Urgent Care Doctors Note Template

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MAGDALENA HATFIELD

Tactical Combat Casualty Care Handbook Lippincott Williams & Wilkins
"Nurses play a vital role in improving the safety and quality of patient car -- not only in the hospital or ambulatory treatment facility, but also of community-based care and the care performed by family members. Nurses need know what proven techniques and interventions they can use to enhance patient outcomes. To address this need, the Agency for Healthcare Research and Quality (AHRQ), with additional funding from the Robert Wood Johnson Foundation, has prepared this comprehensive, 1,400-page, handbook for nurses on patient safety and quality -- Patient Safety and Quality: An Evidence-Based Handbook for Nurses. (AHRQ Publication No. 08-0043)." - online AHRQ blurb, http://www.ahrq.gov/qual/nurseshdbk/
Index Medicus American Occupational Therapy Association, Incorporated
This landmark publication published by the AAMC identifies a list of integrated activities to be expected of all M.D. graduates making the transition from medical school to residency. This guide delineates 13 Entrustable Professional Activities (EPAs) that all entering residents should be expected to perform on day 1 of residency without direct supervision regardless of specialty choice.The Core EPAs for Entering Residency are designed to be a subset of all of the graduation requirements of a medical school. Individual schools may have additional mission-specific graduation requirements, and specialties may have specific EPAs that would be required after the student has made the specialty decision but before residency matriculation. The Core EPAs may also be foundational to an EPA for any practicing physician or for specialty-specific EPAs.Update: In August 2014, the AAMC selected ten institutions to join a five-year pilot to test the implementation of the Core Entrustable Professional Activities (EPAs) for Entering Residency. More than 70 institutions, representing over half of the medical schools accredited by the U.S. Liaison Committee on Medical Education (LCME), applied to join the pilot, demonstrating the significant energy and enthusiasm towards closing the gap between expectations and performance for residents on day one. The cohort reflects the breadth and diversity of the applicant pool, and the institutions selected are intended to complement each other through the unique qualities and skills that each team and institution brings to the pilot.Faculty and Learners' Guide (69 pages) - Developing faculty: The EPA descriptions, the expected behaviors, and the vignettes are expected to serve as the foundation for faculty development. Faculty can use this guide as a reference for both feedback and assessment in pre-clinical and clinical settings.- Developing learners: Learners can also use this document to understand the core of what is expected of them by the time they graduate. The EPA descriptions themselves delineate the expectations, while the developmental progression laid out from pre-entrustable to entrustable behaviors can serve as the roadmap for achieving them.
The Computer-Based Patient Record Penguin
Many published books that comment on the medical model have been written by doctors, who assume that readers have the same knowledge of medicine, or by those who have attempted to discredit and attack the medical practice. Both types of book have tended to present diagnostic categories in medicine as universally scientifically valid examples of clear-cut diseases easily distinguished from each other and from health; with a fixed prognosis; and with a well-understood aetiology leading to disease-reversing treatments. These are contrasted with psychiatric diagnoses and treatments, which are described as unclear and inadequate in comparison. The Medical Model in Mental Health: An Explanation and Evaluation explores the overlap between the usefulness of diagnostic constructs (which enable prognosis and treatment decisions) and the therapeutic effectiveness of psychiatry compared with general medicine. The book explains the medical model and how it applies in mental health, assuming little knowledge or experience of medicine, and defends psychiatry as a medical practice.
Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers Oxford University Press
Tactical Combat Casualty Care (TCCC) has saved hundreds of lives during our nation's conflicts in Iraq and Afghanistan. Nearly 90 percent of combat fatalities occur before a casualty reaches a medical treatment facility. Therefore, the prehospital phase of care is needed to focus on reducing the number of combat deaths. However, few military physicians have had training in this area and, at the onset of hostilities, most combat medics, corpsmen, and pararescue personnel in the U.S. military have been trained to perform battlefield trauma care through civilian-based trauma courses. These courses are not designed for the prehospital combat environment and do not reflect current practices in the area of prehospital care. TCCC was created to train Soldiers and medical personnel on current best practices for medical treatment from the point of injury to evacuation to Role 3 facilities
