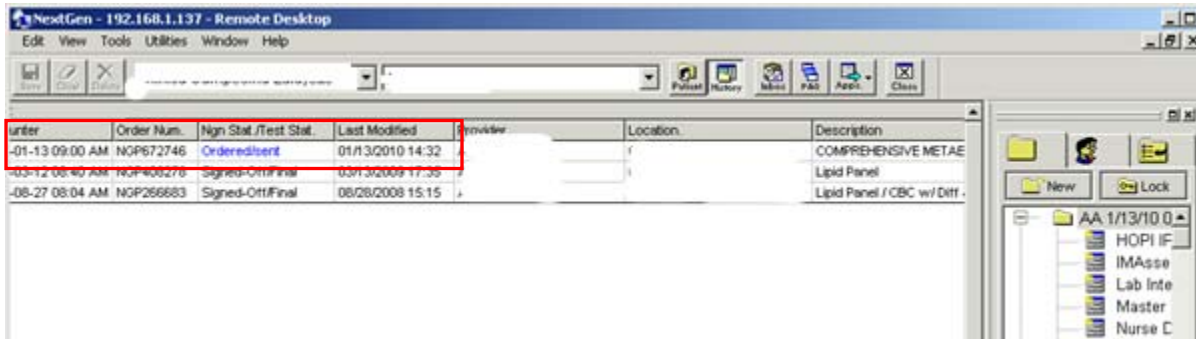


PPC 6: TEST TRACKING

Element A: Test Tracking and Follow-Up

Item 1: Tracks all laboratory tests ordered or done within the practice, until results are available to the clinician, flagging overdue results.

Providers are able to track laboratory tests in the Lab Module. Lab module screen shot below shows alert that the lab on 1/13/10 has been ordered and sent, but the results are not in yet. Once the results are in, the color changes and they marked ready for sign off. When signed off the text changes to Signed-Off/Final



We also have a report that is run daily that shows all labs that are not back yet by provider.

All Labs - Not Back

Med Rec#	Provider Name	Unifo #	Patient	DOB	Created By	Collection Date/Time	Test Description	NG Status	Test Status
427442		NGP646337				12/14/2009 12:01:39P	Chlamydia/N. GONORRHOEAE DAN_SDA / OBSTETRIC PANEL W/REFLEX / HIV1/2 Ab screen w/reflexes / CULTURE, URINE	Ordered	sent
226002		NGP654349				12/22/2009 1:57:19PM	HEPATIC FUNCTION PANEL	Ordered	sent
469254		NGP655090				12/22/2009 7:40:05PM	CULTURE, URINE	Ordered	sent
422164	:	NGP663126				1/4/2010 1:13:39PM	RPR W/TITER AND CONF. RFX	Ordered	sent
466468	:	NGP663198				1/4/2010 2:27:34PM	CULTURE, URINE	Ordered	sent
126041		1 NGP663615				1/4/2010 5:58:26PM	CULTURE, THROAT	Ordered	sent
223951		NGP666329			z	1/6/2010 12:37:22PM	PAP, One Slide	Ordered	sent
256481		NGP666812				1/6/2010 7:05:12PM	CULTURE, THROAT	Ordered	sent

Item 2: Tracks all imaging tests ordered or done within the practice, until results are available to the clinician, flagging overdue results

CANCER SCREENING PROGRAM ENROLLMENT AND TRACKING

324.1

Author(s):

Quick Reference: N

Scope: Office Technicians, Site Assistants, Medical Assistants, Clinic Nurse Managers, Nurse, Providers, Accounts Payable, Billing Specialists, Billing Manager

Responsible Director(s): CFO, Nursing Services Manager, Director of Operations, V.P. of Clinical Affairs

Approval/Date: February 25, 2008

DESCRIPTION:

This procedure outlines the process for enrolling, tracking, and billing for patients enrolled in the Xxxx Women's Cancer Control Initiative and Komen Fund programs.

PURPOSE:

The purpose is to ensure quality medical management for our patients who are at risk of cervical and/or breast cancer. And to also ensure the timely billing and proper reporting procedures.

PROCEDURE:

SITE ASSISTANT:

- Clinic Operations Technician (COT) prepares the CSP (Cancer Screening Program) packets (in English and Spanish) which include a checklist with eligibility requirements on the back, Personal History and Release Authorization Form, Clinical Services Report, CHC-A Medical Release of Information.
- COT gives packets to the Front Desk Staff.
- COT files CHC-A Medical Release of Information in their CSP files.
- COT will provide Nurse Team Manager with the CHC-A release of info. Form and a copy of the abnormal results (to be faxed to Xxxx Medical Imaging).
- COT will fax CHC-A Medical Release of Information form to **Xxxx Imaging** to release patient's films to **Xxxx Medical Imaging**.

