**ICU H&P**

**Date/time of service:**

**Interpreter (if used):**

**Chief complaint:**

**History of Present Illness:**

**Review of Systems**

 **Constitutional**: No fever, No chills.

**Eye**: No recent visual problem, No visual disturbances.

**Ear/Nose/Mouth/Throat**: No decreased hearing, No ear pain, No nasal congestion.

**Respiratory**: No shortness of breath, No cough.

**Cardiovascular**: No chest pain, No palpitations, No peripheral edema.

**Gastrointestinal**: No nausea, No vomiting, No diarrhea, No constipation, No abdominal pain.

**Genitourinary**: No dysuria, No hematuria.

**Endocrine**: No cold intolerance, No heat intolerance.

**Integumentary**: No rash, No pruritus, No skin lesion.

**Hematology/Lymphatics**: No bruising tendency, No bleeding tendency.

**Musculoskeletal**: No neck pain, No joint pain, No muscle pain.

**Neurologic**: No headache, No confusion, No numbness, No tingling.

 **Psychiatric**: No anxiety, No depression.

**Histories**

**Past Medical History**

**Past Procedural History**

**Family History**

**Social History**

 Living situation:

 Physical functional status:

 Employment/Occupation:

 Primary Care Provider:

 Tobacco use:

 EtOH use:

 Illicit drug use:

**Objective**

Allergies

Meds

Vitals

**Physical Examination**

**General**: Alert, No acute distress.

**Eye**: Pupils are equal, round and reactive to light, Normal conjunctiva.

**HENT**: Normocephalic, Normal hearing, Oral mucosa is moist.

**Respiratory**: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.

**Cardiovascular**: Normal rate, Regular rhythm, No murmur, No edema.

**Gastrointestinal**: Soft, Non-tender, Non-distended, Normal bowel sounds.

**Genitourinary**: No costovertebral angle tenderness, No urethral discharge.

**Musculoskeletal**: Normal strength, No deformity.

**Integumentary**: Warm, Dry, No rashes

**Neurologic**: Alert, Oriented, CNII-XII grossly intact, strength and sensation normal and symmetrical

**Psychiatric**: Cooperative, Appropriate mood & affect.

**Imaging**

Any pertinent imaging or EKG

**ASSESSMENT/PLAN**:

Assessment

#Problem

#Problem

#Problem

(F)eeding:

(A)nalgesia:

(S)edation

(T)hromboembolism prophylaxis

(E)ye care

(R)ate control

(C)utaneous lines:

(H)ead of bed:

(U)lcer prophylaxis:

(G)lycemic control:

(S)tool softeners/laxatives

Code Status:

Surrogate Decision Maker or MPOA & contact info:

Expected course/Disposition:

The attending physician of record for this patient encounter is Dr.

Provider Name, PGY-#

Pager #