NHS
Health Education England

Making useful medical records: an individual responsibility

Developing people
for health and
healthcare

www.hee.nhs.uk

Learning Objectives

- Be able to explain why record keeping is important
- Understand how personal factors lead to poor records
- Be able to analyse case notes for errors
- Recognise the importance of record keeping as part of training

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Why is record keeping important?

- Immediate care
- Future care
- A legal record

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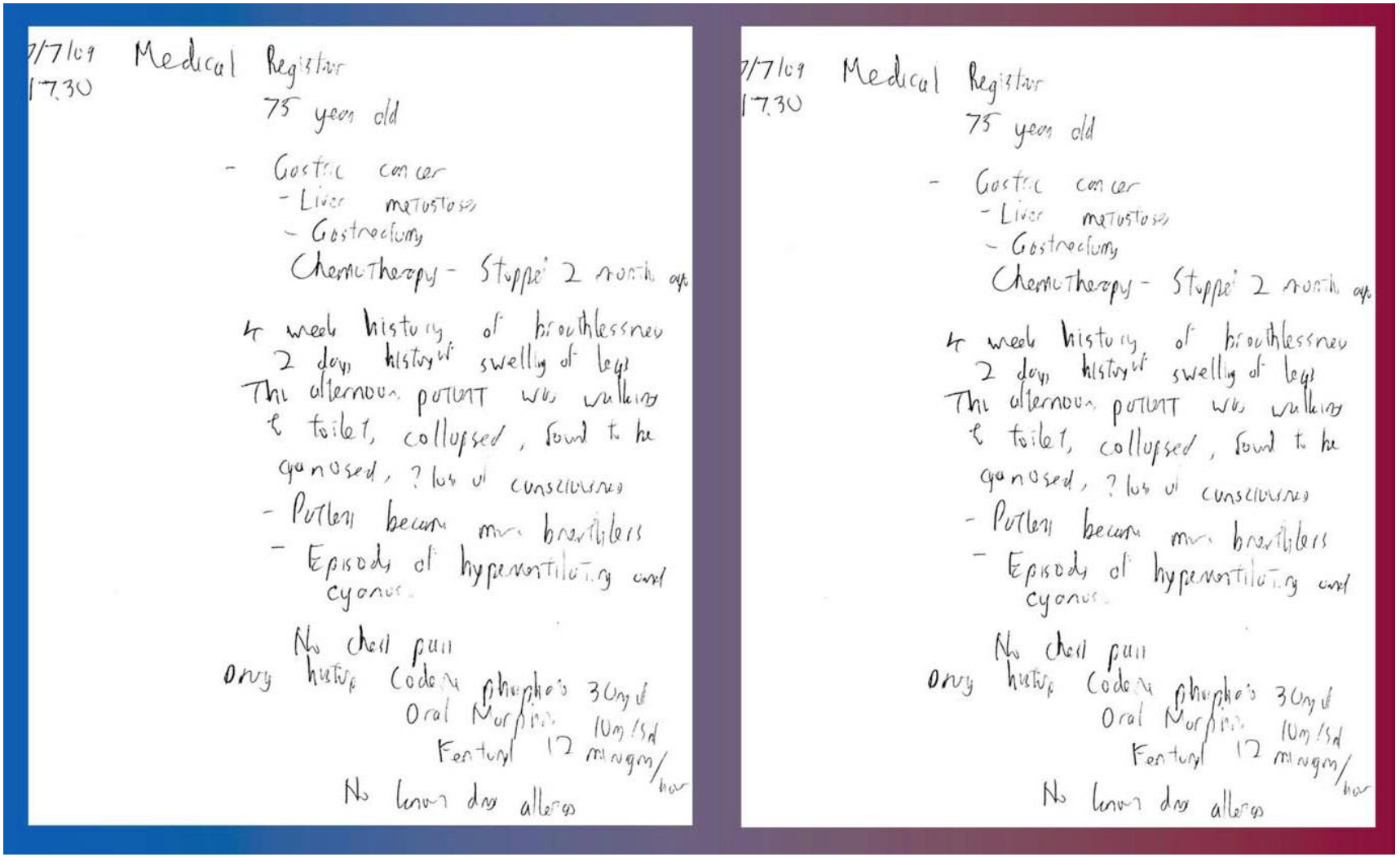
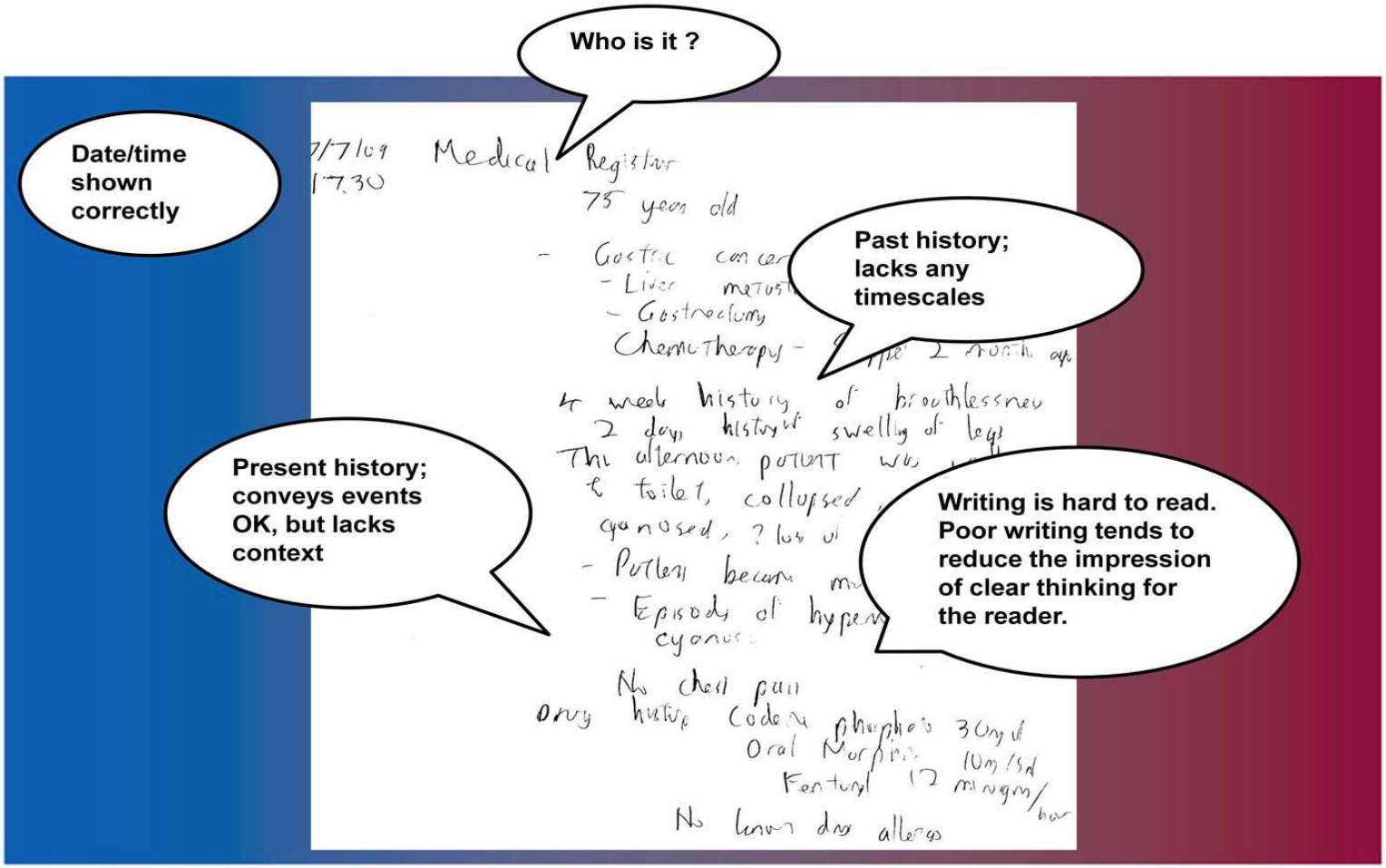
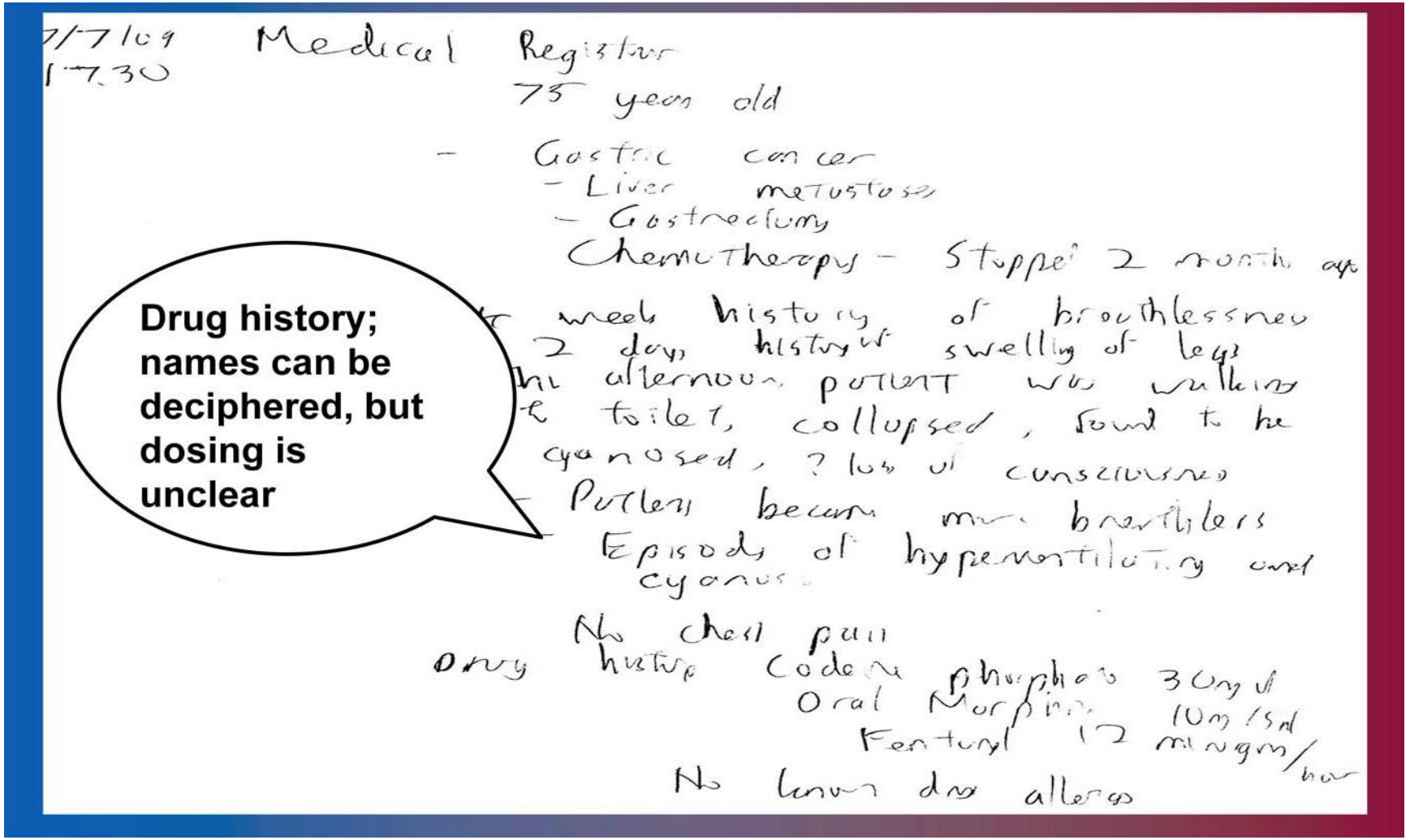
Why is record keeping important?