FRONT DESK:

- The Front Desk staff checks for current patient eligibility (if patient has current XICP or CHC-A sliding scale).
 - I. For all women coming in for a check up 40 years old and older. And women between 18 and 39 years old with strong family history of breast or cervical cancer or an abnormal CBE (breast exam).
- If eligible, the Front Desk Staff chooses the CSP pay code and puts CSP packet in patient's chart.
 - I. If patient is not **CURRENTLY** eligible (doesn't have **CURRENT** sliding fee pay code), the patient will **NOT** receive packet.
- Front Desk will confirm all mobile mammogram appointments **1 day** prior to scheduled appointment date.

MEDICAL ASSISTANT:

- The Medical Assistant (MA) will make sure patients **have not** filled out a CSP packet or had a CBE, PE (Pelvic Exam) or a PAP through the CSP within the last **12 months**.
- The MA will make sure patients have a current CICP or CHC-A sliding scale.
- The MA assists all eligible patients with completion of the Personal History Form, The Use of WWC Information, and the CHC-A Release of Medical Information Form.

NOTE: COT keeps CHC-A Medical Release of Information form in his/her CSP files.

ABORMAL CBE / STRONG FAMILY HISTORY

- 18-39 year old patients will fill out CSP packet if their Provider determines patient Needs to enroll in the CSP due to a strong family history of breast or cervical cancer and/or an abnormal CBE or Pelvic Exam (PE).
NOTE: COT will fax CHC-A Medical Release of Information form to Midtown Imaging to release patient's films (for routine mammo) to Xxxx Medical Imaging.
- MA should then assist patient with completion of the CSP packet, including the Medical Imaging Registration Form.
Note: If Provider determines 18-39 year old patient needs to have a diagnostic screening due to abnormal CBE, Provider should right an Rx stating exactly what needs to be done.
- The MA will schedule all diagnostic mammograms, patients who are 18-39 year of age and patients with abnormal CBE results (i.e.: palpable breast lump), with Xxxx Medical Imaging.
- MA gives patient appointment date and time with instructions and map to Xxxx Medical Imaging
- MA records scheduled time on the Clinical Service Report (CSR) in the Mammogram section by checking the box Planned and then entering the date the mammogram is scheduled for.
Note: do not indicate the date the mammo is scheduled in the date performed box. Date performed is to be filled in at the time the mammo results are recorded.
- MA will fax the Xxxx Medical Imaging Patient Information, Release Authorization Form, Medical Imaging Registration Form and Rx (stating exactly what needs to be done) to Xxxx Medical Imaging.
- MA tasks him\herself to recall patient 1 day prior to scheduled mammogram date and 5 days after the scheduled mammogram date to verify the patient remembers to go to scheduled appointment at Xxxx Medical Imaging and to check for results 5 days after the scheduled mammogram.

ROUTINE SCREENING

- The MA will schedule all patients needing routine mammo screenings with the Mobile Mammo Van.
- MA gives patient appointment date and time.
- MA records scheduled appointment date on the Clinical Service Report (CSR) in the Mammogram section by checking the box Planned and then entering the date the mammogram is scheduled for.
- The MA gives Patient Information, Release Authorization Form, Clinical Service Report and CHC-A Release of Medical Information Form to the COT within 2 business days from the date the patient's signed all forms.
- The MA gives mammogram appointment date/time information to the site Referral Case Manager.

Note; Front Desk Staff will confirm all mobile mammo appointments.

- The MA tasks self to call patient 5 days after patients scheduled mammo appointment to verify if patient kept their appointment.
- If patient no shows MA tasks the patients PCP, Site Assistant and Billing Specialist that patient no showed for their mammo.
- MA tasks self to call patient and try to reschedule patient's mammo appointment.
- MA enters task for appropriate return date for patient (i.e. one year if all is normal).

BILLERS:

- Billers post all charges according to the "Posting Encounters for the Cancer Screening Program Patients" procedure.

