SCOTT & WHITE Healthcare

This form is for use with hospital patients only.

E/M Level

Department of Neurology
Stroke Service Progress Note

DO NOT USE THE FOLLOWING ABBREVIATIONS

Q.D. – write daily / u – write unit / Q.O.D. – write every other day / I.U. – write International Units
MS or MSO4 – write Morphine Sulfate / MgSo4 – write Magnesium Sulfate
Avoid trailing zero (e.g. 5.0 mg) / Use a leading zero (e.g. 0.5 mg)

Patient Identification

Stroke Date:	**Primary Physician:**	Current Date: / / Time: : AM/PM

INTERVAL HISTORY: **NEED 4 ELEMENTS FOR HIGHER LEVEL (HPI – Location, Timing, Duration, Context, Modifying Factors, Severity, Associated Symptoms)**

☐ Unable to obtain (state reason):	**DVT Prophylaxis:** ☐ PCD's in place Bilaterally ☐ Heparin ☐ Lovenox ☐ Other:
☐ Additional History per family/caregiver (name):	
	Antiplatelet: ☐ ASA ☐ Plavix ☐ Aggrenox
	Anticoagulation: ☐ Warfarin ☐ Other:
No other interval changes in current, PMHx, FHx, SocHx, ROS other than documented above, or on the note by_____, dated _____	**Statin:**
	Intensive: ☐ Yes ☐ No, Reason:

☑ **Written Stroke Education provided regarding:** 1) personal risk factors, 2) stroke warning signs/sx, 3) how to activate EMS, 4) need to follow up after discharge

History of a-fib/a-flutter (no) (yes) -- if yes, reason not on anticoagulation:

THERAPY NOTES REVIEWED

PT/OT recs: I have personally reviewed. Date:	**Speech recs:** I have personally reviewed. Date:

I have reviewed care of the patient with

EXAM

Vital Signs BP: Pulse:: T:

NIHSS	***(Check boxes for Normal findings, Detail Abnormal or other Significiant findings.)***
LOC questions	**Constitutional:** ☐ No distress ☐ Normal appearing
LOC commands	**Ophthalmoscopic:** ☐ No papilledema ☐ No hemorrhages
Gaze	
Visual	**Cardiovascular:** ☐ RRR ☐ No Murmurs
Face	
Motor R arm/leg /	**Mental Status:** ☐ Orientation ☐ Memory ☐ Attention ☐ Language ☐ Fund of Knowledge
Motor R arm/leg /	
Ataxia	**Cranial Nerves:** ☐ Visual Fields ☐ EOMI ☐ PERRL ☐ Facial Sensation ☐ Facial Strength ☐ Hearing ☐ Palate/Tongue Movement ☐ Shoulder Strength
Sensory	
Aphasia	**Motor:** ☐ Tone ☐ Bulk ☐ Strength 5/5 throughout
Disarthria	
Neglect	**Reflexes:** ☐ Symmetric 2+ ☐ Flexor Plantar Reflex
Total	
	Sensation: ☐ Intact to pin ☐ Vibration ☐ Propriception throughout
	Coordination: ☐ Finger/nose ☐ Heel/shin
	Gait: ☐ Normal with Absent Rhomberg

Vascular Risk:

- ☐ HTN
- ☐ DM
- ☐ Lipids
- ☐ Age
- ☐ Smoking
- ☐ BMI _____
- ☐ AFib
- ☐ AFlutter
- ☐ Activity
- ☐ Dietary

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Data Reviewed

Total Cholesterol _____ LDL _____ HDL _____ TG _____ HgbA1C _____

CT scan ☐ Viewed &Interpreted by me. _____

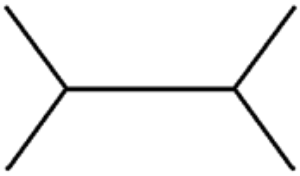
MRI images reviewed ☐ Viewed &Interpreted by me. _____

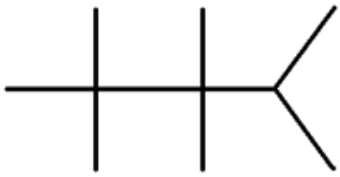
MRA/CTA images reviewed ☐ Viewed &Interpreted by me. _____

U/S reviewed ☐ Viewed &Interpreted by me. _____

Echo

Labs





Impression and Plan:

Signature: **MD/DO/NP/PA** **Date/Time**

Teaching Physician Documentation

☐ I saw and evaluated the patient and agree with the ☐ **resident's and/or** ☐ PA/s findings and plan as documented.

☐ I saw and evaluated the patient and agree with the ☐ **resident's and/or** ☐ PA/s findings and plan as documented, **except:**

☐ Attending visit, no resident involvement.

☐ Dictated Job #:

☐ Critical Care Time = minutes.

Attending Signature: **MD/DO/NP/PA** **Date/Time**

PVID ☐ 00065 ☐ 000291 ☐ 00976 ☐ 01031 ☐ 30695 ☐ 30699 ☐ 30754 ☐ 31038 ☐ 72828