auscultation - Normal

Murmurs - Absent

Palpation - Normal

JVP - Normal

Peripheral Edema - Yes

Bilateral - 1+

Cardio Intima Media Thickening

Thickening (mm)

Blockage Present

Percent Blocked

Left

Right

0%

0%

Abdomen

Inspection - Normal

Auscultation - Normal

Positive Hepatojugular Reflux - Negative

Positive Hepatojugular Reflux - Negative

The patient's code status, condition, progress, tests and procedures was/were discussed with the patient, .

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**Approved by James L. Holly MD 11/25/09**

**Southeast Texas Medical Associates, LLP**



## Physician Orders

### **General Orders**

Continue Present Course

### **Consults**

<u>Last Name</u>	<u>First Name</u>	<u>Date</u>	<u>Reason</u>	<u>Status</u>	<u>Report Reviewed Today</u>
Ahmed	Jehanara	11/25/2009	Diabetes control	New Consult - Please Notify	

### **Laboratory Orders**

Hemoglobin A1C, Lipid Panel, Micral Strip, Urinalysis,

### **Procedures**

Echocardiogram

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**Approved by James L. Holly MD 11/25/09**  
**Southeast Texas Medical Associates, LLP**