Zena and Michael A. Wiener Cardiovascular Institute
Marie-Josée and Henry R. Kravis Center for Cardiovascular Health

Date_____/_____/_____
Time:_____

CCU House Staff Progress Note

Diagnosis: _____

CCU Day # _____

Overnight Events:

_____

_____

_____

S: _____

_____

O: EXAM:

Tmax: Tc: BP ---------- MAP (-) Pulse - RR O2%

Weight: Today: _____ **Yesterday:** _____ **I/O:** _____

Vent: VT: RR: FiO2: PEEP:

Medications

Swan-Ganz: RA: RV: PA: PCWP: PA Sat: SVR: CO:

LINES: (DATE)

GEN: _____

HEENT: _____

HEART: _____

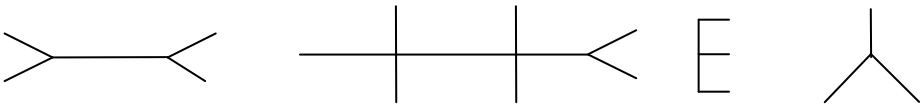
LUNGS: _____

ABD: _____

EXT: _____

NEURO: _____

LABS:



Time				
Troponin				
CK				
CK-MB				

Other Labs: _____

_____

_____

_____

CXR:

EKG:

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STUDIES: _____

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ASSESSMENT:

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PLAN:

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Print Name**:**_____**(Intern / Resident)** Pager #:_____Dict Code #:_____

Signature:_____

Form ID: 1684 (in 10/09)