PROVIDER:

- The Provider will encourage all eligible patients to complete screening, so they can be enrolled into the cancer screening program.
- The provider must answer the questions under the Medical History section of the CSR form. Each sections requirement is listed as follows.
- The Previous Mammogram data collection fields on the CSR form are required field.
- If the date of the last mammogram is known, the box "Date Known" must be checked and the date entered. If only the year is known then only enter the year on the form.
- The "Date unknown But" selections have been added to improve data collection
- The "NO" selection is used when the patient has not had a previous mammogram.
- The "Patient Does Not Know" option is used when the patient does not know the date or the year of her last mammogram.
- The Hysterectomy Status data collection fields on the CSR are a required field. The provider must answer on of the three questions asked.
- The CBE data collection fields are required. If a CBE is not performed the check box Planned must be checked and then the date CBE is planned for must be entered.
- The Mammogram data collection fields are required. The provider must indicate if the mammogram is a screening or Diagnostic. All additional mammograms for follow up will be documented on the Breast Diagnostic Follow Up Report.
- The PAP Test data collection fields are required. The provider must enter the date the pap was performed. All other information will be added in once the pap results have been received in the clinic by the COT
- The Pelvic data collections fields are required. The provider must enter in the date performed and the result of the exam. If the exam was not performed the provider must check the box Planned and enter a date pelvic exam is planned for.
- If Provider determines 18-39 year old patient needs to have a diagnostic screening due to abnormal CBE, Provider should write an Rx stating exactly what needs to be done.
- The Nurse/MA enters task for appropriate return date (i.e. one year if all is normal).
- Provider calls any patient with abnormal PAP results.
 1. Any patient that is not able to be reached by telephone (*must have 2 documented attempts recorded on the Care Plan*); the Provider will send one registered/certified letter to patient and have the designated CSP Case Manager (NTM) document date sent on the patients Breast Diagnostic Followup Report.

Repeat PAP/CBE:

- When patients currently enrolled in the CSP need to have a repeat PAP or CBE, Front Desk Staff will write "RE: PAP" or "RE: CBE" in appointment comments.

- Front Desk Staff should choose the CSP pay code when they see these comments for an appointment.
- The CSP pay code should trigger Provider to complete a *Clinical Services Report* only and record results. MA gives *Clinical Services Report* to designated Nurse Team Manger.

OUTSIDE REFERRALS:

- Referrals for outside services are processed by Nurse Team Manager at each site.
 - I. *The Schedule of Services is attached.*
- Referral Case Manager (RCM) should send a cancer screening referral letter to the Specialist, and a copy of the letter to Finance.
- The RCM will assist nurse with scheduling specialist appointments.

Cervical Abnormalities

- The NTM coordinates all diagnostic follow-up procedures for all cases involving cervical abnormalities
- The NTM completes the cervical follow up form for all women with cervical abnormalities as per CSP protocol (all * results of PAP or Pelvic on Clinical services form).
- NTM gives information to RCM if referral to an outside agency is needed.
- NTM, or the person she/he assigns, distributes the completed or initiated cervical follow up form as follows:
 - *White (original)*- to medical records for scanning. Medical Records will return to COT
 - *Yellow*- to *FINANCE* who mails to the state (within 60 days of diagnosis)
 - *Pink*- extra
 - *Goldenrod*- extra
- The COT tracks all abnormal in the follow-up log on the public drive.
- The provider calls any patient with abnormal PAP results.
- Any patient that is not able to be reached by telephone after three attempts for follow up on abnormal results will be sent one registered/certified letter by the provider
- NTM, or the person she/he assigns, will review the Cancer Screening Database (CSD) tracking log for follow up needed (i.e. Never received follow-up results).

Mammography Results

- Medical Imaging will mail all normal radiological (rad) reports to each site for review.
- Medical Imaging will fax all abnormal results to each site for review.
- Mobile Mammogram will fax all normal and abnormal results to the site for review
- COT makes copy of rad report and puts original in PCPs lab folder immediately.
- COT enters results into eCaST (if WWC) or CSD (if Komen). If results are birads 0, 3, 4, or 5 they will give copy to the nurse.
- COT checks age of woman. If 40-49 years old write Komen on copy of rad report or if >50 and undocumented. If 50 and older and documented, do not need to write anything; these will go to WWC.
- *For women 50 & > finance mails to WWC (within 60 days of service) for women 40-49, finance adds to KOMEN report and sends monthly (see below)*
- *2nd Copy to finance.*
- Finance enters all data in tracking log on Public Drive.
- Finance maintains and reviews tracking log.
- Finance will review the tracking log for follow up needed (i.e. Never received mammo results). Finance needs to communicate anything not completed to COT.

- Medical Imaging and the Mobile Mammogram mails post card to patient with results.

