Pulmonary and Critical Care New Patient Evaluation Template Date Start time Stop time

Referring Physician **PCP**

Reason for consult

History of Present Illness ❑Patient is Nonverbal. History obtained from ❑ Family ❑ Medical records

Allergies

- ❑ Allergies reviewed
  - ❑ No drug allergies
  - ❑ No food allergies

Review of Systems

See HPI	WNL		
❑	❑	**Constitutional**	Fatigue, malaise, fever/chills, weight loss, change in appetite
❑	❑	**Eyes**	Vision changes, New pain, Scotomas
❑	❑	**ENT/mouth**	Nose bleeds, dental caries, dental abscesses
❑	❑	**Resp**	Dyspnea, Cough, Phlegm, Hemoptysis, Wheeze,
❑	❑	**CV**	Chest pain, diaphoresis, ankle edema, PND, syncope
❑	❑	**GI**	Emesis, dysphagia, GERD sx, abdom pain, diarrhea, melena
❑	❑	**GU**	Change in urinary habits, hematuria, dysuria
❑	❑	**Musc**	Myalgias, recent trauma, bony fractures
❑	❑	**Skin/breasts**	Rashes, nonhealing areas, new masses
❑	❑	**Neuro**	New paresthesias, gait abnormalities, seizures, muscle weakness
❑	❑	**Endo**	Hair loss, polydipsia
❑	❑	**Heme/lymph**	Bleeding gums, unusual bruising, swollen lymph nodes
❑	❑	**Allergy/Immun**	Sinus probs, recurrent infections
❑	❑	**Psych**	Mood changes, agitation, psychosis, delirium, dementia

Medications

- ❑ Medications reviewed
  - ❑ Changes as follows

Past Medical and Social History

❑ Asthma	❑ Malignancy	❑ Prior Intubations	❑ Colonoscopy
❑ Cerebral Vascular Disease	❑ Neuromuscular weakness	❑ Steroid use	❑ Mammogram
❑ Congestive Heart Failure	❑ Pancreatitis	❑ Chemotherapy	❑ PapSmear
❑ COPD	❑ Peripheral Vascular Disease	❑ Radiation exposure	
❑ Coronary Artery Disease	❑ Renal Dysfunction	❑ Autoimmune disease	
❑ Diabetes ❑Type I ❑Type II	❑ Seizure Disorder	❑ Occupational exposures	
❑ Hepatic Dysfunction	❑ Thrombotic Disease	❑ PFTs	
❑ Hypertension	❑ Thyroid Disease	❑ ECHO/Stress Test	
❑ Pulmonary Hypertension	❑ Obstructive Sleep Apnea	❑ Sleep Study	

❑ Tobacco ____ Packs x ____ Yrs ❑ Quit
❑ Alcohol
❑ Recreational drugs

Vaccines ❑Flu ❑Pneumo ❑ BCG ❑ Tetanus ❑Pertussis

Surgeries

❑Denies surgical history

Family Medical History

❑ Asthma	❑ Malignancy
❑ Cerebral Vascular Disease	❑ Neuromuscular Disease
❑ Congestive Heart Failure	❑ Pancreatitis
❑ COPD	❑ Periph Vascular Dis
❑ Coronary Artery Disease	❑ Renal Dysfunction
❑ Diabetes ❑Type I ❑Type II	❑ Seizure Disorder
❑ Hepatic Dysfunction	❑ Thrombotic Disorder
❑ Hypertension	❑ Thyroid Disease

Exposure to

- ❑ Hot tub
- ❑ Pressure washings
- ❑ Pets/Feathers
- ❑ Chemicals
- ❑ Organic/Inorganic dusts

Occupations

Travel history

IVFs:

- ❑ Pressors
- ❑ Diuretics
- ❑ Heparin
- ❑ Thrombolytic
- ❑ Insulin
- ❑ Sedation
- ❑ Steroids
- ❑ Antibiotics
- ❑ TPN
- ❑ Narcotics
- ❑ Antiarrhythmics
- ❑ Antihypertensives

SAMPLE

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Pulmonary and Critical Care New Patient Evaluation Template   Date   Start time   Stop time

Exam	Ventilator Settings	Mode	Rate	Tidal Vol	PEEP	PS	FiO2	PO2/FiO2
T	*General	❑ Alert						
P	*ENT	❑ Nasal mucosa wnl ❑ Dentition wnl ❑ Oropharynx wnl Mallampati I II III IV						
R	*Neck	❑ Normal to palpation ❑ Thyroid wnl ❑ No JVD						
BP	*Resp	❑ Clear to auscultation ❑ Clear to percussion ❑No respiratory distress ❑No chest wall defects						
Wt	*CV	❑ Clear S1 S2 ❑ No murmur ❑ No gallop ❑No rub ❑ Periph pulses wnl ❑ No periph edema						
Sats	*GI	❑No palpable masses ❑ No hepatosplenomegaly ❑ No hepatojugular reflux						
I/O	Lymph	❑ No lymphadenopathy						
UO(ml/kg/hr)	Musc	❑Tone wnl ❑ Gait wnl						
CVP	Extrem	❑ No clubbing ❑ No cyanosis						
PCWP	Skin	❑ No rashes, ecchymoses, nodules, ulcers						
SVR	Neuro	❑ Oriented ❑Affect wnl			Glasgow Coma Score E____ V____ M____		APACHE II Score ____	

Labs/Tests

Impression/Plan

SAMPLE

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This pt may benefit from

- ❑Aggressive pulmonary toilet
- ❑DVT prophylaxis
- ❑Stress ulcer prophylaxis
- ❑Daily sedation vacation
- ❑Head of bed elevated > 30 Degrees at all times
- ❑Intense glycemic control
- ❑Pneum vac prior to discharge
- ❑Flu vac prior to discharge
- ❑Changing central lines
- ❑Physical therapy
- ❑Enteral/Parenteral feeds
- ❑Smoking cessation aids
- ❑Pulmonary Rehabilitation
- ❑PPD Testing

Signature/Date:

CODE STATUS: ❑ **Full code** ❑ **Do Not Attempt Resuscitation**

Data Reviewed: ❑ ER Notes ❑ Old Chart ❑EMS Note ❑ECG ❑Nursing Notes & Vitals log ❑ Labs ❑ X Rays ❑MRI ❑US ❑CT ❑PFTs

Coordination of care: ❑Discuss w/ER MD ❑Discuss w/HCPOA ❑Discuss w/PCP ❑Case Mgmt or SW ❑Pharmacy ❑Nutrition team ❑Physical therapy ❑Respiratory therapy ❑Nursing

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