

# Food Producing Animal, Equine, and Poultry Medical Records

## SELF-ASSESSMENT FORM



Case type: \_\_\_\_\_ File identifier: \_\_\_\_\_

Date of specific visit(s) under review: \_\_\_\_\_

Name of individual/team completing this self-assessment: \_\_\_\_\_

Date of self-assessment: \_\_\_\_\_

Component	Present?	Complete?	Easy to Find?	Comments Could be Improved? <input checked="" type="checkbox"/>
<b>IDENTIFICATION</b>				
<b>1. Patient Identification</b> (a) Individual identification (name, tattoo, ear-tag number, or colour/markings, or distinguishing physical features), species <sup>1</sup> , sex <sup>2</sup> , and breed is on file. (b) Group identification (identified by location if applicable, e.g. barn, pen) (c) Patient name or ID is on every page of the record.				<input type="checkbox"/>
<b>2. Client(s) Identification</b> (a) Client name, address, phone numbers, and alternate methods of contact for each is on file. (b) Address/location of patient(s) if different from address of client. (c) Client name or ID is on every page of the record.				<input type="checkbox"/>
<b>3. Emergency contact</b> Name, and phone numbers of an emergency contact authorized to act as an agent for the owner is on file.				<input type="checkbox"/>
<b>DATES</b>				
<b>4. Each entry in the medical record is dated.</b>				<input type="checkbox"/>

<sup>1</sup> Type of species is required for Poultry records.

<sup>2</sup> Sex of the animal is not required for Poultry records.

HISTORY – SUBJECTIVE DATA				
5. Description of the presenting complaint is captured.				<input type="checkbox"/>
6. Description of general health history/body systems review is noted.				<input type="checkbox"/>
7. Vaccine history (vaccine record) is present.				<input type="checkbox"/>
ASSESSMENT – OBJECTIVE DATA				
8. Physical Exam Findings (a) Physical exam findings are written out, or contained in a template or protocol ( <u>more than</u> NSF or NAF is recorded).				<input type="checkbox"/>
(b) Problem list is present.				<input type="checkbox"/>
(c) Differential diagnoses are present.				<input type="checkbox"/>
(d) Tentative or final diagnosis is present.				<input type="checkbox"/>
9. Diagnostic test and laboratory results are present.				<input type="checkbox"/>
10. Diagnostic test result interpretation is present.				<input type="checkbox"/>
MEDICAL TREATMENT				
11. Drugs Administered Names, strengths, doses, and routes of drugs administered are recorded.				<input type="checkbox"/>
12. Drugs Dispensed or Prescribed Names, strengths, quantities, doses, and directions for use (including route) of drugs dispensed or prescribed are recorded.				<input type="checkbox"/>
13. Vaccines Administered (a) Vaccination type and details (manufacturer, serial number) are recorded. (b) Route of vaccination is recorded.				<input type="checkbox"/>
14. Withholding time is documented and indication that client was advised of withholding time.				<input type="checkbox"/>
15. Fluid Therapy Type, route, rate, and total amount of fluid therapy is recorded.				<input type="checkbox"/>

SURGICAL TREATMENT AND ANESTHETIC NOTES/PROTOCOLS					
<b>16. Surgical Notes</b> (Surgical treatment details are recorded in progress notes or a protocol and include the approach used, findings, and type of repair.					<input type="checkbox"/>
<b>17. Anesthetic Notes</b> Anesthetic details are recorded.					<input type="checkbox"/>
<b>18. Surgical and Anesthetic Logs<sup>3</sup> are maintained separately or in combination.</b> Date of the procedure; name of the client; the breed, age, sex, estimated weight and identity of the animal; the nature of the procedures performed; pre- and post-procedure condition of the animal; the name, dose, and route of administration of all anesthetic agents; the name of the surgeon; and the time taken to perform the procedure are recorded.					<input type="checkbox"/>
INFORMED CLIENT CONSENT					
<b>19. Consent is documented (written or verbal).</b>					<input type="checkbox"/>
<b>20. Refusal of treatment is documented.</b>					<input type="checkbox"/>
<b>21. Estimates for procedures are documented on consent form, in progress notes, or itemized estimate.</b>					<input type="checkbox"/>
PROFESSIONAL ADVICE AND CLIENT COMMUNICATION					
<b>22. Description of the advice given is documented.</b>					<input type="checkbox"/>
<b>23. To whom the advice was provided (e.g. owner, other) is documented.</b>					<input type="checkbox"/>
<b>24. Mode of communication (e.g. phone, email, voicemail) is documented.</b>					<input type="checkbox"/>
REPORTS, INVOICES					
<b>25. Copies of all non-diagnostic/non-laboratory reports are present.</b>					<input type="checkbox"/>
<b>26. Invoices note the itemized list of drugs and services provided.</b>					<input type="checkbox"/>
<b>27. Invoices reflect the recommendation(s) and/or care or services provided.</b>					<input type="checkbox"/>

<sup>3</sup> Not applicable to poultry records.

<b>RADIOGRAPHS<sup>4</sup></b>				
<b>28. Radiographs</b> Radiographs are permanently identified with: name of veterinarian and/or facility, identification of the animal, the date of the radiograph, indication of left or right side of the animal, and indication of time for sequential studies.				<input type="checkbox"/>
<b>29. Radiographic logs</b> Radiographic logs include the date each radiographic is taken, identification of the animal and the client, area of the body exposed to the radiograph, number of radiographic views, and radiographic setting.				<input type="checkbox"/>
<b>CONTROLLED DRUG LOGS</b>				
<b>30. Controlled drug logs include:</b> (a) The date the controlled substance is dispensed or administered.				<input type="checkbox"/>
(b) The name and address of the client.				<input type="checkbox"/>
(c) The name, strength, and quantity of the controlled substance dispensed or administered.				<input type="checkbox"/>
(d) The quantity of the controlled substance remaining in the members' inventory after the controlled substance is dispensed or administered.				<input type="checkbox"/>

<sup>4</sup> Not applicable to poultry records.

Component	Yes	No	N/A	Comments Could be Improved? <input checked="" type="checkbox"/>
<b>GENERAL</b>				
31. Master Problem List or Cumulative Patient Profile is maintained and up-to-date.				<input type="checkbox"/>
32. The record content is legible.				<input type="checkbox"/>
33. The components of the record are organized in a logical manner and are easy to find.				<input type="checkbox"/>
34. Changes are noted so the original entry is still legible (even if records are electronic). i.e. audit trail.				<input type="checkbox"/>
35. Each entry is identified by a signature or initials.				<input type="checkbox"/>
36. Records are retained for 5 years after the date of the last entry.				<input type="checkbox"/>
37. A Records Security Protocol is in place and staff are trained.				<input type="checkbox"/>
38. A policy on Privacy and Personal Information Protection is visible to clients and understood by staff.				<input type="checkbox"/>
39. A procedure is in place for the transfer of medical information.				<input type="checkbox"/>

### Assessment Outcome

As a result of this exercise, I/we have discovered or decided the following:

Areas for Improvement in Record Keeping	Strategies for Improvement
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.