Breast Abnormalities

- Medical Imaging will follow the procedure for abnormal results, which is to fax the abnormal results to the appropriate site within 48 hours. They also send a card to the patient with the results, requesting that the patient follow up with her/his provider.
- If mammo result is birads code 1 or 2 the COT will fill in results on the CSR and send to billing. All other results are given to the NTM for the program.
- The provider calls all patients with abnormal mammo results.
- Any patient that is not able to be reached by telephone after three attempts that have abnormal results will be sent one registered/certified letter by the provider.
- All follow up attempts must be documented in the EMR.
- The NTM coordinates all diagnostic follow-up procedures for all cases involving breast abnormalities.
- The NTM completes the breast follow up form (for both WWC & Komen) for all women with breast abnormalities as per CSP protocol (all * results of CBE on personal history form and abnormal mammos).
- NTM or the person she/he assigns distributes forms to finance who will forward to state.
- NTM gives information to RCM if referral to an outside agency (other than Medical Imaging) is needed.
- NTM, or person she assigns, distributes the completed or initiated breast follow up form and care plan (NCR) as follows:
- NTM enters abnormal results in CSD follow-up log on the public drive and in eCaST if WWC.
- NTM, or the person she assigns, will review the tracking log for follow up needed (i.e. Never received results).

Komen Foundation

- Finance mails monthly report to Komen Foundation, xxxxx.
- Finance indicates that these patient services will be paid by Komen, by marking “Komen” “yes” on the Cancer Screening Log on the public drive. Finance tracks amounts due from Komen, amounts paid to other providers, and amount received from Komen.

Repeat PAP/CBE

- When a patient on CWCCI needs to have a repeat PAP or CBE, write “RE: PAP” or “RE: CBE” in comments of appointment.
- Front Desk should chose CSP pay code when they see these comments for appointment.
- CSP pay code should trigger MA/provider to complete a Clinical services form only and record results.
- MA gives Clinical services form to COT.
- COT reviews form for completeness and then gives to NTM.
- NTM reviews form and initiates follow up if indicated, then NTM, or person she assigns, distributes Clinical services form (NCR) and as follows:

Repeat Mammo (short term follow up; i.e. f/u mammo in 6 months)

- NTM reviews rad reports for mammos. When NTM reviews the mammogram's and determines it is a follow up mammogram (usually 6 month f/u), indicate on rad report if it's

Komen, leave blank if not. Also, indicate that it is a follow up mammo. Initiate follow up form if indicated.

- NTM gives rad report to FINANCE.
- FINANCE submits to WWC or Komen appropriately. FINANCE also includes copy of personal history and consent if patient is WWC.

Outside Referrals

- Referrals for outside services are processed by the referral case manager at each site. The “Schedule of Services” is attached.

Billing

- Finance maintains the Cancer Screening Program Tracking Log on the Public Drive.
- COT maintains the Follow-up tracking log.
- All departments can access tracking logs as needed.
- Finance will track cancer screening receivables and payables on the tracking log.
- The VP of Ops and Finance distributes a financial analysis of the program to the Executive Director, VP or Clinical Affairs and the Nursing Services Manager on a quarterly basis.
- Billers post all charges according to the “Posting Encounters for the Cancer Screening Program Patients” procedure.

Mammobile Basics

- Mammobile schedule should be filled first. When the schedule is full it is ok to use Xxxx Medical Imaging for mammo screenings.
- The mammobile can only do screening exams. It is not appropriate to schedule follow up exams, diagnostic studies, additional views, or ultrasounds. Patients who are breast feeding and who have implants may not be scheduled with the mammobile.
- The mammobile takes a few double books during the day. MAs should confirm double books with the NTM before scheduling.
- NTM manages the mammobile schedule to make sure it is getting full. The NTM prints the schedule the day before and faxes this to the coordinator at Xxxx at xxx-xxx-xxxx.
- The Mammobile will let NTM know who no-shows for their appointment. The NTM will task the MA to call patient and reschedule.
- The NTM will communicate all follow up and diagnostics to Xxxx for patients who started their screening with the Mammobile.

