

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
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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
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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
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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
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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
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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
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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
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Always Pertinent Information!

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

- Should not be just a list of complaints
 - Assessment is a diagnosis or R/O diagnosis
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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
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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
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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
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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
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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
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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
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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.
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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
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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
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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.
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