
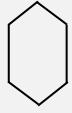



Date & time (in margin)

Consultant & role

	07.02.16 13.44	Dr Shetty Ward Round (Cardiology Consultant)	
Dx	Δ -Decompensated heart failure -New AF -Coliform UTI on ward		Diagnoses made so far this admission
Mx	On day 2 furosemide infusion (10mg/h) On day 3 trimethoprim		Important management so far
Ix	Echo 06/02/16 – poor biventricular function, moderate MR, left atrial dilatation ECG 07/02/16 – AF @ 102bpm Bloods 06/02/16 – Hb 102 (stable), WCC 12, CRP 22 (improved), U&Es normal		Investigations reviewed
SJOJ	Pt. feels better today, SOB reduced. Weight stable at 64kg for last 2 days. 500ml negative fluid balance over last 24 hours.		Subjective (what patient says) Objective (what the charts say) e.g. fluid balance, weights, bowel chart, glucose chart (for diabetics)
O/E	O/E: SpO ₂ 94% RA, RR 22/min, HR 97bpm, BP 140/85mmHg, apyrexial. No temp spikes.  Chest clear JVP 6cm HS I + II + PSM (irreg) Pitting oedema up to ankles  Abdo SNT BS(N)		Exam findings (including observations) Use diagrams as below
P	 1. Continue furosemide infusion x ³ / ₇ 2. Add bendroflumethiazide 2.5mg OD 3. Fluid restriction 1L/24h 4. Daily U&Es 5. Daily weights and accurate fluid balance chart		Numerical plan
		C.Mansbridge Cardiology FY1 (bleep 6554)	Your signature, role, bleep

Tips!

- Leave enough space for each section and write things in the relevant section as they are said (often won't be in order!)
- Write everything that's said by the consultant/patient
- Different consultants have different preferences about how they like things written (the above is an example)
- Try to write the first few sections (e.g. time, title, diagnosis and management) before the consultant actually gets to the patient if possible to speed things up
- Make a jobs list as well as writing in the notes so you know what you need to do
- Try and get everything ready the consultant may ask for in advance (results, imaging, drug chart, observations etc)
- Use medical abbreviations wherever possible to speed things up (see below)

Common medical abbreviations

Symptoms

- SOB shortness of breath
- BO bowels open
- BNO bowels not open

Examination

- OBS observations
- BP blood pressure
- HR heart rate
- RR respiratory rate
- JVP jugular venous pressure
- HS I+II+0 heart sounds one and two with no added sounds
- PSM pan-systolic murmur
- ESM ejection-systolic murmur
- AE air entry
- SNT soft non-tender
- BS bowel sounds
- CN cranial nerves

Times

- ^x/₇ x days
- ^x/₅₂ x weeks
- ^x/₁₂ x months

Sex

- ♂ Male
- ♀ Female

Investigations

- CXR chest X-ray
- MSU mid-stream urine

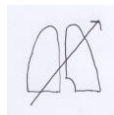
Others

- Δ diagnosis
- Ⓝ normal
- Ⓟ plan
- Ⓡ right
- Ⓛ left
- ↔ in range
- ↑ increased
- ↓ decreased
- mané in morning
- CA cancer
- NAD nothing abnormal detected
- NMB nil by mouth
- TTO to take out (medications)
- ADL activities of daily living
- WB weight bearing
- 1° primary
- 2° secondary
- +ve positive
- ve negative
- ć with
- UTI urinary tract infection

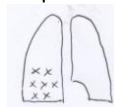
Diagrams

Chest

Clear



Creps



Wheeze



Reduced air entry

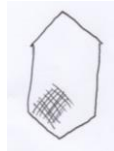


Dull to percussion



Abdomen

Tenderness

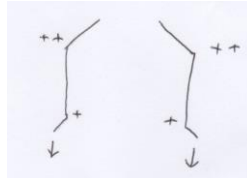


Hepatomegaly, scar



Other

Lower limb reflexes



Erythema

