**DAILY PROGRESS NOTES**

**S=Subjective**

**O=Objective (Includes all the following)**

**Physical Exam:** Vital signs, focused physical exam but almost always should include:

* Lung
* Cardiac
* Abdominal
* Extremities
* Laboratory data
* Diagnostic imaging
* Microbiology

**A/P=Assessment and Plan:**

The Assessment section of the progress note should be organized by problems. (Thus, writing a problem list on the margin of the progress note is helpful in organizing your note but is not always necessary. Problems must be included in your assessment.)

Assess each problem and include relevant differential diagnosis, evidence suggesting or not suggesting a diagnosis. It is essentially “what do you think caused the problem & why do you think that.”

Once the assessment has been planned must be formulated to address each problem (see below). Plan should be complete and those who read your note should know exactly what you are doing and why. Some secondary problems are stable and do not need an assessment but rather just a plan (see below).

**Example Assessment and Plan:**

**Chest Pain:** Differential diagnoses remain broad with exact etiology still unclear. Most concerning at this time remains pericarditis because of the nature of chest pain and EKG changes. Acute coronary syndrome remains in differential but is less likely given the normal cardiac enzymes and the nature of the EKG changes. PE is very unlikely given the normal oxygenation and complete lack of risk factors. Dissection is unlikely as the patient has no history of HTN and symmetric blood pressures.

If w/u for above life-threatening causes negative will further expand differential to include GI, infectious, musculoskeletal and other causes of chest pain.

**Plan:**

* Serial EKG
* Stat ECHO
* Follow cardiac enzymes
* Morphine for pain control
* Continue ASA
* Hold Beta Blocker as SBP <100 and HR 60
* Consider cardiology consult depending on above workup

**Mild Anemia:**

Differential diagnoses include decreased production, sequestration, destruction/loss. At this time most concerning is occult GI blood loss given the patients guaiac positive stools and microcytic indices.

**Plan:**

Needs routine health screening (colonoscopy as age recommended).

Check FE studies

Follow serial HCT (check daily)

**Tobacco abuse:**

Smoking cessation counseling

**Code:**

Full

**FEN:**

Cardiac prudent diet

**Disposition:**

No plans for D/C within next 24 hours.