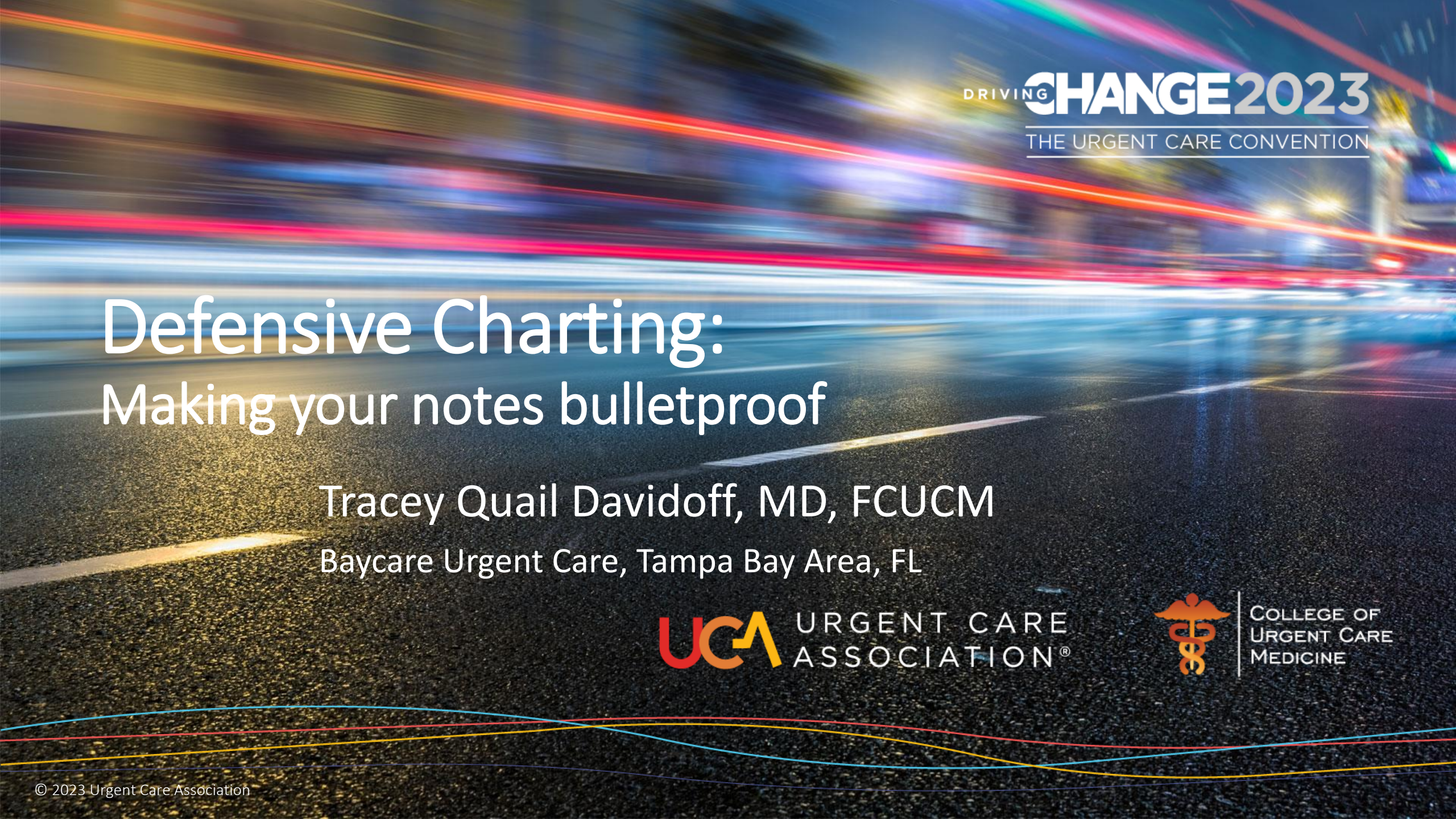

Defensive Charting:
Making your notes bulletproof

Tracey Quail Davidoff, MD, FCUCM

Baycare Urgent Care, Tampa Bay Area, FL

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COLLEGE OF URGENT CARE MEDICINE

NEW!

