Chapter 2
Medical Records
| Hx: history | U: URINE |
| V: VOMITING | PU: POLYURIA  |
| D: DIARRHEA  | (increased urination) |
| V/D: vomiting and diarrhea | C/S: culture and sensitivity |
| PD: POLYDIPSIA (increased thirst) |
### PATIENT HISTORY

- **BM: BOWEL MOVEMENT**
- **ANOREXIA: NOT EATING**
- **LETHARGIC: TIRED**
- **DYSURIA: TROUBLE URINATING**
- **HEMATURIA: BLOOD IN URINE**
- **HBC: hit by car**
PHYSICAL EXAM CONT’D

- HR: heart rate
- RR: respiratory rate
- ABD: abdomen
- LN: lymph nodes
- WT: weight
- Acute: onset of condition occurs in a short time
- Chronic: onset of condition occurs over a long time
- Dx: diagnosis
- Px: prognosis
- Tx: treatment
- URI: upper respiratory infection
PHYSICAL EXAM

- PE: physical exam
- BAR: bright, alert, responsive
- QAR: quiet, alert, responsive
- T: temperature
- P: pulse
- R: respiration (breathing)
- TPR: temperature, pulse, respiration
- N or -: negative
- +: positive
- MM: mucous membranes (gums)
- CRT: capillary refill time
<table>
<thead>
<tr>
<th>UTI: urinary tract infection</th>
<th>FIP: feline infectious peritonitis</th>
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<tbody>
<tr>
<td>SOAP: Subjective, Objective, Assessment, Plan</td>
<td>FIV: feline immunodeficiency virus</td>
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<tr>
<td>ANALS or AG: anal glands</td>
<td>L: left</td>
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<tr>
<td>FeLV: feline leukemia virus</td>
<td>R: right</td>
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</table>
THE VETERINARY MEDICAL RECORD

- Maintains detailed legal documents
- Follows history of each animal
- Provides continuity to other staff
- Retrieves information rapidly
THE VETERINARY MEDICAL RECORD

- Should include the following:
  - Patient (animal) information
  - Client (owner) information
  - Patient history
  - Medical and surgical records
  - Progress notes
  - Laboratory information
  - Vaccine history
CLIENT/PATIENT INFORMATION FORM

Please provide the following information for our records PLEASE PRINT!

OWNER INFORMATION

<table>
<thead>
<tr>
<th>Owner's Name</th>
<th>Social Security Number</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City/State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Telephone (Include Area Code)</td>
<td>Home</td>
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<tr>
<td>Driver's License Number</td>
<td>Place of Employment</td>
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ANIMAL INFORMATION

<table>
<thead>
<tr>
<th>Animal Species (Dog, Cat, Other)</th>
<th>Breed</th>
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<tbody>
<tr>
<td>Animal's Name</td>
<td>Sex</td>
</tr>
<tr>
<td>Color</td>
<td>Birth Date</td>
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</table>

REFERRAL INFORMATION

Were you referred by a veterinarian?

[ ] YES  [ ] NO  If so, complete the following information.

Veterinarian's Name | Phone |
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<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City/State</td>
<td>Zip Code</td>
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</table>

You will be advised of estimated cost and anticipated procedures. Please feel free to discuss the proposed treatment and any costs with the veterinarian. A minimum deposit of 50% of the initial estimated charges will be required for hospitalization of the patient.

STATEMENT OF OWNERSHIP AND CONSENT: I am the owner of the above-described animal, or have authorization from the owner to consent to its treatment.

[ ] I hereby authorize the performance of professionally accepted diagnostic, therapeutic, anesthetic, and surgical procedures necessary for its treatment.

[ ] I accept financial responsibility for these services.

[ ] I have read the above consent and understand why these procedures may be necessary. I have also been told of the possible complications and alternatives to the anticipated procedures.

PAYMENT CHOICE: [ ] Cash  [ ] Check  [ ] Bank Card

SIGNATURE (Owner/Agent) | DATE
Establishes Veterinary-Client-Patient Relationship

- Maintained yearly
- Veterinarian assumes responsibility to assess patient health and recommendations for treatment
- Owner agrees to follow instructions given by veterinarian
- Veterinarian maintains competency and knowledge in care and maintenance of animal’s health
CREATING THE MEDICAL RECORD

- Should be labeled with the following:

  **Owner info**
  - Name
  - Address
  - Phone – work and home
  - Emergency contact numbers
  - Client ID or chart number
  - Employer
  - Driver’s license number

