

Palliative Care Inpatient Progress Note

Source: The Lilian and Benjamin Hertzberg Palliative Care Institute, Mount Sinai School of Medicine, New York, NY

The Mount Sinai Hospital
New York, New York

Name
MRN #
Visit #
Sex/DOB
Admit Date

Palliative Care Inpatient Progress Note

Date: _____

Chief Complaint: _____

Pain Non-pain symptoms Plan of care Transition planning

Current Symptoms: 0-none 1-mild 2-moderate 3-severe If moderate to severe, describe: _____

Source: Patient Family Team (circle all that apply)

Depression () Anorexia () Inactivity () Dyspnea () Anxiety ()
 Nausea () Drowsiness () Constipation () Agitation () Physical Discomfort ()
 Dementia Yes No Delirium Yes No Coma Yes No

Pain severity: (0-10 scale) _____ Karnofsky _____ %

HPI: (location, quality, duration, timing, context, modifying factors, severity, assoc. signs/sx)

Assessment/Recommendations:

Past History: unchanged from _____ Date Family History: unchanged from _____ Date Social History: unchanged from _____ Date

Note any changes: _____

Current Medications:

Review of Systems and Symptom Assessment:

System	Neg.	System	Neg.	System	Neg.	System	Neg.	System	Neg.
Constitutional		Cardiovascular		GU		Neurologic		All/Imm	
ENMT		Respiratory		Hem/Lymph		Psychiatric		Skin	
Eyes		GI		Musculoskeletal		Endocrine			

All other systems negative
 Review of systems unobtainable (patient unable to communicate because of disease severity/cognitive impairment)

Abnormalities/Describe Symptoms:

Palliative Care Pager Number: _____ Palliative Care Office Number: _____ (10/2007)

Palliative Care Inpatient Progress Note is a 2-page MS Word document. See Forms Section.