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

SOUTHEAST REGIONAL
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Florida
Georgia
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Alabama
Tennessee
Mississippi

If you are a UCA member living in these states, you're already a member!
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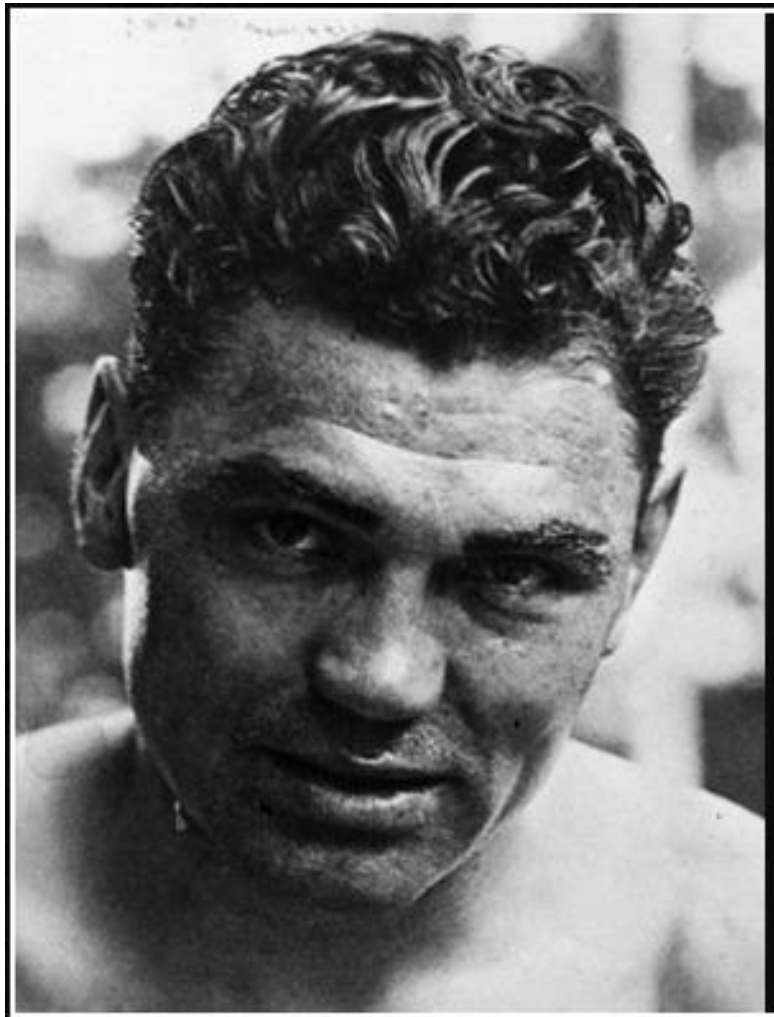

The best defense is a good offense.

— Jack Dempsey —

AZ QUOTES

If I send this patient home today, and there's a bad outcome tomorrow, will the documentation in my chart help me, or hurt me?

Can I substantiate my actions in court of law?

Quick Case #1

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- CC: allergic reaction
- HPI: The patient presents with allergic reaction since Saturday. Complains of eye swelling and rash to neck. Patient also complains of right ear pain for 3 days. No difficulty swallowing, no wheezing.
- Exam: BP 129/88, Pulse 71, Temp 36.6, Resp 18
  - HEENT: Right ear: there is impacted cerumen
  - Skin: Findings: rash present
- Assessment/Plan
  - Impacted cerumen, ear cerumen removal
  - Allergic reaction, initial encounter, methylprednisolone 125 mg, Medrol Dosepack

About me…

- Expert witness, review cases for merit
- State health department, office professional misconduct
- Reviewed thousands of charts
- Your documentation can make or break you

Use Your EMR to Your Advantage

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Templates
- Epic: Templates, smart phrases and smart lists
- Cerner: Dot phrases
- Experity: ?

Why?

