

# PROGRESS NOTE

**DO NOT WRITE  
IN THIS AREA**

## INTERDISCIPLINARY PATIENT PLAN OF CARE

31007 05/31/13  
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DATE/TIME	PATIENT NEEDS/PROBLEMS IDENTIFIED:	DATE/INITIALS	
		RESOLVED	UNRESOLVED
5/29/13 CW	CONGESTIVE HEART FAILURE A-FIB Rtc Comorbidities	5/31 ✓	
<b>RECOMMENDATIONS/PLAN OF CARE/GOAL:</b>			
5/29/13 G	Daily wt 298.2 lbs → 295.4	5/31 ✓	
	ICD	5/31 ✓	
	Fluid restriction	5/31 ✓	
	Diuretics	5/31 ✓	
5/30	CITE TRAINING / Teambuild STAFF		
5/31	CITE Team Build Re-Engage	5/31 ✓	
	> Safety Education		
<b>ANTICIPATED/DISCHARGE PLAN:</b>			
5/29/13 GP	Low		
<b>TEAM:</b>			
5/31/13	RN: Brit Destefano		
	CM/SW: Kyla [Signature] (SW)		
	NUTRITION: Maureen Yohke RD		
	REHAB: N/A		
<b>OTHER:</b>			

SIGNATURE: [Signature]	INITIALS: CW
SIGNATURE: [Signature]	INITIALS: BD
SIGNATURE:	INITIALS:

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