

ROSARY HALL - OUTPATIENT INTEGRATED PROGRESS NOTES

Service Codes: S 1 Individual Counseling S 2 Group Counseling S 3 Family Counseling S 4 Case Management
 S 5 Intensive Outpatient S 6 Urinalysis S 7 Medical/Somatic S 8 Crisis Intervention
 S 9 Methadone Admin S 10 Adjunctive Services S 11 Detoxification S 12 Rehab

DATE	TIME	SERVICE CODE	TX PLAN PROBLEM NUMBER	Summary of what occurred, progress toward achieving Treatment Plan goal, objective or problem resolution, outcomes of interventions stated in Treatment Plan Sufficient content to justify patient's continuing need for services.

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



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A Ministry of the Sisters of Charity Health System

PATIENT LABEL

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