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Good documentation is the best protection against anyone questioning your decisions
- You won't remember the patient 1-3 years from now
- Subsequent providers reading your chart will understand your thought process
- Patient complaints, QA, UR, and billing will understand your thought process and may be more likely to approve your treatment, stand by your decisions, and support your LOS
- Protect yourself from litigation

Quick Case #2, Pediatric Patient

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- CC: nurse, ST
- CC: doctor, ST
- Vitals documented by nurse, temp only, no weight, no allergy
- Exam: throat red
- Lab: RSA negative
- Diagnosis: strep throat
- Plan: ~~amoxicillin 400/5~~ Zithromax 200/5

Our Purpose Today:

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Identify common pitfalls that make for poor charting and may hurt you later
- Identify worse case scenarios for 5 common complaints
- Identify history elements for 5+ common complaints that show the reader you looked for "red-flags”
- Identify physical elements for 5+ common complaints that show the reader you looked for "red-flags”
- Teach you how to document your medical decision making to tie it all together

In General

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Paint a picture so you will remember what you were thinking
- Consider adding personal details
  - “born in New Zealand”, “Buffalo Bills fan”, “has 30 grandchildren”, “Marine who served in Guam”
- How they look: Appears well, mild distress, not toxic appearing,
- How they act: Laughing and joking, playing with toys, jumping up and down, continuously on phone

What not to put in chart

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Don’t be judgmental
- “the patient states he feels like there is something seriously wrong and he needs antibiotics”
- The patient is rude and obnoxious
- The patient refuses to comply with my recommendations
- No quotations of unsophisticated speech; takes “sugar pills” for diabetes; thinks he has a “confusion” of the right LE

In General

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Comment that you have reviewed nurse's notes, PMH, Vitals
- ADDRESS ANY DESCREPANCIES
  - If vitals are abnormal, retake or address them; "HR likely elevated d/t fever"; by my count, RR 16, etc.
  - If nurse says "CC: abdominal pain" and your CC is "vaginal discharge", explain why they are different. Make sure you write "patient denies abdominal pain" or similar
  - If the strep test is negative, and your diagnosis is Strep throat, explain why

Exam

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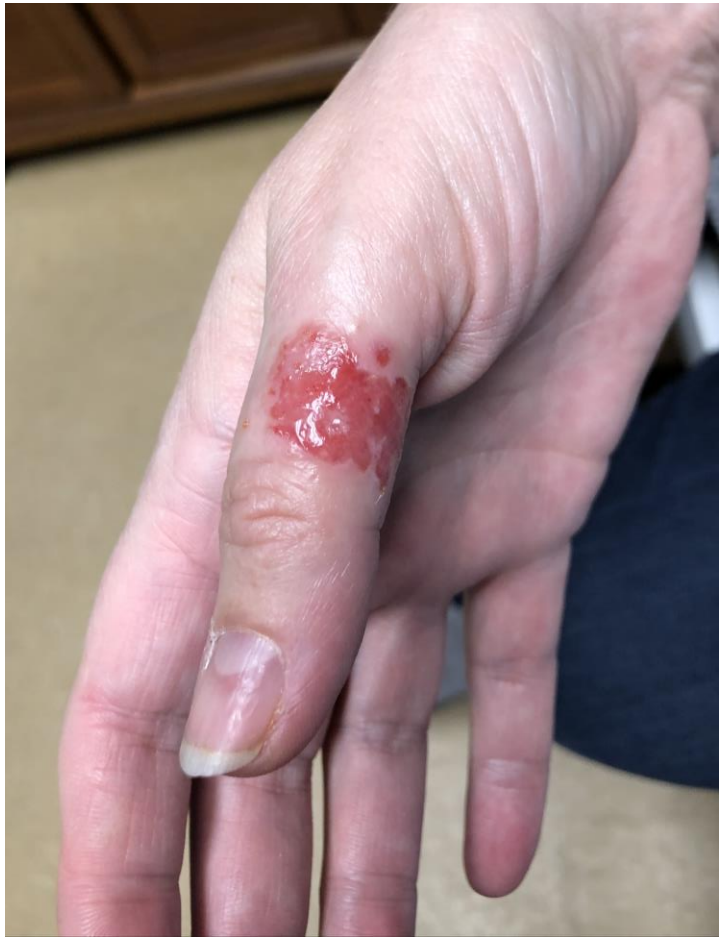
THE URGENT CARE CONVENTION

