## **Administration Manual**

### ASSESSMENT OF PATIENT

### HISTORY AND PHYSICAL DOCUMENTATION

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**Objective:** To define the requirements for the content, timeliness and documentation of the history

and physical.

**Policy:** A qualified physician or other qualified licensed individual shall perform a history and physical based upon diagnosis, setting, needs and desires of the patient and services to be provided in accordance with the medical staff bylaws. A history and physical performed prior to admission may be performed by a physician not on the Covenant medical staff; however, the update note must be done by a physician on the Covenant medical staff. History and physicals completed by non-physicians shall be co-signed by a physician on the medical staff.

**Procedure:**

1. A complete history and physical within 24 hours of admission but prior to procedure is required for:
   1. Inpatient admission.
   2. Patients admitted to inpatient status from ambulatory or outpatient setting.
   3. Patients with an inpatient or outpatient surgery or invasive procedure requiring anesthesia or moderate to deep sedation.
2. Any history and physical performed and recorded within 30 days prior to the date of admission but prior to procedure is acceptable with an update note. The update note must be signed with date and time of signature within 24 hours of admission or prior to procedure.
   1. If, upon examination, there are no changes noted in condition, the update note must indicate the H&P was reviewed, the patient was examined, and that ‘no change’ has occurred in patient condition since H&P was completed.
   2. If, upon examination, there are changes in patient condition, the update note must indicate the H&P was reviewed; the patient was examined, and includes any changes noted in patient condition.
   3. If the H&P done prior to admission is incomplete, inaccurate, or unacceptable, a new H&P must be recorded within 24 hours of admission but prior to procedure.
3. In general, the history and physical shall include the following:
   1. Chief Complaint
   2. Present Illness
   3. Systems Review
   4. Past History
   5. Family, Social, Psychosocial History
   6. Current Medications and Allergies
   7. Physical Examination
   8. Plan of Care
   9. Admission Diagnosis
   10. Signature, Date, Time
4. A short form history and physical may be used in certain circumstances. Required elements are the same as the full history and physical but may be abbreviated to include only that which is relevant to the procedure to be performed. A short form history and physical is required for:
   1. Outpatient Observation
   2. Ambulatory procedures.
   3. Outpatient or invasive procedures with moderate to deep sedation.
   4. Inpatient procedure where history and physical has been confirmed as dictated, but not transcribed
5. If a procedure is planned, the history and physical must be performed and documented prior to procedure:
   1. Documentation will include a pre-procedure diagnosis, plan for anesthesia and an examination of the procedure site.
   2. Patients planned for conscious sedation must receive an airway assessment and review of vital signs, and be given an ASA class.
   3. Consent for procedure and sedation must also be obtained.
6. Emergency procedures – a history and physical may be waived if the delay would cause the loss of limb, extreme hazard or death to the patient. If the history and physical is delayed, it must be completed immediately after the completion of the procedure or as soon as the patient is stable post procedure.

**Reviewed by:** Surgical Services – 11/2001

Patient Safety & Quality – 07/2013

Administration – 11/2001, 07/2004, 09/2007, 06/2010, 08/2013

Medical Executive Committee – 08/2013

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# Review Date: 8/2016

**Approval:**

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Edward Bruff – COO/Executive Vice President Date

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Michael Schultz, M.D – Vice President Medical AffairsDate

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Sarah Rivette, M. D. – Chief of Medical Staff Date