

Progress Note Feedback Form Pediatric Clerkship

Student Name: _____

Date: _____

Patient's Initials: _____

0 = Not included in note
1 = Incomplete
2 = Complete
NA = Not applicable

Each page dated, timed and signed	0	1	2
Subjective:			
Relevant data included	0	1	2
Objective:			
Vital signs	0	1	2
SaO ₂ with amt/route O ₂	NA	0	1
Weight	NA	0	1
I/O	NA	0	1
Physical exam	0	1	2
Pertinent lab results included	NA	0	1
Assessment/Plan:			
Problems/diagnoses clearly stated	0	1	2
Labs/imaging studies interpreted	NA	0	1
Medications	NA	0	1
Antibiotic day	NA	0	1
Fluids/electrolytes/nutrition addressed	0	1	2
Appropriate plan for work up	NA	0	1
Clear rationale for plans	NA	0	1
Clear goals of therapy	NA	0	1

Note Score: _____

Comments: