Appendix 2-- Best Practices Progress Note Template

This is an annotated version of the PROGRESSNOTEBESTPRACTICES smart text. This is meant to serve as a guide in modifying the best practices template to meet individual service needs. The complete "Best Practices for Writing Inpatient Progress Notes" reference document can be found on UConnect.

\*\*\* (identify service) Daily Progress Note

Author:@me@ PGY \*\*\* (identify level of author- medical student, PGY,attending,etc)

Patient : @NAME@

@DOB@ @AGE@ MRN: @MRN@

Interval History/Subjective: Objective:

Vitals:

Vital Signs from the last 24 hours have been reviewed and are pertinent for\*\*\*

(If vital sign parameters are included, reduce clutter by pulling in only 24-hour min/max values [vitalsminmax] and/or last set of vital signs [vs])

1/0s: \*\*\*

(Recommend commenting only on specific input and/or output measures that are important in clinical decision making)

Physical Exam:

{PHYSICAL EXAM:3001975}

Labs/Cultures:

\*\*\*All recent labs have been reviewed.

(Recommend leaving \*\*\* to remind user to delete text if labs are not reviewed or not obtained)

Pertinent labs include \*\*\*

Imaging Studies:

\*\*\*Recent imaging studies have been reviewed and are notable for \*\*\*

(Recommend leaving \*\*\* to remind user to delete text if imaging studies not reviewed or not obtained)

Assessment:

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

\*\*\*@currenthospitalproblems@

(Recommend leaving \*\*\* to remind user to review accuracy of current hospital problem list. If problem list is being used in daily documentation, problems should be refined throughout the patient's stay to accurately reflect the patient's current clinical condition. Assessments and plans may be written by problem on a daily basis if that is user preference. In that case, recommend combining problem list, assessment and plan sections.)

*Submitted by: @ME@* - *@TO@* - *@NOW@ Pager/Contact Number.* \*\*\*