Patient Safety and Quality McGraw Hill Professional
Collaborations of physicians and researchers with industry can provide valuable benefits to society, particularly in the translation of basic scientific discoveries to new therapies and products. Recent reports and news stories have, however, documented disturbing examples of relationships and practices that put at risk the integrity of medical research, the objectivity of professional education, the quality of patient care, the soundness of clinical practice guidelines, and the public's trust in medicine. Conflict of Interest in Medical Research, Education, and Practice provides a comprehensive look at conflict of interest in medicine. It offers principles to inform the design of policies to identify, limit, and manage conflicts of interest without damaging constructive collaboration with industry. It calls for both short-term actions and long-term commitments by institutions and individuals, including leaders of academic medical centers, professional societies, patient advocacy groups, government agencies, and drug, device, and pharmaceutical companies. Failure of the medical community to take convincing action on conflicts of interest invites additional legislative or regulatory measures that may be overly broad or unduly burdensome. Conflict of Interest in Medical Research, Education, and Practice makes several recommendations for strengthening conflict of interest policies and curbing relationships that create risks with little benefit. The book will serve as an invaluable resource for individuals and organizations committed to high ethical standards in all realms of medicine.
The CMS Hospital Conditions of Participation and Interpretive Guidelines National Academies Press
Offering step-by-step guidance on how to properly document patient care, this updated Second Edition presents 90 of the most common clinical problems encountered on the wards and clinics in an easy-to-read, two-page layout using the familiar "SOAP" note format. Emphasizing the patient’s clinical problem, not the diagnosis, this pocket-sized quick reference teaches both clinical reasoning and documentation skills and is ideal for use by medical students, Pas, and NPs during the Family Medicine rotation.
An American Sickness World Bank Publications
In the past decade, few subjects at the intersection of medicine and sports have generated as much public interest as sports-related concussions - especially among youth. Despite growing awareness of sports-related concussions and campaigns to educate athletes, coaches, physicians, and parents of young athletes about concussion recognition and management, confusion and controversy persist in many areas. Currently, diagnosis is based primarily on the symptoms reported by the individual rather than on objective diagnostic markers, and there is little empirical evidence for the optimal degree and duration of physical rest needed to promote recovery or the best timing and approach for returning to full physical activity. Sports-Related Concussions in Youth: Improving the Science, Changing the Culture reviews the science of sports-related concussions in youth from elementary school through young adulthood, as well as in military personnel and their dependents. This report recommends actions that can be taken by a range of audiences - including research funding agencies, legislatures, state and school superintendents and athletic directors, military organizations, and equipment manufacturers, as well as youth who participate in sports and their parents - to improve what is known about concussions and to reduce their occurrence. Sports-Related Concussions in Youth finds that while some studies provide useful information, much remains unknown about the extent of concussions in youth; how to diagnose, manage, and prevent concussions; and the short- and long-term consequences of concussions as well as repetitive head impacts that do not result in concussion symptoms. The culture of sports negatively influences athletes' self-reporting of concussion symptoms and their adherence to return-to-play guidance. Athletes, their teammates, and, in some cases, coaches and parents may not fully appreciate the health threats posed by concussions. Similarly, military recruits are immersed in a culture that includes devotion to duty and service before self, and the critical nature of concussions may often go unheeded. According to Sports-Related Concussions in Youth, if the youth sports community can adopt the belief that concussions are serious injuries and emphasize care for players with concussions until they are fully recovered, then the culture in which these athletes perform and compete will become much safer. Improving understanding of the extent, causes, effects, and prevention of sports-related concussions is vitally important for the health and well-being of youth athletes. The findings and recommendations in this report set a direction for research to reach this goal.
