VISION 2020 e-resource

-for eyecare management worldwide

Medical Records Protocol

Medical Records

Standardized Protocols

The following decisions were taken on the medical records.

1) To maintain Medical records in the hospital. Necessary records were designed for this purposes.

2) The following logic was identified for destroying the medical records
   a. Normal cases (eg. Hypermetropia, Presbyopia, headache, ACCO, Normal, Myopia, Astigmatism etc.)
   b. No visits for two years and more
   c. Patient does not belong to any specialty clinics
   d. Not an Inpatient

All these criteria should be met for destroying the case sheets. As we are not sure about the legal procedures, it was decided to keep the inpatient records at least for 10 years and later they can also be disposed after taking necessary backups.

3) To use the Tracer card for retrieval of medical records

4) To have sequential numbering and in some cases year with sequential number is preferred.

5) To keep the medical records near the registration counter.

6) To file all medical records by MR Number or OP Number order.

7) To keep both outpatient and inpatient records together.

Reports and Information:
It was decided to take the following reports to be generated
Village/Block/District wise reports:

This report will be helpful in planning for marketing and outreach activities.

Surgery breakup:
It helps for identifying what kind of case is coming. This information will be helpful to plan for further expansion of services.

Monthly Performance report:
This report helps to understand the growth when compared to current year/month to the previous year/month, etc.

Hospital Name Out-Patient Record

Receipt No.	
Time	

M.R.No.	
Date	

Name : Age :

Address : Sex :

Occupation:

Complaints:

	RE	**LE**
Diagnosis:		
Vision without glasses		
Vision with glasses/ pinhole		
Lids & Adnexa		
Conjunctiva		
Cornea		
Anterior chamber		
Iris		
Pupil		
Lens		
Ocular position/movements		

	Right Eye	Left Eye
Tension		
Lacrimal Duct		
Refraction :		
Fundus:		
Treatment:		

Diabetic:	Hypertensive:	Asthmatic:
Allergies :	Cardiac:	Others :
Investigations:		Urine Sugar:
		BP:

Hospital Name
Preoperative Cat./IOL Data

R / L

Name : _____M.R.No. :_____
Age :_____Sex: M / F I.P No. :_____
Diagnosis : _____Date/Time of Admission:_____

Admitted for :(Type of Surgery)	**ONE EYED** : Yes / No

	Right Eye	Left Eye
Anterior segment		
Visual Acuity : (Corrected)		
Posterior segment		
Tension :		
Duct :		
Type of cataract		

K -reading :	K1	K2	K1	K2
Axial length :				
A- Constant :				
Estimated IOL Power				

Any systemic illness : Diabetic:_____ **HTN :** _____ Cardiac :_____ Asthmatic:_____ Allergies :_____	B.P.:_____ Blood Sugar:_____ Urine: _____ Xylocaine/Sensorcain: Sensitivity:_____

Authorization for giving Anaesthesia and doing operation

I hereby agree whole heartedly to have NAME OF SURGERY performed on WHICH EYE and / or to receive anesthesia in **Hospital Name** for the under mentioned patient. The procedure and risks have been explained to me in my language. If anything untoward happens during the course of anesthesia and / or operation, I also admit that neither the hospital administration nor the doctors and other employees of the hospital will be held responsible for the same.

Name of the patient:
Name of Parent/ Guardian
Name of person signing the form and relation to patient

Date: Patient/Parent/Guardian Signature

Hospital Name
Cataract /IOL Surgery Data

Name : _____Medical Record No.:_____

Date : IP. No.

Surgeon: Assistant : Operative Eye : R / L	**Anaesthetic details** L/A G/A Medications used : Peri-bulbar / Retrobulbar Anesthesist:
Surgery details Conj. Flap: Limbal ☐ Fornix ☐ Section : Limbal ☐ Corneal ☐ Scleral tunnel ☐ Capsulotomy : Linear ☐ CCC ☐ Can-opener ☐ IOL placement : Bag ☐ Sulcus ☐ Bag-sulcus ☐ Iridectomy : None ☐ PI ☐ SI ☐ Sphincterotomy ☐ Lens extraction : ICCE ☐ ECCE ☐ Phaco ☐ Suturing : Cont. / Int.(No___)/Sutureless	**Supplies used** Drapes: Irrigating Sol. : BSS ☐ Ringer lactate ☐ Visco-elastic Air ☐ HPMC ☐ Healon ☐ Intracameral: Pilo ☐ Adrenaline/Xylocaine ☐ Sub-conj Antibiotic ☐ Steroid ☐ Suture : 8/0 ☐ 9/0 ☐ 10/0 ☐ Nylon ☐ Silk ☐
Intra-operative complications Posterior capsule tear ☐ Vitreous loss ☐ Descemet's stripping ☐ Endothelial damage ☐ Nucleus drop ☐	 Irido dialysis ☐ Retained cortex ☐ Iris damage ☐ Hyphaema ☐ Others _____
Vitrectomy (If done) : Automated / Wick	
Type of IOL : AC/PC Model : Company: Power: Serial No.: If AC IOL : Planned/Unplanned If unplanned -Reason:	**Place the IOL Sticker Here** **(If sticker not available, give details)**
Additional Surgical Notes:	**Special Instructions:**

