

Patient Care Component Quick Reference Card

Resource and Patient Management System



CAPTURING CRITICAL PATIENT DATA ON IHS 803

This guide is designed to be used in conjunction with *Using Basic PCC Skills to Improve Patient Care*, and *Using Advanced PCC Skills to Improve Patient Care*, to show by example how to fill out the PCC form. Print legibly, using a black ball-point pen. Use only locally-approved abbreviations, and avoid using terms or symbols that might be confusing to the data entry staff.

IHS-803 (10/06) P.L. 06/11 R.L.

PCC AMBULATORY ENCOUNTER RECORD

Date: _____

Arrival Time: _____ AM/PM

PROBLEM LIST UPDATE (Enter Problem Numbers From Health Summary)

PROVIDERS: _____

APPL: _____ DIS: _____ INITIALS / CODE: _____

PRIMARY PROVIDER: _____

TEMP: _____ PULSE: _____ RESP: _____

SV: _____

CHIEF COMPLAINT
 Record the symptoms or reason the patient reports for the visit.
62-year-old diabetic patient for three-month follow up visit. Noted laser surgery went well. Had blood pressure reading at grocery store of 170/110. Home BSs 100-150 when being good about diet. Needs medication refills. Ace Abieta RN.

Subjective/Objective
 Record the narrative history, physical examination, and pertinent test results, etc. If more space is needed to record information, or if confidential data is recorded, use the back of the white copy or the IHS-45-3 continuation sheet.

S: No questions about diabetes. Trying to walk 30 minutes per day now that weather is better. No foot symptoms. Vision is fine now after surgery. Brother had heart attack at age 65 and patient wants to check cholesterol and other cardiac risk factors. No other family history. Has never smoked. Cholesterol not known.

O: No acute distress; BP sitting 180/112; neck—no carotid bruits; chest clear; heart RRR without murmur or gallop; abdomen NBS, no organs palpable, no bruits.

Purpose of Visit
 List only Purposes of Visit that are addressed during this visit. Include enough information so that data entry can assign an accurate ICD code.

Diabetes Mellitus Type 2
Hypertension

Medications
 Record prescribed medications here. If more space is required, use the column on the right, then the back of the white copy.

Glyburide 5 mg, 2 BID
Metformin 750 mg, TID
Add: Lisinopril 10 mg, QD

Medications/Treatments/Procedures/Patient Education
 Record additional prescribed medications, treatments, nursing services, patient education, procedures performed, etc., here.

HTN-C, DP-G-AA

Demographic Data
 Confirm that the patient you are seeing is the same one identified in this section.

MR # *9999*
 NAME *Last Name, First Name*
 DATE OF BIRTH *9/9/2000* SEX *F*
 RESIDENCE _____

Provider Signature
 Record signature and professional designation here. The PCC form is a legal record and must be signed by the primary provider.

John Q. Physician, MD

Decision Making
 Check the box that reflects your level of decision making.

Type of Decision Making: Straightforward
 Low Complexity
 Moderate Complexity
 High Complexity

FACILITY: *Albuquerque Hospital*

See reverse side for additional information.

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Each balloon below contains instruction for the section of the PCC form to which it is pointed. For more detailed instruction, watch *Using Basic PCC Skills to Improve Patient Care* and *Using Advanced PCC Skills to Improve Patient Care*. For more information visit www.ihs.gov or call 888.830.7280.

IHS-803 (10/96) FL 06/11 M.A.

PCC AMBULATORY ENCOUNTER RECORD

Date: _____

Arrival Time: _____ AM/PM

City: _____

Appt: _____ Walk-in: _____

PROBLEM LIST UPDATE (Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active
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PROVIDERS

APPL	DIS	INITIALS / CODE
PRIMARY PROVIDER	1	B O J Q P

TEMP: 98.6 PULSE: 72 RESP: 20

BP: 166/98

WT: 223

HEAD: CM IN

VISION - UNCORRECTED: CM IN

VISION - CORRECTED: CM IN

ORDER INITIALS

✓	ORDER	INITIALS
✓	UR	JQP
✓	CBC	JQP

OTHER TESTS/PROCEDURES ORDERED

Injury? _____ If yes, Date: _____ ETOH Related Employ. Rel.

CAUSE: _____ Place: _____

(For additional Documentation, Use IHS 45-3 Continuation Sheet)

OTHER TESTS/PROCEDURES ORDERED

PROBLEM LIST A.A.#	PROBLEM LIST #	PURPOSE OF VISIT (PRINT ONLY IN THIS SECTION; DO NOT ABBREVIATE)	Health Factors	Notes
C	AH 1	Type 2 Diabetes Mellitus, Onset 1984		
		Hypertension		
A	X	Proliferative Diabetic Retinopathy		
SHX		Photocoagulation O.S. UNM 3/24/00		

REPRODUCTIVE FACTORS: G 3 P 2 LC 2 SA 1 TAO LMP 1988

PROBLEM LIST NOTES: STORE NOTE FOR PROB # AH3: BP goal greater than or equal to 130/85.

STORE NOTE FOR PROB # X: Follow-up with retinal specialist due 10/2000

Notes: This is a note to problem AH3: Hypertension, already on the problem list.

Notes: This is a note to the new problem Proliferative Diabetic Retinopathy.

Reproductive Factors: The Estimated Date of Confinement (EDC), and method of determining EDC should be recorded in the POV section of the form next to a pregnancy-related diagnosis.

Revisit/Referral To: Instructions to Patient: Give the yellow copy to the patient if appropriate, or to other health care providers as a referral.

REVISIT/REFERRAL TO: RTC 1 Month

PURPOSE: Check BP

INSTRUCTIONS TO PATIENT: SIGN RELEASE RECORDS

DATE: _____ TIME: _____

PROV. SIGNATURE: _____

Initials/Code
Each person providing a health service to the patient records his or her provider code, leaving the last row of boxes labeled "primary provider" for primary provider initials.

Temperature, Pulse, and Respiration
Clinic staff use standard formats/conventions to record this information prior to patient seeing primary provider.

Blood Pressure, Measurements, and Visual Acuity
BP-leading zeros not required. Don't forget to check the unit-of-measure box. Make sure to record visual test results in corrected or uncorrected section.

Other Tests/Procedures
Request laboratory tests, X-rays, or procedures not listed under Order - Initials in this space.

Order/Initials
Order common laboratory and skin tests, examinations, and immunizations by checking the appropriate box. The person who fills out the lab slip, or who performs the examination, immunization, or skin test, initials the box next to the test ordered.

Problem List
This is a Purpose of Visit for this encounter and an existing problem for which you are changing the narrative.

Purpose of Visit
This is a Purpose of Visit for this encounter

Problem List
This is a problem that was not addressed during this visit, but is being added to the problem list. The "x" is a temporary problem number for a new note—see Problem List Notes below.

Surgical History
This is being added to the surgical history list but was not addressed during this visit.