Sports-Related Concussions in Youth SOPs Press
Regional health care databases are being established around the country with the goal of providing timely and useful information to policymakers, physicians, and patients. But their emergence is raising important and sometimes controversial questions about the collection, quality, and appropriate use of health care data. Based on experience with databases now in operation and in development, Health Data in the Information Age provides a clear set of guidelines and principles for exploiting the potential benefits of aggregated health dataâ€"without jeopardizing confidentiality. A panel of experts identifies characteristics of emerging health database organizations (HDOs). The committee explores how HDOs can maintain the quality of their data, what policies and practices they should adopt, how they can prepare for linkages with computer-based patient records, and how diverse groups from researchers to health care administrators might use aggregated data. Health Data in the Information Age offers frank analysis and guidelines that will be invaluable to anyone interested in the operation of health care databases.
Disease Control Priorities, Third Edition (Volume 1) National Academies Press
Meant to aid State & local emergency managers in their efforts to develop & maintain a viable all-hazard emergency operations plan. This guide clarifies the preparedness, response, & short-term recovery planning elements that warrant inclusion in emergency operations plans. It offers the best judgment & recommendations on how to deal with the entire planning process -- from forming a planning team to writing the plan. Specific topics of discussion include: preliminary considerations, the planning process, emergency operations plan format, basic plan content, functional annex content, hazard-unique planning, & linking Federal & State operations.
Canadian Family Medicine Clinical Cards National Academies Press
Tired of medication reconciliation headaches? Your remedy is here! Inadequate reconciliation is a significant source of preventable medication errors nationwide. Most hospitals have implemented medication reconciliation plans, but are still struggling with obstacles such as lack of communication, resistance to change, and evolving standards and regulations. Is medication reconciliation a headache for your organization? It's been several years since The Joint Commission made medication reconciliation a National Patient Safety Goal, but it's not getting any easier, as facilities adopt electronic forms and The NPSG continues to evolve. Furthermore, since that time, they have made significant changes to the scoring and the goal itself. Medication Reconciliation: Practical Strategies and Tools for Joint Commission Compliance, Second Edition, gives you best practices, step-by-step guidance, forms, and advice to: - Reduce medication errors - Streamline the process - Boost compliance - Fine tune policies and tools - Address problem areas - Comply with the latest Joint Commission and CAMH standards With the help of this book and bonus CD-ROM, you will: - Learn from the best practices of your peers - Obtain buy-in from physicians and directors - Train staff in all areas - Build an effective team approach - Improve documentation - Gather quality data Who will benefit from this helpful resource? Hospitals Healthcare systems Pharmacies Quality improvement Patient Safety Survey Committee Chief Nursing Officer Director/VP of Nursing Quality Manager/Director Pharmacy staff/director Risk Manager Survey Committee leader/team member
Health Professions Education National Academies Press
In 1996, the Institute of Medicine (IOM) released its report Telemedicine: A Guide to Assessing Telecommunications for Health Care. In that report, the IOM Committee on Evaluating Clinical Applications of Telemedicine found telemedicine is similar in most respects to other technologies for which better evidence of effectiveness is also being demanded. Telemedicine, however, has some special characteristics-shared with information technologies generally-that warrant particular notice from evaluators and decision makers. Since that time, attention to telehealth has continued to grow in both the public and private sectors. Peer-reviewed journals and professional societies are devoted to telehealth, the federal government provides grant funding to promote the use of telehealth, and the private technology industry continues to develop new applications for