  **Patient info**
  - Name
  - Species
  - Breed
  - Color
  - Gender/sex
  - Age/birth date
  - Vaccine history
  - Allergies
  - Surgical history
  - Chief complaint
# CITY ANIMAL HOSPITAL
## Master Problem List

### Owner Information
- **Owner Name**: [ ] Mr.  [ ] Miss  [ ] Ms.  [ ] Mrs.  Patient/Pet's Name
- **Address**:  
- **Home Phone**:  
- **City/State/Zip**:  
- **Business Phone**:  

### Patient/Pet Information
- **Chart #**:  
- **Patient**:  
- **Species**:  
- **Sex**:  [ ] F  [ ] M  [ ] N  
- **Breed**:  
- **Color**:  
- **Vax History**:  
- **Birth Date**:  
- **Weight**:  

### Immunization/Preventative Record
- **RABIES**:  
- **DA2PL**:  
- **FVR-CP**:  
- **FELV**:  
- **FECAL**:  

### Problem List
<table>
<thead>
<tr>
<th>Problem</th>
<th>Date Entered</th>
<th>Date Resolved</th>
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**THE VET RECORD**

Includes:
- Owner Info
- Patient Info
- Immunizations
- Problem list
Medical file should include:
- Client/patient information sheet
- Master problem list
- Progress notes
- Lab reports
- Radiology reports
- Pharmacy records
- Surgical and anesthesia reports
- Consent forms
- Cage card
Should be at the beginning of the file
- Complete owner information
- Complete patient information
- May include referral information
MASTER PROBLEM LIST

- Patient history
- Past medical problems
- Vaccines
- Surgeries
- Zoonotic diseases
- Genetic defects
- Issues requiring attention
VACCINE LIST

- Records
  - vaccines the animal has been given
  - date the vaccine was given
  - date when next vaccine is due

- Note any vaccine reactions
  - hives
  - trouble breathing
  - vomiting
  - soreness
  - lumps at vaccine site
Chronologic entries of patient examination and treatment

SOAP format

- S = subjective, opinions, and descriptions
- O = objective, facts, or measurable data
- A = assessment; what’s wrong
- P = plan or procedure
## PROGRESS NOTES

### Client Name: ____________________________  Address: ____________________________  Phone: ____________________________

<table>
<thead>
<tr>
<th>Pet Name</th>
<th>Species</th>
<th>Breed</th>
<th>Color</th>
<th>Gender</th>
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PROGRESS NOTE: USED TO CHART RE-CHECKS
PROGRESS NOTES

- Record date and times as necessary
- Record all notes accurately and in detail
- Note all medications and treatments
- Note urine and BM
- Note feedings
- Initial all your notes
LABORATORY REPORTS

- Record all
  - testing procedures
  - results of tests
  - dates
  - vet that should review results
  - blood work, fecal exams, urinalysis, biopsy
Commonly called x-ray notes

Record
- date of x-ray
- x-ray patient number
- anatomy and reason for x-ray
- x-ray settings on machine
- developing procedures
Record all medicines the patient has been given or is currently prescribed
  - medicine name
  - date
  - vet prescribing med
  - dosage and how to be given
  - refills
CONTROLLED-SUBSTANCE LOG INFO

- Drug name
- Date
- Client name, address
- Patient name
- Doctor name
- Amount dispensed
- Use of medication

- DEA legal requirements
- Must have license
- Must record ALL items
- Must maintain daily
- Available for review
SURGICAL AND ANESTHESIA REPORTS

- Records surgical procedures
- Notes for surgical reports
- Anesthesia log and medicines used
- Lists dates of surgeries
- Lists any complications from surgery
ANESTHESIA LOG

- Details when anesthesia is given to the patient
- Record
  - date
  - anesthesia type and dosage
  - reason or procedure
  - times when given
  - initials of vet, CVT, VA
ESTIMATE SHEET

- Gives a fee or cost schedule to the client so they are aware of the costs involved with surgery and procedures
- Similar to an invoice
- Should be signed by the client
- Client receives a copy
- Not legally binding but is a record that costs were reviewed by the hospital
Also called WAIVER or CONSENT FORM

- All clients must sign this form to allow a pet to have a surgery or procedure
- It releases the hospital from liability and is a legal document for fees and payments
CONSENT FORM

CITY HOSPITAL
ANY STREET
ANY TOWN, S 00000

CONSENT FORM

Owner's Name: ____________________________________________
Address: _________________________________________________
________________________________________________________
Case Number: _____________________________________________

Animal's Name: ____________________________________________
Species: ___________________________________________________
Breed: ___________________________________________________ 
Sex: ______________________________________________________

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent.