- What do you record?
- Or not record?



7/7/09
17.30
Medical Registar
75 years old
- Gastric cancer
- Liver metastases
- Gastrectomy
Chemotherapy - Stopped 2 month ago
4 week history of breathlessness
2 days history of swelling of legs
This afternoon patient was walking
to toilet, collapsed, found to be
cyanosed, ? loss of consciousness
- Patient became more breathless
- Episode of hyperventilating and
cyanosis
No chest pain
Only history Codeine phosphate 30mg tds
Oral Morphine 10ml/5ml
Fentanyl 12 microgm/hour
No known drug allergies


Who is it ?
Date/time shown correctly
Past history; lacks any timescales
Present history; conveys events OK, but lacks context
Writing is hard to read. Poor writing tends to reduce the impression of clear thinking for the reader.


Drug history; names can be deciphered, but dosing is unclear

NL [illegible], history
Live with wife

O/E Pulse 120 beats/min
BP - 92/60
JVP Not raised
HS 1+ II+ No murmur
Chest - Good air entry
Nil crackles
No wheeze

Soft, non-tender.
GCS 15/15

Impression - Dehydration
- Infection - ? Source
- Line
- Chest
- ? Pulmonary embolism

Plan 1) FBC, U&E LFTs Hb 12.9
2) ECG Sinus rhythm WCC 16.0
3) Chest X-ray - NAD Platelets 135
Heptavalent ectopic consolidation
4) Blood culture - Peripheral
Attempt culture from subclavian line
- No osp
5) IV fluid Fragmin
IV antibiotics
CTPA - Patient unable to lie flat

