Office Charting

Family Medicine Clerkship

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Office Charting

☐ You are expected to write in the chart of every patient you evaluate
  ■ What if someone tells you not to write in the chart?
    ○ If it is a valid reason & only applies to that patient - acceptable
    ○ Otherwise, contact me at the end of the day about the issue
Chart Review

- Take a minute to review the chart before seeing patient
  - Review problem list, medications, when last seen, plan at last visit, etc.
  - See if you can find something to comment on about the patient when you walk in the room
- Lets the patient know you care about them
Office Charting – Three options

1) Take notes as you obtain the history on a separate sheet of paper
   - And then write in the chart after the visit is over

2) Obtain the history, do physical exam without notes
   - Write everything at the end of visit
Office Charting – Three options

3) Write in the chart as you talk with the patient (My recommendation)
   - Patients appreciate you taking note of what they say!
   - They believe what they said must be very important if you wrote it in the medical record
What to write in the Chart - Subjective

☐ Chief complaint(s) or reason for visit
  ■ Don’t use what the nurse wrote down
  ■ Ask the patient

☐ Patients often have multiple complaints
  ■ Document each one
  ■ May be helpful to write about each one separately
What to write in the Chart

- History of present illness/problem(s) - HPI
  - Give dates a reference point – helps with thinking about a differential diagnosis
  - E.g. Tuesday, 2 days earlier, the pain started
  - “Jan. 2005, 7 months ago, began having chest pain...”
- Pertinent positives
- Pertinent negatives
How do you decide what is pertinent?
Pertinent Information

- Any information that will be used to make a decision about the care of the patient that day
Always Pertinent Information!

- List all medications by name
  - List the dosages
- For women in reproductive age
  - document LMP
  - And possibly method of contraception
Office Charting Format - Objective

- Physical exam
  - Verify vital signs including Ht, Wt & BMI are written down
  - Write down everything you did on physical exam
    - Including all normal & abnormal findings
- What if your physical assessment is incorrect?
  - Write what you thought you found on the physical exam
  - If the attending does not agree, it will be reflected in their note
Office Charting Format - Assessment

☐ Should not be just a list of complaints
☐ Assessment is a diagnosis or R/O diagnosis
Office Charting Format - Plan

☐ List testing you are going to do to help make diagnosis

☐ Describe Treatment
  ■ For any medication write quantity prescribed & number of refills
    ☐ Eg. Pen VK 500 mg tid # 30 x 0
  ■ Write non-pharmacologic treatment

☐ Always include when a follow-up visit is expected
Office Charting Style

☐ Write short statements
  ■ Not paragraphs
☐ Approved symbols are OK to use
☐ Write legibly – print if necessary
☐ Only use black ink
☐ Date and time every entry
  ■ Eg. 5/25/2005 1330 h
☐ Be sure and save room for the attending to write a note
  ■ Attending must write brief HPI, PE, A & P
Other part of chart

☐ Help keep updated
  ▪ Problem list – review, add, edit
  ▪ Medication list – review, add, edit

☐ Lab or x-ray results
  ▪ Help notify patients of their results
    ☐ Everyone wants to know their results
    ☐ “If you don’t hear from me it is good news” is not a good way to do it
Notifying patients of test results

- Methods to notify patients of results
  - Written – letter, card, secure e-mail
  - Oral – telephone, in person
  - Delegate to staff – least appreciated & greatest risk of misunderstanding
Office Charting Style

- NEVER cover up or white out if you make a mistake
  - If what you write is an error
  - Draw a single line through it, initial, and date when you made the correction if different from the original date
Charting What Not to do

- Don’t write judgmental statements
  - E.g.
    - Patient seems to be drunk
    - Patient is drug seeking
- Don’t defend what you did
  - E.g.
    - I was not called by the lab
    - I was going to order the test at the next visit
Charting What Not to do

- Don’t blame the patient
  - E.g.
    - I told the patient to come back and they didn’t

- Don’t argue in the chart
  - E.g.
    - Dr. Smith never told me about the test results as he indicated in his earlier note.
Disclaimer

☐ All attending physicians are dysfunctional
☐ However, it is a bell shaped curve
☐ If I want it done a certain way – do it that way when you are with me
☐ If that way makes sense & you like it, keep doing it that way
☐ Unless another dysfunctional attending wants it done differently
  ■ Then do it their way when you are with them
Interesting to consider! I’ve learned

☐ You cannot make someone love you. All you can do is stalk them and hope they panic and give in

☐ That one good turn gets most of the blankets

☐ That no matter how much I care, some people are just not nice

☐ That whatever hits the fan will not be evenly distributed

☐ That you shouldn’t compare yourself to others – they are more screwed up than you think
Interesting to consider! I’ve learned

- To not sweat the petty things and not pet the sweaty things
- Age is a very high price to pay for maturity
- That artificial intelligence is no match for natural stupidity
- That 99% of the time when something isn’t working in your house, one of your kids or roommates did it.