**APPENDICES**

Appendix 1: Sample Best Practice Guidelines for Progress Notes

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Division of Hospital Medicine Notewriting Taskforce

Best Practices

Progress Notes

General:

Daily progress notes should accurately and concisely document the patient care data and assessment and plan for each day of a patient’s hospitalization. Attempts should be made to maximize note utility and to limit importing large data fields.

24 Hour Course/Overnight Events

Include a brief description of significant events of the last 24 hours. Examples of significant events include: major bleeding episode, acute agitation requiring intervention, transfer to a higher level of care, etc. This section should in general not include minor events such as consults, medication changes, basic tests, or routine parts of hospital care. Consider a bullet format.

Subjective/Review of Systems:

Document subjective complaints and review of systems in the patient’s words. If the patient is unable to provide their subjective state, please document this.

Vitals:

Vitals will be automatically imported.

Intake/Output

Begins with a statement that “I have personally reviewed the Ins and Outs for today.” There is then free text to enter a brief summary. This may be as simple as “positive 1 liter” or “even.” If a patient has complex drains or atypical losses, please document these here as well (eg. chest tube output, NG tube output, etc.).

Physical Examination

Document only the components of the physical exam which were performed on this day. The physical examination should be updated daily. It can either be entered as free text or using the Notewriter Exam in EPIC.

Data

Do not import all available data and studies. Document labs, microbiology, and radiology that were pertinent to the care of the patient on this day (directly impacted management decisions). For EKG and/or telemetry (if available), briefly summarize the key findings.

Problem-based Assessment and Plan

Include a 1-2 line overall assessment of the patient which should be updated each day. The problem list should be prioritized each day. Problems which initially begin as symptoms should be updated to diagnoses once determined. For each problem, accurately and concisely describe the current status (stable, improving, worsening), the known cause or differential diagnoses, the diagnostic evaluation which has been or will be ordered, and the treatment plan. Problems which are resolved can be placed lower on the problem list by priority or can be officially resolved in the system.

Hospital Care

Accurately document the status of standard components of hospital care (to include but not be limited to DVT prophylaxis, fluids, diet, discharge planning, and code status). This section should be updated each day.

Appendix 2: Progress note template with smartlinks

|  |
| --- |
| Medicine Progress Note |

DATE OF SERVICE: @TD@

HOSPITAL DAY: @LOS@

CC: @CHIEFCOMPLAINTN@

|  |
| --- |
| 24 Hour Course/Overnight Events |

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|  |
| --- |
| Subjective/Review of Systems |

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|  |
| --- |
| Medications |

@RRSCHEDIVMED@

PRNs: @MEDSPRN@

Infusions: @MEDSINFUSIONS@

|  |
| --- |
| Physical Exam |

@VSRANGES@

I/O: @IOLAST2SHIFTS@

\*\*\*

|  |
| --- |
| Data |

{DATA:28470::"I have reviewed all of the labs from today. Pertinent labs include: \*\*\*"}

|  |
| --- |
| Problem-Based Assessment and Plan |

@NAME@ is a @AGE@ @SEX@ \*\*\*

\*\*\*

Inpatient Checklist

Diet: @RRDIET@

DVT Prophylaxis: {DVT PPX:28465}

GI Prophylaxis: {GI PPX:28466::"not indicated"}

Central Lines: {CENTRAL LINES:28468::"none"}

Tubes/Drains: {TUBES AND DRAINS:28469::"none"}

Disposition

\*\*\*

Code Status

@RRCODESTATUS@,@RREMERCONTACT@

Author

@MECRED@

@TD@ at @NOW@

Embedded SmartLists

|  |  |
| --- | --- |
| DATA:28470 | 1. I have reviewed all of the labs from today. Pertinent labs include: \*\*\*
2. I have reviewed all of the microbiology results from today. Pertinent microbiology results include: \*\*\*
3. I have reviewed all of the studies from today. Pertinent study results include: \*\*\*
4. I have reviewed the telemetry tracings. It showed \*\*\*
5. I have reviewed the electrocardiogram from today. It showed \*\*\*
6. There is no new data today
 |
| DVT PPX: 28465 | 1. Enoxaparin
2. Heparin subcutaneously
3. Fondaparinux
4. Warfarin
5. Sequential compression devices (SCDs)
6. Not indicated due to \*\*\*
 |
| GI PPX: 28466 | 1. Not indicated
2. Indicated due to patient is on chronic acid suppression therapy as an outpatient
3. Indicated due to coagulopathy (platelet count<50,000, INR>1.5, PTT>2x control
4. Indicated due to mechanical ventilation (likely for >48hours)
5. Indicated due to 2 or more minor risk factors: sepsis, ICU stay>1 week, occult GI bleeding >6 days, or high dose steroids
6. Indicated due to traumatic brain injury, spinal cord injury, or thermal injury
7. Indicated due to history of GI bleeding within the past year
 |
| GI PPX Type: 28467 | 1. H2 blocker
2. Proton pump inhibitor
 |
| Central Lines: 28468 | 1. None
2. Triple lumen catheter: Vein Central, Day\*\*\*
3. Hemodialysis catheter: Vein Central, Day\*\*\*
4. PICC (Day \*\*\*)
5. Tunneled catheter
6. Implanted port
 |
| Vein central: 12312 | 1. Internal jugular vein
2. Subclavian vein
3. Femoral vein
4. \*\*\*
 |
| Tubes AND Drains: 28469 | 1. None
2. Foley catheter (Day \*\*\*\*)
3. Nasogastric tube (Day \*\*\*)
4. Nasojejunal tube (Day \*\*\*)
5. Orogastric tube (Day \*\*\*)
6. Percutaneous gastric tube (Day \*\*\*)
7. Chest tube (Day \*\*\*)
8. JP drain (Day \*\*\*)
9. \*\*\* (Day \*\*\*)
 |