



PRACTICE CASE / ID

DATE

SETTING

Complex adults with several problems at once. The note is organized around a problem list.

WHAT MATTERS MOST

- Thorough medication reconciliation
- Every active problem gets its own assessment and plan
- Trends in labs and vitals, not just today's values
- Code status and goals of care for inpatients

OFTEN MISSED

- Reconciling home medications
- Addressing chronic problems while treating the acute one
- Stating what would change the plan

S SUBJECTIVE**Chief complaint / reason for visit**

HPI For each active problem: course since last visit, new symptoms, pertinent negatives.

Medications Reconciled: what they actually take, dose, route, frequency, adherence.

Allergies Drug and reaction.

PMH / PSH / FH / SH Updated.

ROS Pertinent positives and negatives.

O OBJECTIVE

Vital signs With trends.

Exam Focused by system, problem-relevant.

Labs / imaging Today's results with prior values for comparison.

A ASSESSMENT

One-liner

Problem list #1 most acute → chronic. For each: status (new, improving, worsening, stable) and reasoning.

P PLAN

By problem Diagnostics, therapeutics, monitoring for each numbered problem.

Prophylaxis e.g. DVT prophylaxis for inpatients, when relevant.

Code status / goals of care

Disposition / follow-up