

***DICTATION INSTRUCTIONS FOR I. DAVID WEINER, M.D. OUTPATIENT CLINIC***

**NEW PATIENT APPOINTMENTS**

- 1) REFERRING PHYSICIAN
  - a. The name of the referring physician must be dictated.
- 2) HPI Section
  - a. This should include all information relevant to their renal evaluation.
- 3) PMH, FH, SH
  - a. Required, and self-explanatory.
- 4) REVIEW OF SYSTEMS Section
  - a. This section must list pertinent positives.
  - b. A complete 12 organ system review of systems must be obtained, either personally by the resident/fellow or from the written materials provided by the patient.
  - c. The fact that a 12 organ system review of systems was obtained and was otherwise negative except as specifically dictated must be stated explicitly.
- 5) IMPRESSION Section
  - a. This section should explicitly list each nephrology-related condition which was addressed during the visit, our diagnosis of the etiology, and our thinking related to the diagnosis. Enough information should be provided so that someone reading your note will know what we were thinking and why.
  - b. A clinical diagnosis, such as hypertension, chronic kidney disease or anemia, must be included. General terms, such as renal, cardiovascular or hematologic, are not adequate. In most patients at least three diagnoses should be discussed in your note.
- 6) PLAN Section
  - a. This section should only list the actions taken in clinic, such as medication changes, recommendations given to the patient, tests which were scheduled and referrals to other physicians.
  - b. You should explicitly state when the patient is to return (“RTC in 2 months”) and the laboratory studies to be done prior to the return (“with pre-clinic renal disease panel, CBC, etc.”).
- 7) You should “CC” your note to the referring physician and to all other physicians involved in this patient's care.
- 8) A separate, brief letter should be dictated to the referring physician.
  - a. This letter should be planned to be one page long.
  - b. You should not repeat the entire history and physical examination; you can assume that the referring physician is familiar with the patient.
  - c. You should summarize, briefly, our evaluation and our recommendations.

- d. You should thank the physician for referring the patient and tell that physician that if they have any other questions, they should feel free to contact us directly.

**RETURN PATIENT APPOINTMENTS**

- 1) **HPI**
  - a) You should briefly summarize the reason the patient is being seen in nephrology clinic and the interval history since their last nephrology clinic appointment.
  - b) In almost all cases, the patient's home blood pressure measurements should be recorded.
- 2) **MEDICATIONS Section**
  - a) A complete list of the patient's medications, including vitamins, herbs and dietary supplements, should be recorded.
- 3) **PHYSICAL EXAMINATION Section**
  - a) The physical examination section should include all vital signs, including the patient's weight, and at least two other organ systems that were examined.
  - b) In general, this will include the lung examination and whether there is peripheral edema.
  - c) Other appropriate physical examination findings, both positive and negative, should be detailed.
- 4) **LABORATORY Section**
  - a) The laboratory section should include all laboratory tests obtained for this clinic visit.
  - b) Please speak slowly when dictating lab results; transcription errors are common, and cannot be easily corrected if the patient had laboratory studies from an outside facility.
- 5) **IMPRESSION Section**
  - a) This section should be similar to that for a new patient appointment.
  - b) Each diagnosis evaluated in nephrology clinic, such as chronic kidney disease, hypertension, anemia, hyperparathyroidism, hypo or hyperkalemia (as appropriate) and metabolic acidosis, should be explicitly listed.
  - c) Our evaluation of each of these medical conditions should be described. Enough information should be provided so that someone reading your note will understand the thinking they went into our clinical decision-making.
- 6) **PLAN Section**
  - a) The plan section should contain a sequential listing of medication changes, instructions to patient and referrals that were made in this visit.
    - i) The reason for these should be in the IMPRESSION section, as described above, and NOT in the PLAN section.
  - b) The last item listed in the PLAN section should be the time for the patient's return to clinic and all laboratory tests to be obtained in the interim, including the "pre-clinic" studies.
  - c) We do not do laboratory studies on the day of the appointment.
- 7) Your note should be "CC'd" to the primary care provider and to all other relevant physicians involved in the patient's care.