Hospital Name

Post Operative Cat./IOL Data

Name:_____ M.R.No:_____

Date of Surgery: _____ I.P.No: _____

Immediate Post-Operative Follow-Up				**Operated Eye : RE/LE**
		DAY 1	DAY2	DAY3
LIDS & CONJUNCTIVA	Normal			
	Edema			
	Sub-conj . hge			
	Congestion			
SECTION	Well apposed			
	Gaping			
	Leak			
	Iris prolapse			
CORNEA	Clear			
	Striate			
	Edema			
	Others			
ANTERIOR CHAMBER	Normal			
	Cells			
	Flare			
	Shallow			
	Fibrin Membrane			
	Vitreous in AC			
	Hyphaema			
	Hypopyon			
PUPIL	Round			
	Irregular			
	Sph.Tear			
	Mobile/Dilated			
	Synechia			

		DAY 1	DAY2	DAY3
IOL POSITION	In situ			
	Pup.Capture			
	Decentred			
POSTERIOR CAPSULE	Clear			
	Ret.Cortex			
	Rent			
	Opacity			
VITREOUS	Intact face			
	In front of IOL			
	At the section			
Treatment:				

Discharge Notes:

OPERATED EYE:
RE/LE

Uncorrected: Pinhole:

1. Vision at discharge:

2. Fundus
   - Media
   - Disc &
   - Vessels
   - Macula

3. Special Instructions after Discharge:

Review after:_____

Hospital Name
Follow-up data

Name : _____M.R.No. :_____
Age :_____Sex: M / F I.P No. :_____
Type of Surgery : _____ Eye Operated:RE/LE Date of Admission: _____

Vision:

	Right Eye	Left Eye
Uncorrected		
Corrected		
Pinhole		

Current Medications

Name	Times/day	Duration

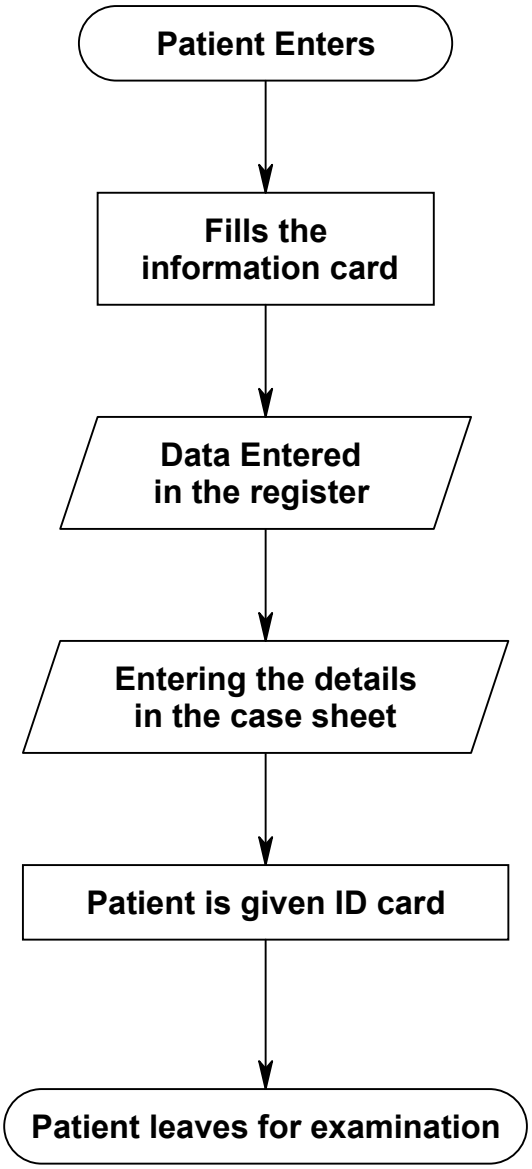
Complaints:

	RE	**LE**
Lids & Adnexa		
Wound		
Cornea		
Anterior chamber		
Iris		
Pupil		
Lens		

Tension (if Necessary)		
Refraction :		
Fundus:		
Treatment: Prescription: Medicines Name Times/day Duration Glasses: RE LE		

The following process were agreed upon for New & Review registration:

New Registration:



Review Registration: