

Hospitalist Encounter Template

<p>Encounter Date Start Time End Time</p> <p>Review of Systems See HPI WNL</p> <p><input type="checkbox"/> <input type="checkbox"/> Constitutional <input type="checkbox"/> <input type="checkbox"/> Eyes <input type="checkbox"/> <input type="checkbox"/> ENT <input type="checkbox"/> <input type="checkbox"/> Cardiovascular <input type="checkbox"/> <input type="checkbox"/> Respiratory <input type="checkbox"/> <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> <input type="checkbox"/> Genitourinary <input type="checkbox"/> <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> <input type="checkbox"/> Skin <input type="checkbox"/> <input type="checkbox"/> Neurologic <input type="checkbox"/> <input type="checkbox"/> Endocrine <input type="checkbox"/> <input type="checkbox"/> Psych <input type="checkbox"/> <input type="checkbox"/> Heme/Lymph <input type="checkbox"/> <input type="checkbox"/> Allergy/Immune</p> <p>Data Reviewed</p> <p><input type="checkbox"/> Past Medical History <input type="checkbox"/> Social History <input type="checkbox"/> Family Medical History <input type="checkbox"/> Allergy list <input type="checkbox"/> Medication list <input type="checkbox"/> Labs/Tests <input type="checkbox"/> ER Notes <input type="checkbox"/> Old Chart <input type="checkbox"/> EMS Note <input type="checkbox"/> ECG <input type="checkbox"/> Nursing Notes & Vitals log <input type="checkbox"/> Radiology studies</p> <p>Care coordinated with</p> <p><input type="checkbox"/> ER MD <input type="checkbox"/> HCPOA <input type="checkbox"/> PCP <input type="checkbox"/> Case Mgmt or SW <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nutrition team <input type="checkbox"/> Physical therapy <input type="checkbox"/> Respiratory therapy <input type="checkbox"/> Nursing staff</p>	<p>Chief Complaint/Reason For Visit: History of Present Illness: <input type="checkbox"/> Patient is Nonverbal</p> <p><input type="checkbox"/> Oral intake appropriate <input type="checkbox"/> Moving bowels <input type="checkbox"/> Ambulating</p> <p>Physical Exam <input type="checkbox"/> Check indicates within normal limits</p> <p>Const <input type="checkbox"/> General</p> <p>Eye <input type="checkbox"/> Conjunctivae <input type="checkbox"/> Pupils <input type="checkbox"/> Discs</p> <p>ENT <input type="checkbox"/> TM <input type="checkbox"/> Pharynx <input type="checkbox"/> Dentition <input type="checkbox"/> Nasal <input type="checkbox"/> External ears <input type="checkbox"/> Hearing</p> <p>Neck <input type="checkbox"/> Exam <input type="checkbox"/> Thyroid</p> <p>Resp <input type="checkbox"/> Auscultation <input type="checkbox"/> Effort <input type="checkbox"/> Percussion <input type="checkbox"/> Palpation</p> <p>CV <input type="checkbox"/> Ausc <input type="checkbox"/> Palp <input type="checkbox"/> Edema <input type="checkbox"/> Carotids <input type="checkbox"/> Aorta <input type="checkbox"/> Fem pulses <input type="checkbox"/> Pedal pulses</p> <p>Breasts <input type="checkbox"/> Inspection <input type="checkbox"/> Palpation</p> <p>GI <input type="checkbox"/> Abdomen <input type="checkbox"/> No hepatosplenomegaly <input type="checkbox"/> No hernias <input type="checkbox"/> Rectum <input type="checkbox"/> Guaiac</p> <p>GU <input type="checkbox"/> Scrotum <input type="checkbox"/> Penis <input type="checkbox"/> Prostate <input type="checkbox"/> Urethra</p> <p>Gyn <input type="checkbox"/> External <input type="checkbox"/> Bladder <input type="checkbox"/> Cervix <input type="checkbox"/> Uterus <input type="checkbox"/> Adnexa</p> <p>Lymph <input type="checkbox"/> Neck <input type="checkbox"/> Axilla <input type="checkbox"/> Groin <input type="checkbox"/> Other</p> <p>Musc <input type="checkbox"/> Gait <input type="checkbox"/> Digit <input type="checkbox"/> Inspection <input type="checkbox"/> ROM <input type="checkbox"/> Stability <input type="checkbox"/> Strength</p> <p>Skin <input type="checkbox"/> Inspection <input type="checkbox"/> Palpation</p> <p>Neuro <input type="checkbox"/> CN <input type="checkbox"/> DTR <input type="checkbox"/> Sensation</p> <p>Psych <input type="checkbox"/> Affect <input type="checkbox"/> Orientation <input type="checkbox"/> Insight <input type="checkbox"/> Memory</p> <p>Impression/Plan</p> <p style="text-align: center;">To purchase this template, or order a custom template, go to www.e-medtools.com.</p> <p>Signature CODE STATUS: <input type="checkbox"/> Full code <input type="checkbox"/> Do Not Attempt Resuscitation</p>	<p>Vitals</p> <p>Wt Temp Pulse Resp BP</p> <p>IV Medications:</p> <p><input type="checkbox"/> Antiarrhythmics <input type="checkbox"/> Antibiotics <input type="checkbox"/> Antihypertensives <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Diuretics <input type="checkbox"/> Heparin <input type="checkbox"/> Insulin <input type="checkbox"/> Narcotics <input type="checkbox"/> Pressors <input type="checkbox"/> Sedation <input type="checkbox"/> Steroids <input type="checkbox"/> Thrombolytic <input type="checkbox"/> TPN</p> <p>Labs</p> <p>This patient receiving</p> <p><input type="checkbox"/> Aggressive pulm toilet <input type="checkbox"/> DVT prophylaxis <input type="checkbox"/> Stress ulcer prophylaxis <input type="checkbox"/> Daily sedation vacation <input type="checkbox"/> Head of bed elev > 30° <input type="checkbox"/> Intense glycemic control <input type="checkbox"/> Changing central lines <input type="checkbox"/> Physical therapy <input type="checkbox"/> Swallow evaluation <input type="checkbox"/> Pneumo vac before d/c <input type="checkbox"/> Flu vac before d/c</p>
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