- Your exam should address the complaint in detail
  - If the patient's complaint is SOB, you better do a lung exam
  - If the patient has abdominal pain, do more than "bowel sounds normal", or "tender"
  - Hand/finger injury, be as detailed and specific as possible
  - Extremity injury, examine joint above and below, document neurovascular status distal to injury
  - Laceration, FB, tendon injury, deep tissue injury, viability of margins

Exam

- Be specific
  - Left, right, superior, inferior, lower 1/3, mid-clavicular line, etc.
  - Add photos
  - Drawings
  - Ruler next to area if possible
- Rash on thumb unacceptable



Differential Diagnosis and Medical Decision Making

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Three or more differentials if possible
  - Obviously can't do this with wounds
- Show you thought about the worst-case scenario and ruled it out
- Consider using and documenting clinical decision tools
- If you deviate from the standard of care, document why
  - "the patient's RSA is negative, but since 12 of his siblings have strep, it's reasonable to assume that this is a false negative, will treat with antibiotics"

Clinical Decision Rules

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Well's criteria
- Canadian C-spine rules
- CT head rules
- CRB-65
- Ankle and knee rules

Ending: Discharge Comments

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THE URGENT CARE CONVENTION

All nursing documentation including vitals reviewed prior to discharge. Changes made if indicated. Patient advised to contact primary care doctor if worsening or return for problems. Close follow up with PCP recommended. OTC and symptomatic treatment reviewed. Patient education regarding diagnosis and treatment provided for 3-5 minutes. Possible complications and when to seek further care reviewed with patient. Instructions provided verbally and in writing. Patient/guardian seemed reliable, voiced understanding, and was given an opportunity to answer questions. Patient/guardian amenable to plan. Discrepancy may exist between time of charting and when the patient was actually seen.

Disclaimer to Patient

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

Please understand that you have been evaluated for an episodic event. This visit cannot be a substitute for the continued care and monitoring by your primary care physician and/or specialist for the ongoing care of chronic conditions. It is not unusual that an illness may present itself slowly over time and change from one medical impression to another. This is why follow up care is recommended. Please ensure that you follow up with your primary care physician if your condition changes, worsens, or does not resolve in the time specified. You may go to the closest emergency department if any worsening symptoms develop for further evaluation and treatment. Urgent care has limited resources and is not always able to provide every test or specialty care. If there is any discrepancy in the interpretation of x-rays, or if there is outstanding lab work, we will attempt to contact you. It is your responsibility to call us if you have not heard results in 5 days. Thank you in advance for your understanding.

Chest Pain

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Worst Case Scenario
  - Acute MI
  - Aortic dissection
  - Pulmonary embolus
  - Pneumothorax
  - Ruptured esophagus
  - Pericarditis
- Common
  - GERD
  - MSCP
  - Anxiety
  - Pneumonia/pleuritic pain
  - Cough

Chest Pain

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Address warning signs in history
  - Pressure, tearing, diaphoresis, radiation to arm or neck, occur with exertion, etc.
  - Personal or family history of CAD, DVT, PE
  - Non-smoker, cholesterol, DM, HTN
  - Had a normal stress test last week or other previous cardiac history
  - OPQRST Pneumonic

O P Q R S T - Mnemonic for Symptom Assessment

O **O**nset of the Event
P **P**rovocation / **P**alliation
Q **Q**uality
R **R**adiation / **R**egion
S **S**everity
T **T**ime (history)

Chest Pain

- Address in physical
  - Appearance
  - Full heart and lung exam
  - Reproducible?
  - Presence of edema, peripheral pulses
  - Calf tenderness, varicose veins, etc.

Chest pain: Medical decision making

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Differential diagnosis: GERD, MSCP, anxiety, pneumonia
- “No evidence of life-threatening causes of CP at this time”
- Make sure vitals normal, retake or explain abnormalities
- If you did an EKG, read it, sign it, address any abnormalities, really look at EKG
- If you did an X-ray, interpret it, put the interpretation in you note
- Document recommended follow-up; ED, cardiology, PCP, return and WHEN
- Refer to ED: EMS called, safe to go by private vehicle, wife will drive him directly there, AMA

Chest Pain Instructions

YOU HAVE BEEN EVALUATED FOR CHEST PAIN.