ATTACHMENTS:

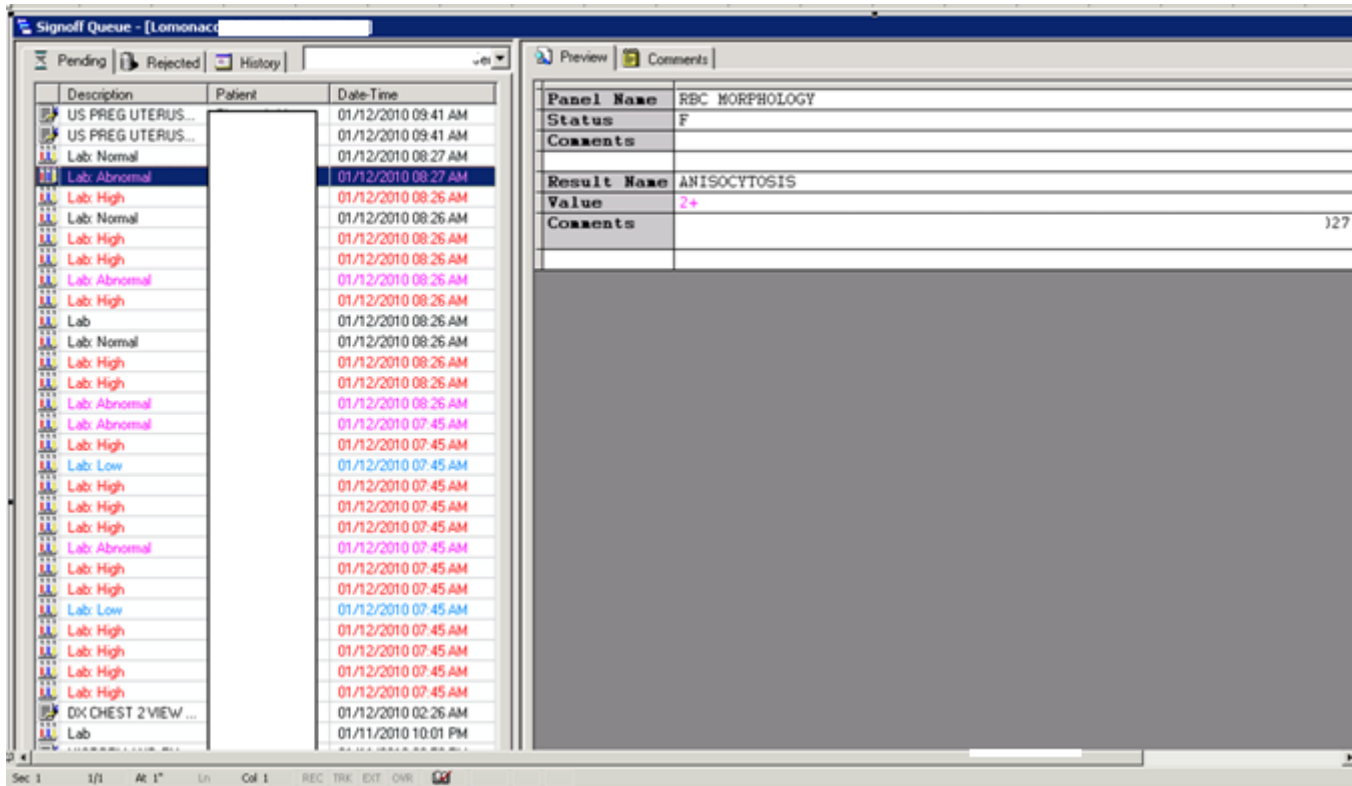
- Screening Guidelines
- HHS Poverty Guidelines
- Patient Instruction Form
- Personal History Form
- Consent and Release of Medical Information Form
- Clinical Services Form
- Radio logic Report Form
- Breast Diagnostic Follow-up Report Form
- Cervical Follow-up Information Form
- Schedule of Services
- Checklist for Cancer Screening Program

SCREEN SHOT OF MAMMOGRAPHY TRACKING REPORT:

Tracking for Mammograms							
Referral Date: 1/13/2009 - 1/11/2010							
Print Date/Time: 1/12/2010 8:26:23PM							
Med Rec	Last Name	First Name	DOB	Referral Dt	Order Description	Status	Location
				9/21/2009	Mammogram, screening, both breasts	completed	
				2/18/2009	BX NEEDLE CORE BREAST PERC	ordered	
				2/18/2009	BX NEEDLE CORE BREAST PERC	ordered	
				2/18/2009	BX NEEDLE CORE BREAST PERC	ordered	
				4/23/2009	Mammogram, screening, both breasts	scheduled 4/23/2009	
				5/27/2009	Ultrasound, breast, B-scan or real time	ordered	
				1/18/2009	DIAGNOSTIC MAMMOGRAM BI	scheduled 11/18/2009	

Item 3: Flags abnormal test results, bringing them to a clinician's attention

Abnormal test results are flagged in the provider's inbox so that they can be easily identified.



Abnormal test results are also highlighted on the Nurse Standing Lab Orders report. Every day, the nurse on each pod prints this report. Patients that have had any labs that can be handled by protocol will show up on this report. The nurses are responsible for tracking these labs and working with the providers to handle results that are within their scope of practice.