I hereby consent to the hospitalization of the above-described animal and authorize the veterinarian and staff to administer any tests, medications, anesthesia, or surgical procedures that the veterinarian deems necessary for the health, safety, and well-being of the animal.

I specifically request the following procedure(s) or operation(s):

__________________________________________________________________________
__________________________________________________________________________

I understand that during the course of the above-mentioned procedure(s) or operation(s), unforeseen conditions may be discovered that necessitate an extension of the above-mentioned procedure(s) or operation(s) or additional procedure(s) or operation(s). I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary according to the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications. I understand that the veterinary support personnel will be employed as necessary according to the veterinarian's professional judgment.

I have been advised as to the nature of the procedure(s) or operation(s) to be performed and the risks involved. I realize that results cannot be guaranteed.

I understand that all fees for professional services are due at the time of discharge.

I have read and understand this authorization and consent.

Additional Comments/Information:
________________________________________________________
________________________________________________________

Date ____________________ Signature of Owner or Agent ____________________

Signature of Witness ____________________
AUTHORIZATION SHEET

- Records procedures and fees
- Notes any possible consequences or safety issues
- Sign by owner and give a copy to the client
Records home care patient instructions for the owner

Record
- type of procedure or surgery
- medications and doses
- exercise limits or activity
- suture removal or re-check
- abnormal signs to watch for
- feeding instructions
INVOICE SHEET

- Records the prices and fees for the owner
- Copy of the payment and services provided
- Record
  - fees and list of services
  - date
  - vet
  - payment type and any balances due or paid
- Document everything accurately!
- Write in blue or black INK
- Write legibly
- Cross out all mistakes with a single line
- Initial all mistakes
- Constantly maintain records
- Keep legally for 7 years
RECORDING INFORMATION IN THE MEDICAL RECORD

- Do not
  - use pencil
  - erase
  - white out
  - scratch out info
- Never give out original record
RECORDING INFORMATION IN THE MEDICAL RECORD

- Record all communication with client including phone calls
- Initial and date all entries
- Each medical record should be for one patient only
FILING MEDICAL RECORDS

Filing Methods:

- Alphabetical (last name)
- Numerical (by patient or by client)
- Color codes
- Computerized
FILING MEDICAL RECORDS

- Alphabetical filing
  - Owner’s last name
  - File alphabetically
  - If multiple same last names, file according to owner’s first name, then patient’s name
  - Must use accuracy in filing
  - Most common method of filing
FILING MEDICAL RECORDS

- **Numerical Filing**
  - Assign a number to each client or patient
  - The number is recorded in the file and is in either an index card system or a computer system
  - New records added at the end of each existing record number
  - Color codes are used for each number
  - A blank cardboard sheet serves as a placeholder as the file is pulled
CONSENT FORMS AND CERTIFICATES

- Consent- identifies procedures and cost, allowing client to accept treatment
- Neuter/spay- proof of surgical altering
  - date and doctor
- Vaccination- proof of legal vaccines
  - vaccine name, manufacturer, date given, and due date
CONSENT FORMS AND CERTIFICATES

- Rabies - proof of rabies vaccine
  - Vaccine manufacturer, 1 year or 3 year vaccine, date given and due date, doctor, vaccine serial number
- Health status - health history in last year
  - Vaccine record, test results, date of exam, doctor
MEDICAL RECORDS AS LEGAL DOCUMENTS

- Protect client privacy by maintaining confidentiality
- Client consent must be given to release information
- Serve as evidence that care was provided in a legal case
INVOICING

- Kept with medical record
- Given to client upon patient discharge
Chapter 2
Competency
ADMISSIONS

- Take all client and animal info
- Know reason for admission
- Written and signed consent forms
- Signed estimates
- Record animal on procedure board

- Track invoice
- Record all treatments and procedures
- Check info with owner for accuracy
- Check phone number
- Have clients sign waiver and get vaccine dates
- Read to client the services they request and ask if they need anything else
- Check on pick up time
- Add animal to hospital board and update as necessary
HOSPITAL ADMISSIONS PROCESS

- Clients should be aware of reason for admitting a patient
- Clients should be given an estimate of costs, and papers should be reviewed and explained
- Clients should sign consent forms
Leash all pets following the facility guidelines
Speak softly and calmly to the patient
Assure the client and their pet is in excellent care and take the pet to the treatment area

