SUBJECT: **CUMULATIVE PATIENT PROFILE**
APPROVED BY: VP Acute Care_____
EFFECTIVE DATE: 1984 01 31
REVIEW / REVISED DATE: 2008 10 31
2012 09 13

Purpose:

To provide consistent, standardized information on client charts.

Policy/Standard:

It is the responsibility of Attending Health Care Providers to initiate and maintain "Cumulative Patient Profiles" on all clients' charts in Community Clinics.

Materials Required:

Appendix A – Cumulative Patient Profile
Appendix B- Chronic Medication Kardex Form
Appendix C -- Auditing Form

Related Policy:

Chronic Medication Kardex D-5

Procedure:

- The "Chronic Medication Kardex" form must be utilized along with the Cumulative Patient Profile (See Appendix A & B);
- The Cumulative Patient Profile form is to be secured on the left side of the chart cover.
- The active chronic medication kardex is to be secured on the right side to the top of the nursing notes.
- Personal Care Attendant can transcribe / initiate Cumulative Patient Profiles; however, it must be co-signed by a Regional Nurse;
- Department audits will be completed annually (see attached appendix C);
- Refer to policy D-5 for use of the Chronic Medication Kardex;

Reference:

Community Clinics Policy and Procedure Manual Chronic Medication Kardex – Policy D-5

General Information

Allergies/Adverse Drug Reactions:

Reaction Description:
Blood Type: _____

	Y / N	Date
History of TB		
PPD Positive		
Hepatitis A/ B/ C		
MRSA Positive		
DNR status		
AHCD		

Demographic Data

Surname _____ Name_____ Maiden Name _____

DOB

MCP

Next Of Kin

Address

Phone Number

Social & Environmental History
(i.e. Lifestyle, hobbies, occupation)

Occupation :

Marital Status :

Reg. Exercice : __ Y __ N Type _____
Recreational Drugs : __ Y __ N PPD _____
Smoking : __ Y __ N Amt _____
ETOH : __ Y __ N

Significant Family History

Preventative Health Interventions
(Note Date Completed)

Dates						
Tetanus Toxoid						
Pneumovaccine						

Surgical/OBS History

	Date :

Active Chronic Conditions

	Date

Appendix B

Community Clinics
Chronic Medication Kardex

Patient's Name:
DOB:
MCP:
Drug Plan #:
Allergies:

Box Number:

Date Ordered/ Ordering Provider	Medication & dosage/ route & frequency	Each time a medication is refilled: 1. Write the date in the grey box below (refer to example). 2. Write the number of meds dispensed in the top white box, your initials in the middle white box, and the amount of refills remaining in the bottom white box. 3. Put an X in the remaining boxes under the date if no other meds were dispensed that day.										

See back of form for detailed instructions and signature verification.

Signature Verification

Nurse's Name	Nurse's Signature	Initials

Chronic Medication Kardex Guidelines

1. The Chronic Medication Kardex is to be used in conjunction with SOAP documentation in the client's medical record. As well to clearly document client instructions provided, possible drug interactions, follow up blood work required and follow-up appointments.
2. Use addressograph (if available) for documenting client demographics.
3. Write in the date that the medication was ordered and the ordering provider.
4. Use only generic medication names on the form.
5. Enter each new prescription as a new entry on the Chronic Medication Kardex regardless of previous prescription entries for the same medications / dosages.
6. Write the date of dispensing in the grey box (refer to example on the Chronic Medication Kardex).
7. Write the number of medications dispensed in the top white box, your initials in the middle box, and number of current medication refills remaining in the bottom box.
8. Put an X in the remaining boxes to show that no other medications were dispensed that day.
9. Document on the chronic medication kardex the prescription as written(see example)
10. Document in the client's medical record if the dosage of medication dispensed is different from the prescription dosage that is written on the chronic medication kardex. Circle the change on the chronic medication kardex and document what information was provided to the client.
11. Write your name, sign your signature and initials in the "signature verification box" on the Chronic Medication Kardex.
12. Document discontinued medications by placing a line through the medication box and writing discontinued in the area as well as the date and your initials.
13. Once the Chronic Medication Form is fully completed, file in the "Consults" section of the client's medical record.
14. Refer to Chronic Medication Kardex Policy D-5 in the Community Clinic Services Policy and Procedure Manual

Appendix C

Labrador-Grenfell Health

COMMUNITY CLINICS
Quality Assurance Audit
Chart Presentation

Date:_____
Clinic:_____
Auditor:_____

Select 3 charts.

Chart Numbers							
	Yes	No	Yes	No	Yes	No	**COMMENTS**
Is the cumulative patient profile updated?							
Are allergies and drug reactions appropriately recorded?							
Are the hospital admissions recorded?							
Are chronic health conditions recorded?							
Has the "Emergency" stamp been used?							
Are all Telephone Consult Logs co-signed by the physician?							
Are you able to check on prescriptions?							
Comments:							