Nurse Standing Lab Orders

<u>Med Rec #</u>	<u>Provider Name</u>	<u>Unifo #</u>	<u>Patient</u>	<u>DOB</u>	<u>Collection</u>	<u>Result Description</u>	<u>Test</u>	<u>Ab Flags</u>	<u>Comments</u>
					1/11/10	STREP GROUP A ANTIGEN,	Final		
					1/11/10	H. PYLORI IGM	Preliminary		
					1/11/10	HCG, TOTAL, QN	Preliminary	H	
					1/11/10	C. TRACHOMATIS DNA, SD/	Final		
					1/11/10	N. GONORRHOEAE DNA, SE	Final		
					1/7/10	ABSOLUTE BASOPHILS	Preliminary		
					1/7/10	ABSOLUTE EOSINOPHILS	Preliminary		
					1/7/10	ABSOLUTE LYMPHOCYTES	Preliminary		
					1/7/10	ABSOLUTE MONOCYTES	Preliminary		
					1/7/10	ABSOLUTE NEUTROPHILS	Preliminary		
					1/7/10	BASOPHILS	Preliminary		
					1/7/10	CULTURE,HSV,RAPID	Preliminary		
					1/7/10	EOSINOPHILS	Preliminary		
					1/7/10	HEMATOCRIT	Preliminary		
					1/7/10	HEMOGLOBIN	Preliminary		
1/7/10	HSV 1 IGG TYPE SPECIFIC	Preliminary							
1/7/10	HSV 2 IGG TYPE SPECIFIC	Preliminary							
1/7/10	HSV IGM AB SCREEN	Preliminary							
1/7/10	LYMPHOCYTES	Preliminary							
1/7/10	MCH	Preliminary							
1/7/10	MCHC	Preliminary							
1/7/10	MCV	Preliminary							
1/7/10	MONOCYTES	Preliminary							

Item 4: Follows up with patients/families for all abnormal test results

Patients are followed up with either by their provider or a nurse for abnormal test results. For patients that can be treated by a nursing protocol or when the nurse has consulted with a patient’s provider on follow up for abnormal results, the nurse calls the patient to discuss their treatment plan by phone. If the patient cannot be reached by phone, the nurse will send a certified letter and continue to attempt to reach the patient by phone. For abnormal lipid follow up, abnormal results will be discussed by phone and the nurse can also send our Healthy Hearts handout by mail.

Healthy Heart Checklist

Dear _____, DOB: _____ We have received your blood test results. They are included below as are suggestions for what you can do to change your levels. There are many things you can do to reduce your risk for heart disease. We have marked those areas that may help you the most.

Your lipid profile:	target numbers:	date & results:	_____	_____
Cholesterol	(<200 mg/dl)	_____	_____	_____
Triglycerides	(<150)	_____	_____	_____
HDL "good cholesterol"	(>40)	_____	_____	_____
LDL "bad cholesterol"	(<100 is optimal) (<129 is near optimal)	_____	_____	_____

- Your levels are great! Keep up the good work!
- We will recheck your lipids in _____.
- Please call to schedule a follow-up appointment at the clinic in _____.
- Please start/continue a low-fat diet plan. Suggestions are marked below.
- Please change your current medications in the ways described below.
- A referral has been made to _____, you will hear from our referral case managers soon.
- If you would like to meet with our Nutritionist, please call the call center to schedule an appointment with her.

Additional Comments:

Elevated cholesterol?

- Eat a low-fat diet.** Keep a fat gram diary. For three days read the labels for everything you eat and write down how many grams of fat it has. Compare to chart below to determine amount of fat you are eating and what your new goal should be.

How much fat should I eat?
Most women with high cholesterol need less than 50 grams of fat per day. → Aim for no more than 12 grams of saturated fat per day.
Most men with high cholesterol need less than 70 grams of fat per day.

- Avoid saturated fat** - it stimulates your body to produce more cholesterol. Avoid fats that are hard at room temperature like those in fatty meats, butter, margarine, cheese, whole or 2% milk, sausage, bacon, and lard. Read the ingredient list on your labels and avoid palm oil, coconut oil and the word "hydrogenated".
- Choose low-fat dairy products** such as skim milk, low/no fat yogurt, cream cheese, and sour cream, and cheese made with skim milk.
- Choose lean meats** such as fish and skinless chicken breast. One serving of chicken or fish is the size of the palm of your hand.
- Avoid these high cholesterol foods:** organ meats (liver, kidney, heart, brain) and limit egg yolks to 2 per week in all foods.
- Soluble fiber** binds to and pulls cholesterol out of the digestive system. It is found in beans, legumes, corn, barley, oats, fruits, and vegetables. Aim for at least **5 servings** of fruit and vegetables every day. You may also opt to take 1 tsp. Metamucil or psyllium with water 2 times a day. Fiber-1 is also a good option.
- Drink green tea.** Studies show that it increases HDL and lowers LDL & triglycerides.
- Eat oatmeal daily.** Studies have shown that eating oatmeal daily helps to lower your cholesterol.

