## How to write a progress note:

- There are two documents that may be used. The preferred document is called: "Progress Note Medicine". Alternatively, you may use: "Progress Note General".
- All progress notes must contain the following:
  - o 24 hour events and subjective from that day
  - Physical exam (including vitals)
  - All active medications and daily labs.
    - \*Tip\* If using "Progress Note General" you will have to enter those manually generating potential for error. If using "Progress Note – Medicine" those will auto-populate (but it is still important to review the active medication list for your patient every day).
  - o Assessment
  - o Plan
- Assessment and plan:
  - Problem based, unless in the ICU / CCU when should be system-based
  - You may copy and paste from the day before, however it is essential that you remember to update everything. Notes should not be identical from one day to the next.
    - \*Tip\* You may copy and paste 2 problems in one field. This will save you time if copying from a previous note (copy 2 problems at a time).
    - \*Tip\* List antibiotics with start date and, if known, end date (i.e. Ceftriaxone 7/1-7/7 instead of Ceftriaxone day 2/7). This prevents simple mistakes if you copy and paste
  - Last Problem should be Hospital Issues and include:
    - FEN: IV fluids, electrolytes, nutrition (Diet / NPO)
    - Type of IV Access
    - Prophylaxis
    - Code Status
    - Family/HCP Contact