1 Patient Information

1 PATIENT DETAILS

Name:		Date of Service:	
DOB:		Provider:	
Age / Sex:		MRN:	
ICU Day:		Hospital Day:	
Attending Intensivist:		Unit / Room:	
Primary ICU Diagnosis:			

CC Chief Complaint / Reason for ICU Admission

2 ICU ADMISSION REASON

Primary reason for ICU-level care — acute condition requiring intensive monitoring or organ support: respiratory failure, shock, sepsis, neurologic deterioration, post-operative critical care, trauma, or multi-organ dysfunction...

IE Interval / Overnight Events

3 EVENTS SINCE LAST NOTE

Changes in hemodynamic status, respiratory support, neurologic status, procedures, transfusions, new infections, code events, rapid response, abnormal labs, imaging results, consult recommendations, or changes in goals of care...

S Subjective

4 PATIENT-REPORTED SYMPTOMS

Patient-reported pain, dyspnea, anxiety, nausea, weakness, sleep, agitation, or confusion. If intubated/sedated/encephalopathic — document limitation and source of information...

O Objective

5 CURRENT MEASURABLE ICU DATA

V VITAL SIGNS

Temperature:		Blood Pressure / MAP:	
Heart Rate:		Respiratory Rate:	
O2 Saturation:		Weight:	
Pain Score:		Sedation Score:	

5a HEMODYNAMICS

Vasopressor/inotrope requirements, MAP goals, fluid balance, arterial line readings, CVP, cardiac output if available, response to resuscitation...

5b RESPIRATORY / VENTILATOR STATUS

O2 Delivery Method / Mode: _____ FiO2: _____

PEEP: _____ RR / TV: _____

Plateau Pressure: _____ ABG/VBG Results: _____

SBT Status: _____ Secretion Burden: _____

5c INTAKE & OUTPUT

Total Intake: _____ Urine Output: _____

Drain Output: _____ Net Fluid Balance: _____

RRT: _____ Diuresis: _____

5d LINES / TUBES / DRAINS

All active devices — ETT/trach, CVC, arterial line, Foley, chest tube, surgical drains, feeding tube, dialysis catheter, wound vac, or other. Site status and indication...

PE Physical Examination

6 FOCUSED CRITICAL CARE EXAM

6a NEURO / CV / RESPIRATORY

Neurological (mental status, sedation, pupils, GCS): _____ Cardiovascular (rhythm, perfusion, edema, stability): _____

Respiratory (WOB, ventilator sync, breath sounds): _____

6b ABDOMEN / RENAL / SKIN / EXTREMITIES

Abdomen (distention, tenderness, bowel sounds, feeds): _____ Renal / GU (urine output, Foley, dialysis): _____

Skin / Wounds (integrity, pressure injury, lines, dressings): _____ Extremities (strength, swelling, perfusion, restraints): _____

L Lab & Diagnostic Results

7 ICU DATA

7a LABORATORY STUDIES

CBC, CMP, electrolytes, renal/liver function, lactate, coagulation, inflammatory markers, cultures, drug levels, cardiac markers, trends...

7b BLOOD GAS / MICROBIOLOGY / IMAGING

ABG/VBG (acid-base, oxygenation, ventilation): _____ Microbiology (cultures, sensitivities, organisms): _____

Imaging (CXR, CT, US, echo): _____ Other (ECG, EEG, hemodynamic monitoring): _____

A Assessment

8 ICU CLINICAL INTERPRETATION BY SYSTEM

Primary ICU diagnosis and current severity. Organ systems involved. Hemodynamic, respiratory, neurologic, renal, infectious, and metabolic status. Response to current therapies. Active complications or risks. Prognosis or goals-of-care considerations when relevant...

PBS Plan by System

9 SYSTEM-BASED ICU MANAGEMENT

Neuro **NEUROLOGIC PLAN**

Sedation, analgesia, delirium prevention, monitoring, seizure mgmt, neuroimaging, mobility...

CV **CARDIOVASCULAR PLAN**

Shock type, vasopressors/inotropes, MAP goals, fluids, diuresis, arrhythmias, anticoagulation, hemodynamic monitoring...

Resp **RESPIRATORY PLAN**

O2/ventilator strategy, weaning plan, SBT, airway management, secretion clearance, ARDS strategy, extubation readiness...

Renal **RENAL / FLUIDS / ELECTROLYTES**

Urine output, AKI/CKD, RRT, fluid balance goals, electrolyte replacement, acid-base, nephrotoxin avoidance...

GI **GI / NUTRITION**

Diet or tube feeds, bowel regimen, stress ulcer prophylaxis, liver function, GI bleeding risk, nausea/vomiting, feeding tolerance...

ID **INFECTIOUS DISEASE**

Suspected/confirmed infection, cultures, antimicrobials, source control, fever curve, leukocytosis, de-escalation plan...

Heme **HEMATOLOGY / COAGULATION**

Anemia, thrombocytopenia, transfusion thresholds, coagulopathy, VTE prophylaxis, anticoagulation, bleeding risk...

Endo **ENDOCRINE / METABOLIC**

Glucose management, diabetes, adrenal insufficiency, thyroid, steroid use, metabolic derangements...

GOC **GOALS OF CARE / CODE STATUS**

Code status, surrogate decision-maker, advance directives, family meetings, prognosis, palliative care involvement...

CK ICU Daily Checklist

10 **SAFETY & QUALITY ELEMENTS**

DVT Prophylaxis:		Stress Ulcer Prophylaxis:	
Sedation Target / RASS Goal:		Pain Control:	
Delirium Screening:		SAT (Spontaneous Awakening Trial):	
SBT (Spontaneous Breathing Trial):		Ventilator Bundle / Oral Care:	
Glycemic Control:		Nutrition Status:	
Bowel Regimen:		Foley Necessity:	
Central Line Necessity:		Mobility Plan:	
Restraints:		Code Status:	

DISP Disposition / ICU Needs

11 **ICU LEVEL OF CARE JUSTIFICATION**

Why patient continues to require ICU-level care or criteria for transfer to lower level of care — active organ support, monitoring needs, instability, or pending critical interventions...

FU Follow-Up / Reassessment

12 REASSESSMENT PLAN

Planned reassessments: repeat labs, imaging, cultures, ventilator reassessment, hemodynamic response, neurologic checks, family update, or consultant follow-up...

TIME DOCUMENTATION & BILLING (CRITICAL CARE)

Total Critical Care Time: _____ Counseling / Coordination Time: _____ Critical Care Code(s): _____ Procedures billed separately: _____

Basis for Billing: _____ Primary ICD-10 Code: _____

Secondary ICD-10 Code(s): _____

PHYSICIAN / PROVIDER NAME	SPECIALTY: CRITICAL CARE MEDICINE	DATE	TIME