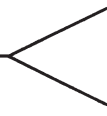
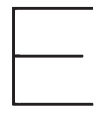
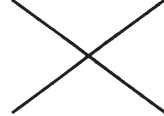




0900000

PLACE LABEL HERE.  
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**MICU INTERN/RESIDENT DAILY PROGRESS NOTE**

<b>DATE:</b>	<b>TIME:</b>	History and Chief Complaint	Physical examination:		
			Tmax	Tc	BP
			RR	SaO <sub>2</sub>	P
			Gen		
			Heent		
			Neck		
			Lungs		
			Heart		
			ABD		
			Ext		
			Neuro		
		Meds, IV fluids, pressors and nutrition:	Critical Care Data:		
			Fluid in:	Fluid out:	
			CXR:		
			ECG:		
			Vent settings: Mode and settings (tidal volume, rate, pressure level, FiO <sub>2</sub> , PEEP):		
			Right heart cateterization:		
		PAS/PAD	PCWP	CI	
		SVRI	PVRI		
					
		ABG: pH	PcCO <sub>2</sub>	Pao <sub>2</sub>	
		Other:			
		Micro:			

