

PATIENT'S INFORMATION
(Please Stick Label)

INPATIENT			
PROGRESS NOTES, PHYSICIAN'S ORDER & CARE PLAN			
Date & Time	Progress Notes Document individual Care Plan in the form of Measurable Goals e.g. Aim to lower systolic blood pressure to 130mm Hg	Physician's Order	Signature, Name, Date & Time
	S/B Physiotherapist		
	Diagnosis (Initial Ax)/ POD:		
	Social/ Family Hx (Initial Ax):		
	Observation:		
	Vital Sign: NA / HR: _____, BP: _____, Spo2: _____,		
	RR: _____		
	Patient Complaint:		
	Pain Assessment: NRS / WBFS / Categorical/ FLACC / CPOT		
	Rest: _____/ _____ Activity: _____/ _____		
	Location: _____ Aggravating Factor:		
	Nature: Constant / intermittent/ occasionally		
	Breathing Pattern:		
	Chest Expansion: NA /Poor /Fair /Good		
	IS values: _____ ml		
	Cough: NA / Effective/ Ineffective Productive /		
	Non-Productive		
	Secretion:		
	ROM: Right Left		
	Upper Limbs:		
	Lower Limbs:		
	Muscle Power Right Left		
	Upper Limbs:		
	Lower Limbs:		
	Effective Date: 18 Jun 2021		

Revision 1. Effective Date: 15 April 2021

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[illegible]