LARS R. NEWSOME, MD
SCRIPPS MEMORIAL HOSPITAL

Name ……..
Birthdate ……..
Finance # ……..
Room ……
MRN ……..
Referring MD..

ACUTE PAIN SERVICE INPATIENT PROGRESS NOTE

HPI

Diagnosis

Interval History

Allergies | Post-Op Day | Kgs | Age

Medications | Adjuvant Therapy

Average Last 24 Hour Opioid Use | Side Effects

☐ Lab/diagnostic studies reviewed ☐ Consult(s) reviewed MED / FAM / SOCIAL 1-IX

ROS ☐ reviewed from _____ on _____ date.

Review of Systems
CONSTITUTIONAL:
CARDIAC:
RESPIRATORY:
GASTROINTENSTINAL:
MUSCULOSKELETAL:
SKIN:
NEUROLOGICAL:

Physical Examination
CARDIAC:
RESPIRATORY:
MUSCULOSKELETAL:
SKIN:
NEUROLOGICAL/PSYCHIATRIC:
COMFORT LEVEL:

Sat | Tmax | Pulse | RR | BP Upper | BP Lower

Pain Scores
Highest | Lowest | Current | Pain Tool Used

ATTENDING ASSESSMENT/PLAN

Attending Assessment/Plan Note:

☐ Plan of Care reviewed with _____ on _____ date.

☐ Continue Present Therapy ☐ Modify Present Therapy ☐ Transition to Oral Medications

Education Provided to: _____ on _____ for _____ minutes.

☐ Sign Off to Primary Service. Will be available as needed.

☐ I have personally seen and examined this patient, reviewed the data and their medical condition and agree with findings and plan as documented.

Attending _____ (Print Name) CNP _____