

Kindred Hospital

Louisville

1313 St. Anthony Place Louisville, Kentucky 40204

DATE: _____ **SUBSEQUENT NOTE** **ATTENDING:** _____

History (1/1/4):

ROS: Checked areas (✓) were explored, but negative; areas numbered (#) were positive as described (0/system>2)

Constitutional _____, skin _____, eyes _____, ENMT _____, Resp _____, CV _____, GI _____, GU _____, musculoskeletal _____,
Lymph _____, neuro _____, Psych _____, endocrine _____, immune _____

Positives:

P,F,S,Hx (0/0/1) | wt change | #BM | U/O | I/O | New allergy/reaction | Meds changed or counted

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

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

<p>1. Appearance <input type="checkbox"/> ≥ 3 V.S. <input type="checkbox"/> 2. Skin/SQ inspec <input type="checkbox"/> palp <input type="checkbox"/> 3. Conj /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"/>, rhynoscopy <input type="checkbox"/> lips/teeth/gum <input type="checkbox"/>, orophary <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 percu <input type="checkbox"/> Ch. Palp <input type="checkbox"/>, lung auscul <input type="checkbox"/> 8. Heart palp <input type="checkbox"/>, H. auscul <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"/></p>	<p>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"/></p>
---	--

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 (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 ___ ∑ Da=

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

Risk (1/3/4) ① venous lab urine test EKG, EEG U/S, Plain X-ray Rest
 ② Prescrip. Drug Proc. Avg. Risk Elective surg./Bx Acute systemic dz Mild exac. ch. dz D2 ch stable. dz
 ④ Dz threat function/life Rx w/risk/monitoring Emergency procedure Procedure w/risk Severe exac. ch. dz Parenteral narcotic

Critically ill; Injured patient
 Total full-attention by attending: first 31-74 min addtl. 30 min x _____ (total time: _____) Physician Signature _____