YOUR EVALUATION DID NOT IDENTIFY ANY SERIOUS CAUSES OF CHEST PAIN AT THIS TIME, HOWEVER MEDICAL CONDITIONS CAN CHANGE OVER TIME. IT IS IMPORTANT THAT YOU FOLLOW UP WITH YOUR PRIMARY CARE DOCTOR WITHIN A WEEK.

SHOULD YOUR CONDITION WORSEN, SUCH AS WORSENING PAIN, RADIATING TO NECK OR ARM, SHORTNESS OF BREATH, DIZZINESS, HEART RACING, PLEASE CALL 911 AND REPORT TO THE NEAREST EMERGENCY DEPARTMENT. YOU MAY RETURN IF YOU HAVE ANY QUESTIONS OR ARE UNABLE TO SEE YOUR PRIMARY CARE DOCTOR.

Quick Case

Worker's compensation

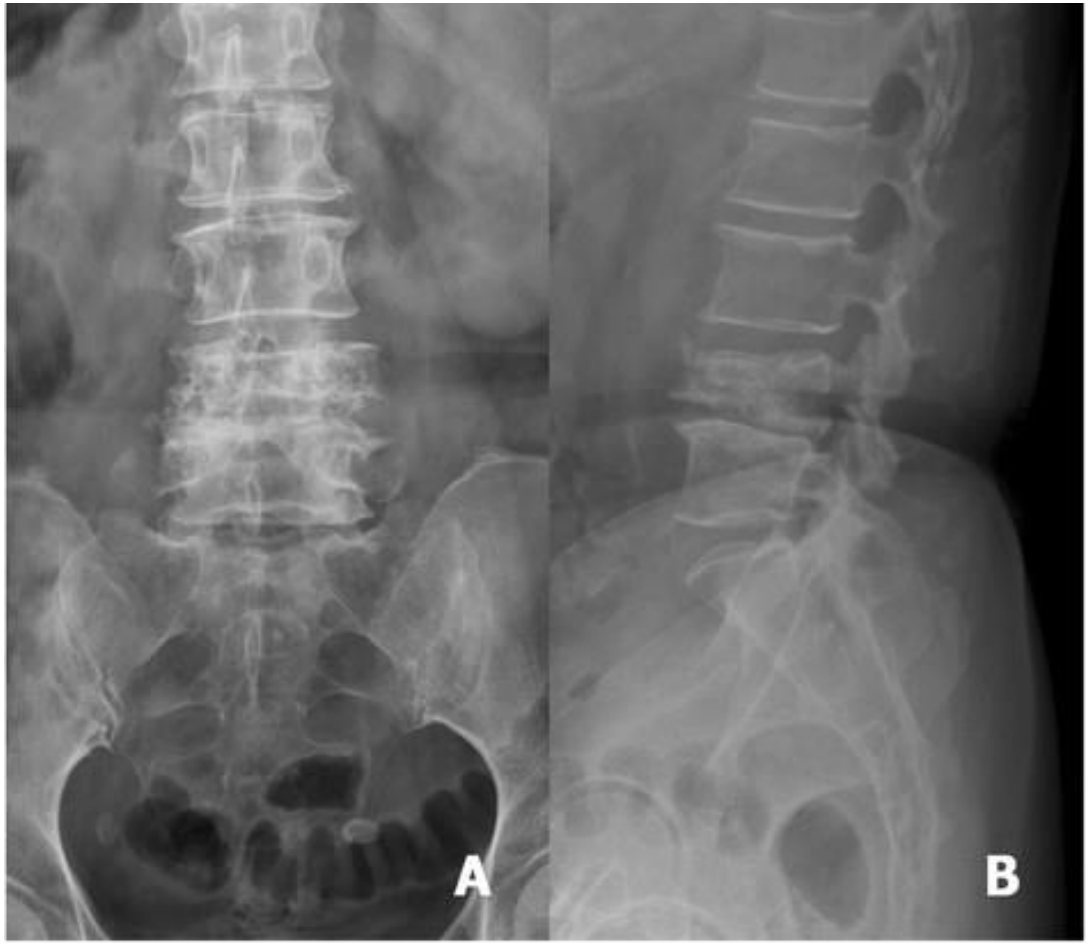
- 55-year-old Haitian female, housekeeper in local hotel. Bent over to make bed, back pain. No radiation, hurts to bend, no numbness or weakness
- History of hypertension
- Meds: lisinopril, MVI, tamoxifen
- Exam: vitals normal. Awake and alert seated in wheelchair. No TTP spinous processes, decreased ROM lumbar, no weakness, normal DTR's.
- MDM: back pain, NSAID, muscle relaxer, return 1 week. Work restrictions, no lifting or bending.