Place the animal in the appropriate holding area
- Cage, crate or kennel
- Stall or pen

Properly identify the animal and the holding area
- Cage card
- Neck band or ID collar
IDENTIFYING THE PATIENT

CAGE CARD AND ID COLLARS
- Name, age, breed or species
- Owner name and address, phone number
- Patient color and identifying markings
- REASON for hospitalization
- Special Instructions
  - NPO
  - Do not exercise
  - WILL BITE
  - SAVE URINE/FECES
ADMISSIONS PROCEDURES

- Place patient in cage or holding area
- Give fresh water if allowed
- Provide appropriate bedding
- Provide food if appropriate

- Provide a litter pan for cats
- Remove all collars and tags to prevent injury
- Check ID and cage card for accuracy
- Check that cage or pen is locked properly
VETERINARY ADMISSIONS

- Place patient information on TREATMENT BOARD in appropriate area
  - OWNER NAME, phone number
  - Patient name, age, gender, breed/species
  - Reason for hospitalization
  - Special instructions
  - Treatment plans or procedures

- Place PATIENT MEDICAL RECORD in the hospitalized section or location
Animal name: “PENNY” VANHORN
WT: WT_________
Reason for visit: Otitis externa
List of services to be done:
- Bath/cond
- Brush out
- NT
- Nova P
NOTES
DROP OFF/ PICK UP TIMES
Use the hospital format to list all patients

- Penny VanHorn
  - Weight: 81 lbs
  - App: Otis Ectenia
  - Nova P

- Gizmo Lancer
  - Weight: 26.4 lbs
  - App: Social
  - Nova P

- Tyson Hawk
  - Weight: 21.0 lbs
  - App: Ears, Teeth, Antitix

- Izzy Hawk
  - Weight: 14.0 lbs
  - Muzzle
  - Laundry, Rodents, Trash, Clean
BEDDING FOR RODENT CAGES
Record the following information on the hospital board:

- Jane Austin
- 717-555-8888
- “Kitty”-10 y SF black DLH
- Surgery
- Will bite
- Sedation with anesthesia (Ketamine/Valium)
- Nail trim, clean ears, mass removal/biopsy
- Pain meds (metacam)
PRACTICE SKILLS

- **Dan Hill**
  - “Rosco”-3 y M tri Basset Hound
  - Castration, clean ears, nail trim and dental

- **John Vickers**
  - “Eddie”-7 y NM tabby Maine Coon
  - Dental, nail trim, ear clean, clip mats

- **Gail Torren**
  - “Lily”-2 y grey F Flemish Giant
  - Spay, nail trim, teeth trim
PRACTICE SKILLS

- Dave Smith
  - “Billy”- 14 y white NM Westie
  - Hx: seizures
  - Complete blood count, heartworm test, dental with tooth extraction
- Rhonda Hile
  - “Pepe”- 5 y M fawn Chihuahua
  - Will bite
  - Pre-surgical bloodwork, mass removal (left front shoulder), biopsy, nail trim
DISCHARGES

- Invoice
- Medications
- Post-op care
- Home care instructions
- Re-check appointment
- Diet
- Exercise level

- Problems that may occur
- Abnormal conditions
DISCHARGE PROCEDURES

- Check medical record for accuracy and completed paperwork
- Prepare discharge forms and home care instructions for the owner
- Fill any medication prescriptions as ordered by the vet
DISCHARGE PROCEDURES

- Note on the treatment board the date/time patient is to be discharged
- Place all charges in the computer or on the invoice. Check for accuracy.
- Place the medical record in the discharge bin or location
DISCHARGING PATIENTS

- Allow the client to check out at the front desk and complete payment invoicing
- Give client all home care instructions and medications
- Check that all patient items have been returned to the owner
  - Bedding and blankets
  - Food
  - Toys
DISCHARGING PATIENTS

- Review all home care instructions with the client
- Review all medications and instructions
- Demonstrate how to administer medications
- Demonstrate home care needs or procedures
- Allow the client to ask any questions
- Make sure that the client understands all the information
- Tell the client to call with any questions!
DEMONSTRATE MEDICATION INSTRUCTIONS

- Brushing teeth
- Applying eye ointment
DISCHARGE PROCEDURES

- Inform the receptionist if a re-check appointment is needed
- Escort the patient and client to the exit area
- Assist to the vehicle as necessary
- Thank the client and say “good bye” to the patient
DISCHARGE PROCEDURES