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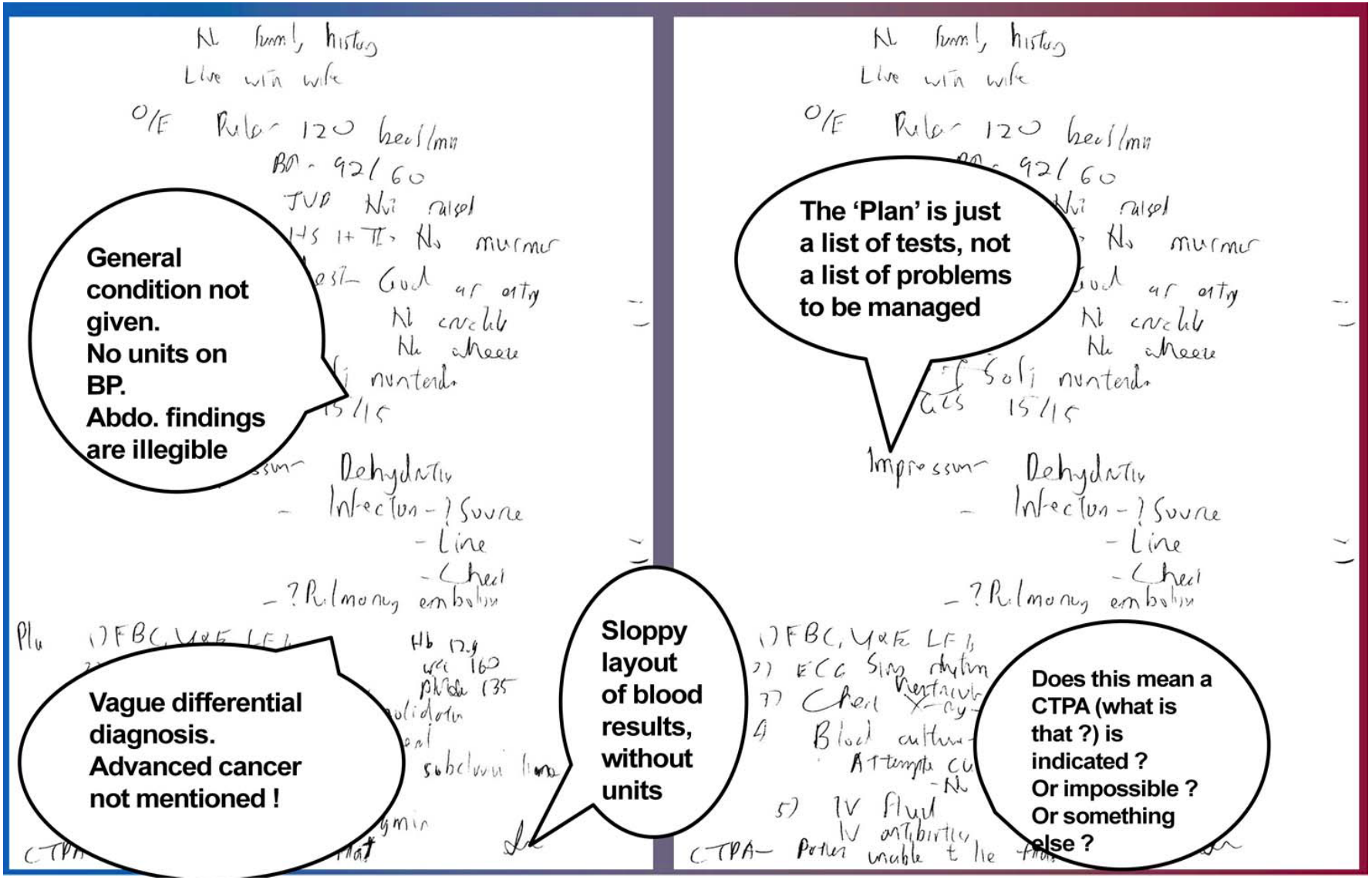
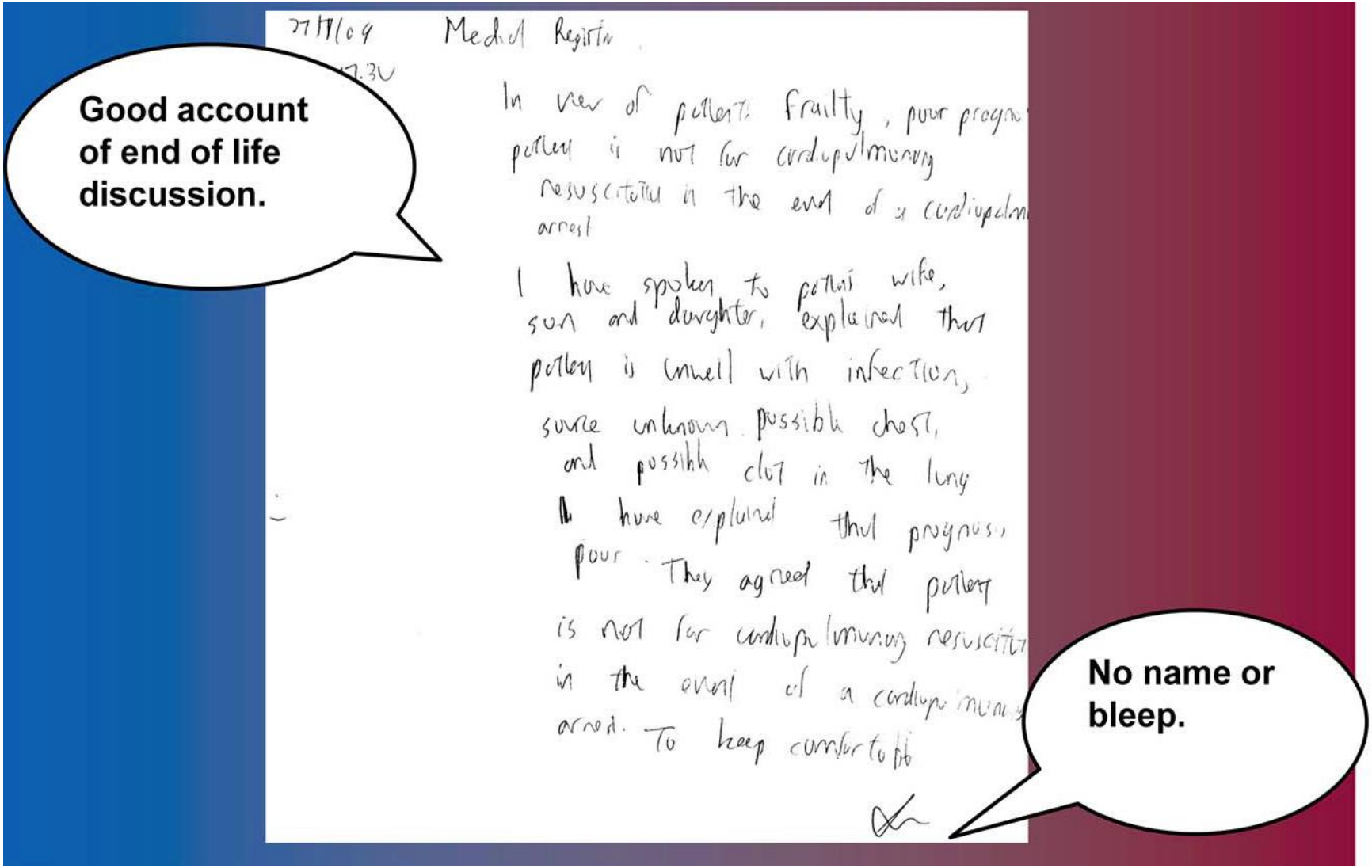