Elevated triglycerides?

The lower your number the better. Triglycerides are a very sticky substance made of both sugars and fats. It sticks to the inside of the arteries and speeds up heart disease.

- Loss weight**
 - o Follow low-fat diet described on previous page.
 - o Aerobic exercise. Exercise that makes you sweaty helps you to burn fat. (See aerobic tip under HDL section).
- Avoid alcohol**
 - o Even small amounts can make triglycerides go up.
- Avoid sweets**
 - o Soda, candy, cookies, cake, pies, jam, jelly and even too much fruit juice will increase triglycerides.
- Eat omega-3 rich foods:** Eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) are essential fatty acids that work to prevent heart disease by reducing the stickiness of platelets, lowering blood pressure, and lowering triglycerides. They also boost the immune system and keep inflammation down. Sources of omega-3 fat include:
 - o Coldwater fish: salmon, mackerel, kippers, sardines, tuna, herring. Eat 2-3 servings/week.
 - o Flaxseed or flaxseed oil. 1-2 tsp a day. Flaxseed is the only plant source of LNA, the precursor to DHA. It is found in a refrigerated area of a grocery store and should not be heated. You can buy flaxseed already ground up (Aron Mills is a company that distributes bags of ground flaxseed.) Sprinkle a tablespoon or two on salads, oatmeal, yogurt, etc. Add a little to whatever you cook-breads, meatloaf, cookies. It is also a great source of fiber!

Screen shots below show the Nursing Protocols Manual and an example of a treatment guideline.

NURSING PROTOCOLS MANUAL

August 2005

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Note about layout of guidelines:

Each Nursing Treatment Guideline for positive test result includes:

1. Phone assessment of patient's current status
2. Education on positive test results
3. Treatment guidelines
4. Reason to call back to the provider

Each Nursing Management for Patients Guideline includes:

1. Subjective: Patient's history about the problem
2. Objective: Nursing physical assessment
3. Appraisal: Diagnosis in conjunction with the provider
4. Plan: Treatment and follow-up
5. Reason to call back to the provider

Each note for nursing management should be written in the SOAP format in the chart

GROUP A: STREP THROAT CULTURE

ASSESSMENT

- Document Allergies
- Any change in symptoms (fever, chills or severe abdominal pain) since seeing provider

TREATMENT

- Children < 27kg**
 - Penicillin V 250 mg TAB 1 PO BID x 10 days ea
 - Amoxicillin 40mg/kg in divided doses tid x 10 days (for children >3 months and < 40kg)
 - If over 5 years old use 250mg TID in either chewable or liquid forms.
 - If worried about poor compliance, can give single IM injection of Bicillin LA 0.6 million if provider in office. Observe for 30 minutes after injection for possible anaphylaxis.
- Children ≥ 27kg and Adults**
 - Penicillin V 500 mg TAB 1 PO BID x 10 days ea
 - If worried about poor compliance, can give single IM injection of Bicillin LA 1.2 million units for adults or larger children if provider in office. Observe for 30 minutes after injection for possible anaphylaxis.
- Alternative to Penicillin:**
 - Children: Ery ped (EES) 40mg/kg/day in divided doses BID x10d (Max dose is 3.2G/day PO)
 - Adults: E-Mycin 333 mg TID x10d (Max dose of 2G/day)

PATIENT EDUCATION

- Continue medication even after symptoms have improved for a full 10 day course.
- No school or work until on antibiotics for at least 24 hours.
- Push fluids (tea, water, sports drinks, juice). Adults should be encouraged to take 2-3L per day especially when febrile.
- Pain/fever reliever (e.g., Ibuprofen or Acetaminophen dose d for age)
- Gargle with saline
- Lozenges
- Rest
- Discard or boil toothbrush after 48 hours of antibiotic treatment
- If any family members/contacts develop sore throat and/or fever within 2 weeks, treat presumptively
- Notify provider if not improving with antibiotics

CALL BACK FOR APPOINTMENT WITH PROVIDER IF:

