

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

Critically  ill  injured patient

Total full-attention by attending:  first 31-74 min

addtl. 30 min x \_\_\_\_ (total time: \_\_\_\_\_)

REQUESTED BY: \_\_\_\_\_

INITIAL	CONSULT NOTE	Attending:
Information from: ____ Patient ____ Family ____ Caregiver		

**Reason:**

**Present Illness:** Main sign/symptom (1/1/4/4): (location, quality, severity, duration, timing, context, modifiers, associated signs/symptoms)


**MEDS:**


**ROS:** Checked areas (✓) were explored, but negative; areas numbered (#) were positive as described (0/s.d./2/10/10)

Constitutional \_\_\_\_, skin \_\_\_\_, eyes \_\_\_\_, ENMT \_\_\_\_, Resp. \_\_\_\_, CV \_\_\_\_, GI \_\_\_\_, GU \_\_\_\_ musculoskeletal \_\_\_\_,  
Lymph \_\_\_\_, neuro \_\_\_\_, Psych \_\_\_\_, endocrine \_\_\_\_, Immune \_\_\_\_,

**Positives:**

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**Past History (0/0/1/3/3): DRUG ALLERGIES:**

**Medical**


**Social**

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**Family**

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Physicians Orders/Progress Notes



F1230

**Physical: BP:    Pulse:    Resps:    Weight:    Temp:**

Physical exam (1/6/12/2x9/2x9): At a minimum, areas checked (✓) were examined, but were normal/non-contributory; areas crossed (X) were abnormally relevant as described by #:

1. Appearance <input type="checkbox"/> greater than or equal to 3 V, S, <input type="checkbox"/> 2. Skin/SQ inspection <input type="checkbox"/> palpation <input type="checkbox"/> 3. Conjunctiva/lids <input type="checkbox"/> pupils/iris <input type="checkbox"/> fundus <input type="checkbox"/> 4. Ext ear/nose <input type="checkbox"/> otoscopy <input type="checkbox"/> hearing <input type="checkbox"/> rhinoscopy <input type="checkbox"/> lips/teeth/gum <input type="checkbox"/> oropharynx <input type="checkbox"/> 5. Breast insp. <input type="checkbox"/> B. palp <input type="checkbox"/> 6. Neck <input type="checkbox"/> thyroid <input type="checkbox"/> 7. Resp effort <input type="checkbox"/> chest percussion <input type="checkbox"/> Ch. Palp <input type="checkbox"/> lung auscultation <input type="checkbox"/> 8. Heart palp <input type="checkbox"/> H. auscultation <input type="checkbox"/> carotid p <input type="checkbox"/> Femoral p <input type="checkbox"/> pedal p <input type="checkbox"/> abd Ao <input type="checkbox"/> edema/ varices <input type="checkbox"/> 9. Abd palp <input type="checkbox"/> liver/ spleen <input type="checkbox"/> hernias <input type="checkbox"/> ano -rectal <input type="checkbox"/> guaiac (if indicated) <input type="checkbox"/>		10. Scrotum/testes <input type="checkbox"/> penis <input type="checkbox"/> prostate <input type="checkbox"/> 11. Ext/vagina <input type="checkbox"/> urethra <input type="checkbox"/> bladder <input type="checkbox"/> cervix <input type="checkbox"/> uterus <input type="checkbox"/> adnexa <input type="checkbox"/> 12. Gait/station <input type="checkbox"/> digit/nails <input type="checkbox"/> _____ insp/palp <input type="checkbox"/> ROM <input type="checkbox"/> Stability <input type="checkbox"/> Musc. Strength/tone <input type="checkbox"/> 13. Neck LN <input type="checkbox"/> axillae LN <input type="checkbox"/> groin LN <input type="checkbox"/> _____ LN <input type="checkbox"/> 14. CN: _____ <input type="checkbox"/> DTR/ Babinski <input type="checkbox"/> sensation <input type="checkbox"/> 15. Judgement/insight <input type="checkbox"/> orientation <input type="checkbox"/> memory <input type="checkbox"/> mood/affect <input type="checkbox"/>
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**DATA:** Diagnostic studies evaluated by type; comments are given if needed (O=ordered; R=reviewed; D=discussed; V=visualized)  
 Circle or check (✓) indicates work done; only very relevant data was written below (1/1/2/3/4 points):

Labs/Path: O/R; Radiol: O/R, D, V (2); Med test/Endo: O/R,D,V (2); Path: D, V (2); Old Records Reviewed (2) \_\_\_ Requested \_\_\_    Σ Da=

**IMPRESSION/DX: (1/1/2/3/4):** [(New+W/U (4); New (3), Worsened (2), Stable (1), Improved (1), Self-Limited (1)]    Σ Dx=

**Plan:**

<b>Risk (1/1/2/3/4)</b>	① <input type="checkbox"/> venous lab <input type="checkbox"/> urine test <input type="checkbox"/> EKG/EEG <input type="checkbox"/> U/S, Plain X-ray <input type="checkbox"/> Rest	② <input type="checkbox"/> OTC drug <input type="checkbox"/> Diet <input type="checkbox"/> Contrast <input type="checkbox"/> Arterial <input type="checkbox"/> X-ray <input type="checkbox"/> puncture	③ <input type="checkbox"/> Prescrip. Drug <input type="checkbox"/> Proc. Avg. Risk <input type="checkbox"/> Elective surg. <input type="checkbox"/> Acute systemic dz <input type="checkbox"/> Mild exac. ch. dz <input type="checkbox"/> 2 ch.dz	④ <input type="checkbox"/> Dz threat function/life <input type="checkbox"/> RX w/risk/monitoring <input type="checkbox"/> Emergency procedure <input type="checkbox"/> Procedure w/risk <input type="checkbox"/> Severe exac.ch.dz <input type="checkbox"/> Parenteral narcotic
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COUNSEL MORE THAN 50% OF (20/40/55/80/110) \_\_\_\_\_ MIN SESSION    Old records requested: \_\_\_\_\_  
 Obtain Hx from family: \_\_\_\_\_

Signature: \_\_\_\_\_