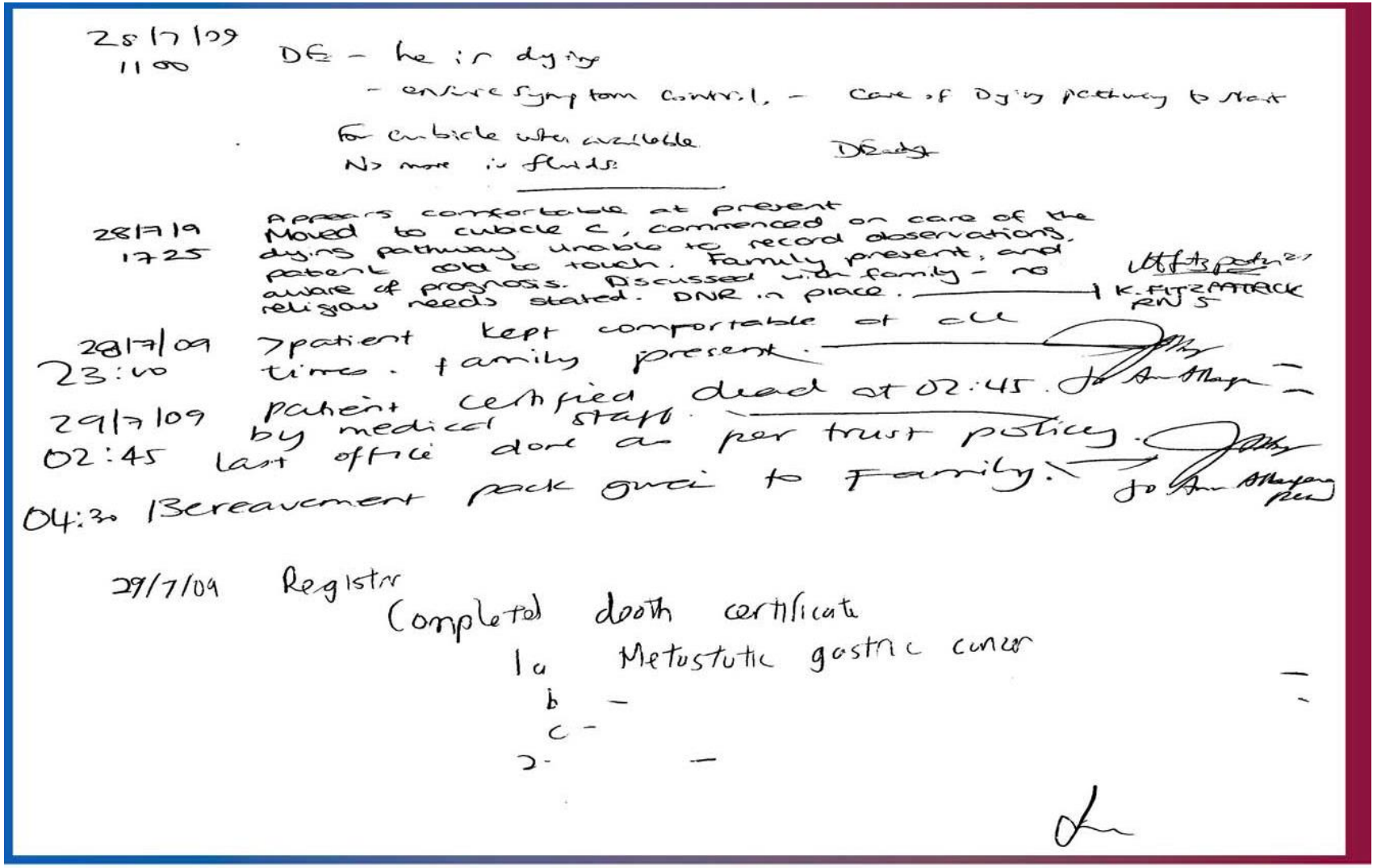

