PROG

See daily diagnosis problems (this information can affect the patient's severity level)	Indicate whether the condition was present on the patient's arrival at the hospital.	
1. Pressure Ulcer	Yes No	If yes, document site(s):
2. Foley catheter related UTI	Yes No	
3. Central Venous catheter associated infection	Yes No	
4. Poor glycemic control a. uncontrolled on admission	Yes No	
5. b. admitted with DKA, coma or hyperosmolarity	Yes No	

I have reviewed the above list of diagnoses/problems and agree with the information as documented.

Attending MD _____ Date/Time _____

Date	Time	

BAPTIST MEMORIAL HOSPITAL GOLDEN TRIANGLE

ADMISSION PROGRESS NOTES

Form # 18-114.39 (09/08)

▼ Patient Label ▼