Continued

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Patent returns weekly for 4 weeks, documented essentially same exam, order physical therapy on third visit.
- Patient returns week 6, can’t go to PT, too painful. Has not been going to work due to pain. Unable to get out of wheelchair. Severe pain. Presents with family who says something must be done.

And the x-ray shows…



- Patient was on tamoxifen
- History of breast cancer 2 years earlier, unclear if had any follow up
- Provider never asked or documented about tamoxifen
- Did not document ambulation
- Seen by 3 different providers

Back pain

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Worst Case Scenario
  - Compression fracture
  - HNP with nerve root compression, motor deficit
  - Spinal epidural abscess
  - Metastatic disease
  - Consider pyelonephritis, AAA
- Most common
  - Muscle strain
  - HNP with no nerve root compression
  - Poor core strength and body mechanics

Back pain:

- Address warning signs in history
  - Trauma, previous back problems, surgeries
  - Gradual or sudden
  - Fever
  - Immunosuppression, corticosteroid use, cancer, diabetes
  - Osteoporosis

Back Pain

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Address warning signs in physical
  - Vitals, especially temp
  - Level of discomfort
  - Motor deficits
  - Saddle anesthesia and other sensory deficits
  - Bony tenderness, tenderness to percussion
  - Gait
  - Straight leg raise, crossed straight leg raise
  - Tendon reflexes

Back pain

- If you did an x-ray, document why
  - X-rays ARE NOT indicated for garden variety back pain
  - X-rays ARE indicated if you are concerned about trauma, compression fracture
- Cord compression is a medical emergency
- True weakness is a medical emergency
- Back pain and a fever is a medical emergency

Medical Decision Making

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Differential diagnosis: muscle strain, contusion, HNP without compression
- “No evidence of sinister causes of back pain”
- Patient cautioned to return if worsening pain, fever, pain radiating down legs, numbness, weakness, bowel or bladder complaints
- Follow up in 48 hours if not improved, ED if worse

Back Pain Instructions

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

BACK AND NECK PAIN NORMALLY TAKES A FEW TO 10 DAYS TO RESOLVE. RARE CASES MAY TAKE SEVERAL WEEKS. THE MEDICATIONS HELP TEMPORARILY, BUT DO NOT NECESSARILY CURE YOUR CONDITION. SEE YOUR DOCTOR IF PAIN DOES NOT IMPROVE, OR IS ASSOCIATED WITH FEVER, RADIATION DOWN THE LEG OR ARM, WEAKNESS, OR NUMBNESS. TAKE ALL MEDICATIONS AS PRESCRIBED. HEAT OR MASSAGE MAY HELP WITH YOUR CONDITION.

TOPICAL PAIN RELIEVERS SUCH AS SALON PAS, BIOFREEZE, BEN GAY OR OTHERS ARE RECOMMENDED FIRST LINE TREATMENT.

YOU MAY TAKE IBUPROFEN AS NEEDED FOR PAIN AND FEVER. YOU MAY TAKE 3 TABS EVERY 6 HOURS OR 4 TABS EVERY EIGHT HOURS. THE MAXIMUM AMOUNT YOU CAN TAKE PER DAY IS 2400MG. DO NOT TAKE IF YOU HAVE KIDNEY DISEASE, PEPTIC ULCER DISEASE, OR HAVE HAD WEIGHT LOSS SURGERY.