General condition not given.
No units on BP.
Abdo. findings are illegible
Vague differential diagnosis.
Advanced cancer not mentioned !
Sloppy layout of blood results, without units
The 'Plan' is just a list of tests, not a list of problems to be managed
Does this mean a CTPA (what is that ?) is indicated ?
Or impossible ?
Or something else ?


Good account of end of life discussion.
27/11/09 Medical Registrar
17.30
In view of patient's frailty, poor prognosis patient is not for cardiopulmonary resuscitation in the event of a cardiopulmonary arrest
I have spoken to patient wife, son and daughter, explained that patient is unwell with infection, source unknown possible chest, and possible clot in the lung I have explained that prognosis poor. They agreed that patient is not for cardiopulmonary resuscitation in the event of a cardiopulmonary arrest. To keep comfort to pt
No name or bleep.



28/7/09 11:00 DE - he is dying
- ensure symptom control, - Care of Dying pathway to start
for cubicle when available
No more iv fluids
Dready

28/7/09 17:25 Appears comfortable at present. Moved to cubicle C, commenced on care of the dying pathway. Unable to record observations, patient odd to touch. Family present, and aware of prognosis. Discussed with family - no religious needs stated. DNR in place. K. FITZPATRICK RN 5

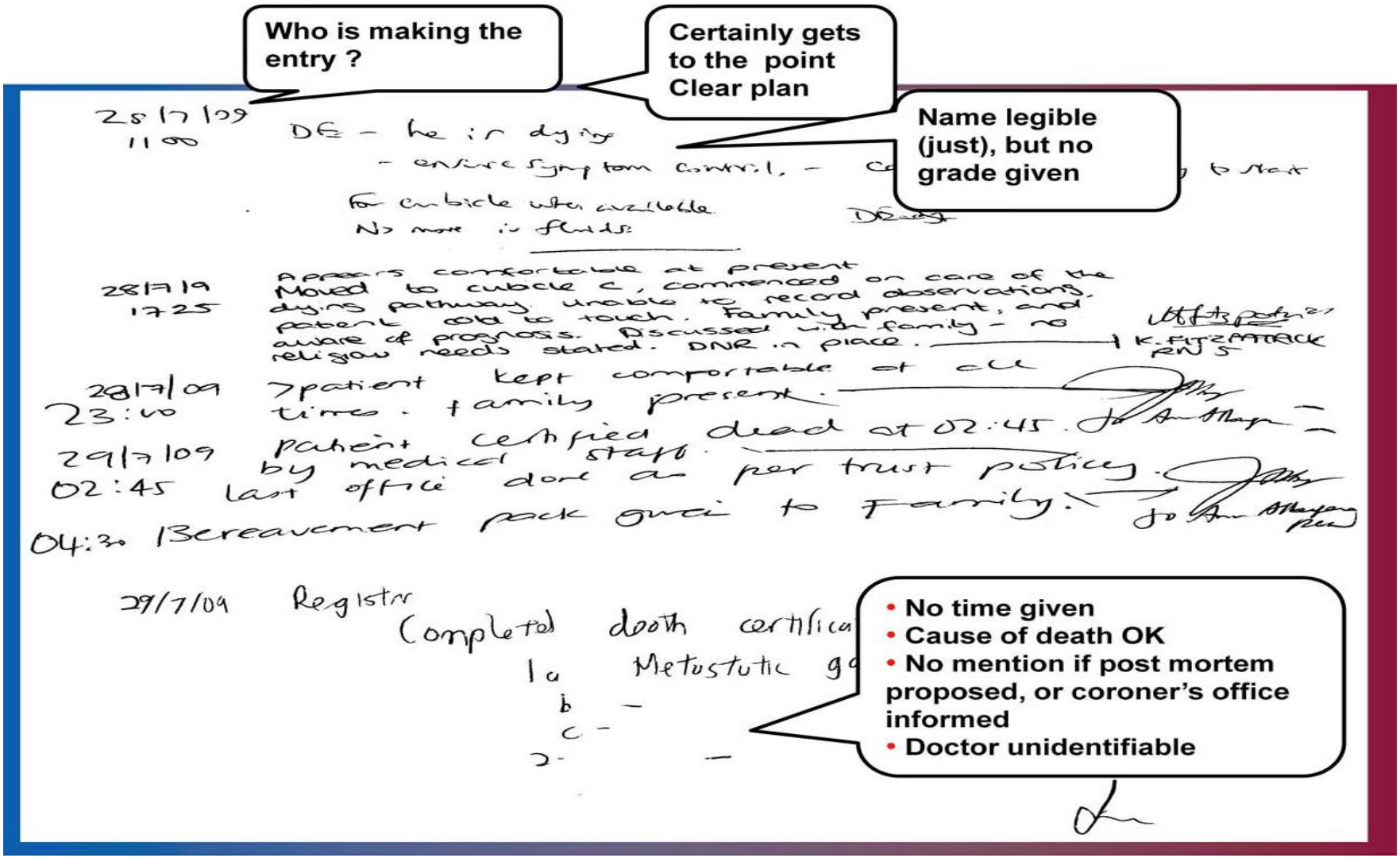
28/7/09 23:00 >patient kept comfortable at all times. family present.

29/7/09 02:45 patient certified dead at 02:45. by medical staff.

Last office done as per trust policy.

04:30 Bereavement pack given to family.

29/7/09 Registry
(Completed) death certificate
1a Metastatic gastric cancer
b -
c -
2. -


Who is making the entry ?
Certainly gets to the point Clear plan
Name legible (just), but no grade given
28/7/09 11 00
DE - he is dying
- ensure symptom control, -
for cubicle when available
No more iv fluids
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Moved to cubicle c, commenced on care of the dying pathway unable to record observations. patient cold to touch. Family present, and aware of prognosis. Discussed with family - no religious needs stated. DNR in place.
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Registrar
(Completed death certifica
1a Metastatic g
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c -
2 -
• No time given
• Cause of death OK
• No mention if post mortem proposed, or coroner's office informed
• Doctor unidentifiable

- Put symptoms in the history
- Drug doses matter
- Put diagnoses at the end
- Avoid abbreviations
- Show your thinking
- Do not write “for senior review”
- DNAR (Do Not Attempt Resuscitation) forms

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Final Assessment

- What do you think you have learned?
- What are you going to study further?
- What could be done to improve this module?

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Any questions?