

THE UNIVERSITY
OF KANSAS HOSPITAL
KUMED
3901 Rainbow Boulevard
Kansas City, Kansas 66160

Do not write in this box



PATIENT LABEL

TRAUMA/CRITICAL CARE PROGRESS NOTE

DATE/TIME:

HOSPITAL DAY:		POSTOP DAY:	
INJURY/HX PROCEDURES			
ACUTE EVENTS			
VITALS I/O's			
LABS/XRAY	ABG: pH: PaCO ₂ : PaO ₂ : HCO ₃ : BE/BD: O ₂ Sat 		
	STUDIES:		
MEDICATIONS	PHYSICAL EXAM		
	CNS:		
	HEENT:		
	CV:		
	PULMONARY:		
	GI:		
	GU:		
	EXTREMITIES:		
	SKIN:		
	DRAINS/IV's		

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ATTENDING	ASSESSMENT/PLAN
	<p>CNS:</p> <p>CV:</p> <p>PULMONARY:</p> <p>GI:</p> <p>GU:</p> <p>ENDOCRINE:</p> <p>HEMATOLOGY:</p> <p>ID:</p> <p>MUSCULOSKELETAL:</p>

Disposition:

Resident: _____ **Pager#:** _____

Date/Time: _____

Attending Physician Attestation

I have ordered/reviewed clinical lab tests.

I have ordered/reviewed other medical tests.

I have ordered/reviewed radiologic studies:

I have independently reviewed the tests (looked at the films myself):

Attending Physician Signature: _____ **Pager#:** _____

Critical Care Time Spent: _____ **Date/Time:** _____

Separately Billable Procedure Time: _____ Hours/ _____ Minutes

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