YOU HAVE BEEN PRESCRIBED A MEDICATION THAT CAUSES DROWSINESS IN SOME PATIENTS. DO NOT DRIVE OR OPERATE HEAVY MACHINERY OR ENGAGE IN DANGEROUS ACTIVITIES UNTIL YOU KNOW HOW IT EFFECTS YOU. THIS MEDICATION WILL NOT BE PRESCRIBED FROM THIS OFFICE. YOU MUST SEE YOUR PRIMARY CARE PROVIDER.

Abdominal pain

- Worst case scenario based on location
  - Acute Abdomen
  - Upper abdomen
    - PUD with perforation, acute cholecystitis, pancreatitis, splenic rupture
  - Lower abdomen
    - Appendix, diverticulitis with perforation or abscess, obstruction, ruptured ectopic, PID, AAA

- Most common
  - Constipation
  - Gastroenteritis
  - IBS
  - IBD
  - Gastritis/GERD
  - Menstrual cramps, other GYN
  - UTI
  - Abdominal pain unknown cause

Abdominal Pain

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Address warning signs in history
  - Onset, location, character, episodic or constant, radiation
  - History of previous GI illnesses or surgeries
  - PREGNANCY
  - Exacerbating or alleviating factors

Abdominal Pain

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Address warnings in physical
  - Full vitals
  - Appearance
  - BS, palpation, presence or absence of rebound or guarding, distention, masses
  - Psoas and obturator signs, Murphy's sign, McBurney's point
  - Bump test/Jump test
  - Patient's reaction to exam

Abdominal Pain

- Medical decision making
  - Differential diagnosis: indigestion, IBS, IBD, early appendicitis, gastroenteritis
  - “no evidence of acute abdomen at this time”
  - Patient aware diagnostic accuracy limited at this time. Warnings of when to seek further care including emergency care provided. Close follow up within 24 hours recommended.
  - Consider making your diagnosis “abdominal pain unknown cause”

Abdominal Pain Disclaimer

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

ATTENTION: WE HAVE NOT FULLY DETERMINED THE CAUSE OF YOUR ABDOMINAL PAIN. AT THIS TIME IT DOES NOT APPEAR TO BE ANYTHING SERIOUS, YOUR PAIN WILL LIKELY RESOLVE ON ITS OWN. REPORT TO THE NEAREST EMERGENCY DEPARTMENT OR RETURN SHOULD YOU DEVELOP WORSENING SYMPTOMS, WHICH MAY INCLUDE BUT ARE NOT LIMITED TO: WORSENING PAIN, FEVER, VOMITING MORE THAN ONCE, BLOOD IN STOOL OR VOMIT, OR PAIN LASTING MORE THAN 48 HOURS. DO NOT TAKE ANYTHING STRONGER THAN IBUPROFEN FOR PAIN AS IT MAY MASK YOUR SYMPTOMS. A HEATING PAD MAY HELP WITH YOUR PAIN. RETURN TO THIS OFFICE IF YOU HAVE ANY CONCERNS OR NEED CLARIFICATION.

Sore Throat

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Worst case scenario
  - Streptococcal pharyngitis
  - Peritonsillar abscess/cellulitis
  - Retropharyngeal abscess
  - Epiglottitis
  - Foreign body
- Most common
  - Viral pharyngitis
  - Streptococcal pharyngitis
  - GERD
  - Allergies/post-nasal drip
  - Dry mouth, snoring, air-conditioning, etc

Sore Throat

- Address warning signs in history
  - Fever, onset, type and location of pain, radiation of pain
  - PAIN OUT OF PROPORTION
  - Ability to swallow solids, liquids, saliva
  - Exposures
  - Previous history, allergies, GERD symptoms,

Sore Throat

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Address warning signs in physical
  - Vitals
  - Patient appearance; comfortable, drooling, tripoding, will/will not speak, character of voice
  - Ears and nose
  - Throat: redness, swelling and where, exudate, uvula, swelling and deviation, tonsils 1-4+, kissing, stridor, AIRWAY WIDELY PATENT
  - Neck, including nodes, thyroid

