

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
	<b>Multidisciplinary Team (MDT) Discussion</b>		
	<b>Venue:</b>		
	Please tick <input type="checkbox"/> / <input type="checkbox"/> where applicable		
	<b>MDT Scope:</b>		
	<input type="checkbox"/> Heart / Lung Transplant / VAD		
	<input type="checkbox"/> Requiring ECMO		
	<input type="checkbox"/> Infectious Disease Cases		
	<input type="checkbox"/> Surgery / Procedure involving multiple specialties / predicted long ICU stay		
	<b>Personnel involved:</b>		
	<input type="checkbox"/> Cardiothoracic Surgeon .....	<input type="checkbox"/> Heart Failure Coordinator	.....
	<input type="checkbox"/> Cardiologist .....	<input type="checkbox"/> Registered Nurse	.....
	<input type="checkbox"/> Vascular Surgeon .....	<input type="checkbox"/> Infection Control Nurse	.....
	<input type="checkbox"/> Anaesthetist/ Intensivist .....	<input type="checkbox"/> Pharmacist	.....
	<input type="checkbox"/> Respiratory Physician .....	<input type="checkbox"/> Physiotherapist	.....
	<input type="checkbox"/> Pulmonologist .....	<input type="checkbox"/> Dietitian	.....
	<input type="checkbox"/> Infectious Disease Physician .....	<input type="checkbox"/> Patient Counsellor	.....
	<input type="checkbox"/> Transplant Coordinator .....	<input type="checkbox"/> Perfusionist	.....
	<input type="checkbox"/> VAD Coordinator .....	<input type="checkbox"/> Medical Lab Technologist	.....
		<input type="checkbox"/> Others	.....
	<b>To document the following:</b>		
	1) Opinion / Discussion		
	2) Needs Identified		
	3) Care Plan		
	Revision: 2. Effective date: 01 August 2022		

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