- High temperature >104 or does not improve after 24 hours of medication.
- Signs of allergy to antibiotics: rash, swelling, difficulty breathing

Item 5: Follow up with inpatient facility on hearing screening and metabolic screening

Example of metabolic screening done in hospital and outpatient:

Collection Date & Time	11/17/2009 18:56	11/12/2009 16:14	11/10/2009 15:52	11/08/2009 12:26	11/05/2009 19:30	11/04/2009 21:15
AMINO ACIDEMIAS						ALL WITHIN
BIOTINIDASE DEFICIENCY						>200 ENCO
CONGENITAL ADRENAL HYPERPLASIA						21
CONGENITAL HYPOTHYROIDISM						19.1
CYSTIC FIBROSIS						21
FATTY ACID OXIDATION DISORDER						ALL WITHIN
GALACTOSEMIA						PRESENCE I
HEMOGLOBINOPATHY						Emb
HYPOTHYROIDISM (TSH)						TNP
MOTHER'S NAME						CAND BERT
ORGANIC ACIDEMIAS						ALL WITHIN
PHENYLKETONURIA						57
STATE LAB ID						R8899621
WEIGHT IN GRAMS						2905
NEWBORN SCREEN (2ND PKU)						
17 HYDROXYPROGESTERONE						9
BIRTH ORDER						N/A
HEMOGLOBIN						F + A
MOTHER'S MAIDEN NAME						
PHENYLALANINE						30.2
STATE LAB ID #						5553222
THYROIDINE (T4)						11
WEIGHT IN GRAMS						Unknown

Labs that are not back and signed off on are reviewed on a lab tracking report.

Encounter	Order Num.	Sign Stat./Test Stat.	Last Modified	Provider	Location	Description
2009-11-17 03:20 PM	NGP623609	Signed-Off/Final	11/24/2009 11:12			Newborn Screen (2nd Pr
2009-11-12 04:00 PM	NGP620251	Signed-Off/Final	11/16/2009 10:26	G		Bilirubin, Total (Ped)
2009-11-10 02:40 PM	NGP617974	Signed-Off/Final	11/11/2009 14:28			Bilirubin, Total (Ped)
2009-11-08 12:26 PM	NGP615602	Signed-Off/Final	11/09/2009 08:27			BILIRUBIN TOTAL
2009-11-05 07:30 PM	NGP614185	Signed-Off/Final	11/11/2009 05:27			BILIRUBIN TOTAL
2009-11-04 09:15 PM	NGP618596	Signed-Off/Final	11/12/2009 08:15			NEWBORN SCREEN (1ST

Order Tests	Sign	Collect_Date	Description	Result
Test(1)NEWBORN SCREEN (1ST PK	YES	2009-11-04 21:15:00.000	CONGENITAL ADRENAL HYPERPLASIA	21
Result(1)WEIGHT IN GRAMS(F	YES	2009-11-04 21:15:00.000	CONGENITAL HYPOTHYROIDISM	19.1
Result(2)MOTHER'S NAME(F	YES	2009-11-04 21:15:00.000	CYSTIC FIBROSIS	21
Result(3)BIOTINDASE DEFECIEN	YES	2009-11-04 21:15:00.000	GALACTOSEMIA	PRESENCE ENZYME ACT
Result(4)CONGENITAL ADRENA	YES	2009-11-04 21:15:00.000	HEMOGLOBINOPATHY	F+A
Result(5)CONGENITAL HYPOTH	YES	2009-11-04 21:15:00.000	PHENYLKETONURIA	67
Result(6)CYSTIC FIBROSIS(F	YES	2009-11-04 21:15:00.000	HYPOTHYROIDISM (TSH)	TNP
Result(7)GALACTOSEMIA(F	YES	2009-11-04 21:15:00.000	FATTY ACID OXIDATION DISORDER	ALL WITHIN RANGE
Result(8)HEMOGLOBINOPATHY	YES	2009-11-04 21:15:00.000	AMINO ACIDEMIAS	ALL WITHIN RANGE
Result(9)PHENYLKETONURIA(F				
Result(10)HYPOTHYROIDISM (T				
Result(11)FATTY ACID OXIDATI				
Result(12)AMINO ACIDEMIAS(F				
Result(13)ORGANIC ACIDEMIAS				
Result(14)STATE LAB I.D.F				

Item 6: Notifies patients/families of all normal test results

Patients are notified of normal test results by letter. This task is delegated to Medical Assistants or Front Desk staff. There are 2 normal labs letter templates that can easily be customized for each patient and mailed when lab tests are normal.