- Remove the patient from the HOSPITAL BOARD
- Make sure the cage or holding area is properly cleaned and sanitized
- Disinfect all equipment
VA DISCHARGE PROCEDURES

- Update the client on any info they may need to know about their pet
- Give client invoice
- Discuss where the business office is located
- Ask if any questions
- Ask if they would like to reschedule an appointment
- Get pet and any belongings
- Ask client if they need help to their vehicle
Chapter 2
Medical Records
Competency

MEDICAL RECORD ASSEMBLY
LEARNING OBJECTIVES

- Students should be able to assemble a medical record for a patient according to the DCTS Veterinary Assistant program standards
- Students should be able to label and color-code a medical record according to the DCTS Veterinary Assistant program standards
LEARNING OBJECTIVES

- Students should be able to properly record information in the veterinary medical record
# MEDICAL RECORD TOOLS

- **Medical record file or chart**
- **FORMS:**
  - Patient information and history
  - Physical exam form
  - Progress notes
  - Invoice
  - Client waiver/consent form
- **Labels, letters and year stickers**
- **Blue or black pen**
- **Patient information**
- **Space to work**
MEDICAL RECORD ASSEMBLY

- Gather all material and work in a clean and available space
- Locate a medical record file folder
- Label the file according to the facility filing system method
  - Number system
  - Alphabetical
    - Last name 1st
- Color-code the chart according to labels
- Place a year label according to the facility method
- Place a client/patient label according to facility method
ALPHABETICAL LABELING
MEDICAL RECORD ASSEMBLY

- Record client and patient information on each required form
- Place forms in the medical file according to the facility format
- Follow medical record recording requirements
- Check all work for completeness and accuracy
- Check all names for spelling
- Check phone number
MEDICAL RECORDING
BE NEAT AND ACCURATE
Alphabetical Filing Method
- Owner’s last name
- File alphabetically
- If multiple same last names, file according to owner’s first name, then patient name
  - Some clients have multiple pets!
- Must use accuracy in filing
- Most common method of filing
ALPHABETICAL FILING
NUMERIC FILING METHOD

- Assign a number to each client or patient
- The number is recorded in the file and in either an index card system or a computer system
- New records added at the end of each existing record number
- Color codes are used for each number
- A blank cardboard sheet serves as a file as it is pulled
NUMERIC FILING
WHAT WOULD YOU RECORD FOR THIS SITUATION?
Place the proper papers in the medical record according to the following method:

- PATIENT and CLIENT INFORMATION sheet
- VACCINE WAIVER/CONSENT FORM
- PHYSICAL EXAM form
- PROGRESS NOTES
- INVOICE

Add label to UPPER LEFT corner:
- Client LAST name, first name
- Phone number (652-3170)
- “Pet name”
- Year of birth
- Gender
- Breed or species
- Color
John Doe
233 Market St, Harrisburg, PA 17111
717-652-7843
“Harry”- 5 yr M tan/white Bulldog
Appointment for today due to hx of seizures
Allergy to penicillin
HW test 4/15/09-Neg
Fecal 4/15/10-Neg
Vx hx:
  - DHLPPC 4/15/10
  - Rabies 4/15/09 (3 y)
  - Lymes 4/15/10
Work in a 2 person team
Assemble a medical record for one of your animals
Follow the steps from your lecture notes
Correctly record information using the DO’s and DON’Ts
WORK IN TEAMS TO ASSEMBLE RECORDS
Assemble a medical record alphabetically

- James Smith, 522 Pine St, Enola, PA 17622
- 717-723-2389
- “Sally” - 10 y SF black Labrador Retriever
- Hx of allergy to leptospirosis vx with hives (urticaria)
- HW test-Neg, fecal-whipworms on 6/4/10, treated with panacur wormer for 5 d
- Vx Hx:
  - DHPPC - 2/12/10
  - Rabies - 2/15/08 (3y)
John Adams, 122 Hill Rd, Harrisburg, PA 17111, 7171-657-9811

“Taffy” - 6 y buff DSH SF

HX: Aggressive, will bite

FelV/FUV test: n/n on 4/12/2008

Vx hx:
- FVRCP 5/14/10
- RV 5/14/10 (1 y)
- Fecal 5/14/10 Neg
- FelV 5/14/09
Paul Williams, PO Box 266, Harrisburg, PA 17111, 717-652-0012

“Zippy”- 4 yr NM black/tan Dachshund

History of allergy to leptospirosis vx

DHPPC given 4/17/10

RV given 4/17/10 (1 year)

HW test 4/17/10 - negative

Fecal 4/17/09 - negative