Sore Throat

- Medical decision making
  - Differential diagnosis: viral, strep, PND, GERD. No evidence of acute bacterial disease or need for antibiotics at this time
  - No evidence of airway compromise at this time
- Discharge
  - Patient cautioned to return if…
  - Follow up in 48 hours if not improved, ED if worse

Sore Throat Instructions

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

YOU MAY TAKE IBUPROFEN AS NEEDED FOR PAIN AND FEVER. FOLLOW THE PACKAGE INSTRUCTIONS. THE MAXIMUM AMOUNT YOU CAN TAKE PER DAY IS 2400MG.

DO NOT TAKE WITHOUT CONSULTING WITH YOUR DOCTOR IF YOU HAVE HIGH BLOOD PRESSURE OR HEART DISEASE, DIABETES, KIDNEY DISEASE, ULCERS IN YOUR STOMACH, OR IF YOU HAVE HAD WEIGHT LOSS SURGERY. DO NOT TAKE IF YOU ARE ALLERGIC TO IBUPROFEN OR OTHER NSAIDS.

OVER THE COUNTER SORE THROAT DROPS OR SPRAY SUCH AS CHLORASEPTIC, SUCRETS, OR CEPACOL MAY HELP WITH THROAT PAIN. SMOOTHIES, FRAPACCHINOS.

SEEK MEDICAL ATTENTION FOR SEVERE PAIN, HIGH FEVER, INABILITY TO SWALLOW LIQUIDS, INCLUDING YOUR OWN SALIVA, OR ANY OTHER CONCERNS. GO TO EMERGENCY FOR TROUBLE BREATHING OR CHOKING. CALL 911.

Headache

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Worst case scenario
  - Bleed
  - Tumor
  - Meningitis
  - Temporal arteritis
- Most common scenario
  - Viral syndrome
  - Tension headache
  - Sinus headache
  - Migraine
  - Post-concussion syndrome
  - Others

Headache

- Address warning signs in history
  - Onset, character, radiation, episodic, positional
  - Aura, band like, pressure
  - Nausea/vomiting, visual changes, photophobia
  - Exacerbating/alleviating factors
  - Previous headache, head injury history

Headache

- Address warning signs in physical exam
  - Vital signs, including temp
  - Head and ENT exam
  - Appearance, position, dark room, holding head, shielding eyes, etc.
  - Signs of meningismus
  - Full neurologic exam

Headache

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Medical decision making
  - DDX: tension headache, migraine, sinus.
  - No sign of increased intracranial pressure or infection. No evidence of serious causes of headache or life-threatening disease.
  - No need for ED evaluation or imaging at this time
  - Discharge
    - Patient cautioned to return if…
    - Follow up in 48 hours if not improved, ED if worse

Headache Instructions

YOU HAVE BEEN SEEN FOR A HEADACHE. ALTHOUGH THERE IS NO EVIDENCE OF ANY SERIOUS CAUSE FOR YOUR HEADACHE, CONDITIONS MAY CHANGE AND REQUIRE FURTHER EVALUATION. PLEASE SEEK MEDICAL ATTENTION IF YOUR HEADACHE DOES NOT RESOLVE IN 48 HOURS OR IS ASSOCIATED WITH VOMITING MORE THAN TWICE, FEVER, NECK STIFFNESS, WEAKNESS OF ARMS OR LEGS, VISUAL CHANGES, OR ANY OTHER CONCERNS. CALL 911 IF NECESSARY.

List the Worst-Case Scenario

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THE URGENT CARE CONVENTION

- Acute gastroenteritis
- Cellulitis
- Neck pain/injury
- UTI
- COVID-19 or influenza
- Extremity trauma

Take Home Points

- Good documentation is your best protection against anyone questioning your decisions, including litigation
- Paint a picture so you will remember what you were thinking, and others will know what your thinking
- Be sure to add details to your history and physical so the reader will know you thought about

DRIVING CHANGE 2023

Session Evaluation

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THE URGENT CARE CONVENTION

- Your feedback is valuable, take a moment to complete the survey for this session.
- To claim CME, you must complete a separate survey available after the convention.