telehealth. However, barriers remain to the use of telehealth modalities, including issues related to reimbursement, licensure, workforce, and costs. Also, some areas of telehealth have developed a stronger evidence base than others. The Health Resources and Service Administration (HRSA) sponsored the IOM in holding a workshop in Washington, DC, on August 8-9 2012, to examine how the use of telehealth technology can fit into the U.S. health care system. HRSA asked the IOM to focus on the potential for telehealth to serve geographically isolated individuals and extend the reach of scarce resources while also emphasizing the quality and value in the delivery of health care services. This workshop summary discusses the evolution of telehealth since 1996, including the increasing role of the private sector, policies that have promoted or delayed the use of telehealth, and consumer acceptance of telehealth. The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary discusses the current evidence base for telehealth, including available data and gaps in data; discuss how technological developments, including mobile telehealth, electronic intensive care units, remote monitoring, social networking, and wearable devices, in conjunction with the push for electronic health records, is changing the delivery of health care in rural and urban environments. This report also summarizes actions that the U.S. Department of Health and Human Services (HHS) can undertake to further the use of telehealth to improve health care outcomes while controlling costs in the current health care environment.

The Medical Model in Mental Health McGraw Hill Professional

Clinical Case Studies for the Family Nurse Practitioneris a key resource for advanced practice nurses and graduatestudents seeking to test their skills in assessing, diagnosing, andmanaging cases in family and primary care. Composed of morethan 70 cases ranging from common to unique, the book compilesyears of experience from experts in the field. It is organizedchronologically, presenting cases from neonatal to geriatric carein a standard approach built on the SOAP format. Thisincludes differential diagnosis and a series of critical thinkingquestions ideal for self-assessment or classroom use.

50 Successful Harvard Medical School Essays National Academies Press

Most industries have plunged into data automation, but health care organizations have lagged in moving patients' medical records from paper to computers. In its first edition, this book presented a blueprint for introducing the computer-based patient record (CPR). The revised edition adds new information to the original book. One section describes recent developments, including the creation of a computer-based patient record institute. An international chapter highlights what is new in this still-emerging technology. An expert committee explores the potential of machine-readable CPRs to improve diagnostic and care decisions, provide a database for policymaking, and much more, addressing these key questions: Who uses patient records? What technology is available and what further research is necessary to meet users' needs? What should government, medical organizations, and others do to make the transition to CPRs? The volume also explores such issues as privacy and confidentiality, costs, the need for training, legal barriers to CPRs, and other key topics.

Documentation Guidelines for Evaluation and Management Services St. Martin's Griffin

The Institute of Medicine study Crossing the Quality Chasm (2001) recommended that an interdisciplinary summit be held to further reform of health professions education in order to enhance quality and patient safety. Health Professions Education: A Bridge to Quality is the follow up to that summit, held in June 2002, where 150 participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics. This book recommends a mix of approaches to health education improvement, including those related to oversight processes, the training environment, research, public reporting, and leadership. Educators, administrators, and health professionals can use this book to help achieve an approach to education that better prepares clinicians to meet both the needs of patients and the requirements of a changing health care system.

Bates' Guide to Physical Examination and History Taking National Academies Press

Since the publication of the Institute of Medicine (IOM) report Clinical Practice Guidelines We Can Trust in 2011, there has been an increasing emphasis on assuring that clinical practice guidelines are trustworthy, developed in a transparent fashion, and based on a systematic review of the available research evidence. To align with the IOM recommendations and to meet the new requirements for inclusion of a guideline in the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ), American Psychiatric Association (APA) has adopted a new process for practice guideline development. Under this new process APA's practice guidelines also seek to provide better clinical utility and usability. Rather than a broad overview of treatment for a disorder, new practice guidelines focus on a set of discrete clinical questions of relevance to an overarching subject area. A systematic review of evidence is conducted to address these clinical questions and involves a detailed assessment of individual studies. The quality of the overall body of evidence is also rated and is summarized in the practice guideline. With the new process, recommendations are determined by weighing potential benefits and harms of an intervention in a specific clinical context. Clear, concise, and actionable recommendation statements help clinicians to incorporate recommendations into clinical practice, with the goal of improving quality of care. The new practice guideline format is also designed to be more user friendly by dividing information into modules on specific clinical questions. Each module has a consistent organization, which will assist users in finding clinically useful and relevant information quickly and easily. This new edition of the practice guidelines on psychiatric evaluation for adults is the first set of the APA's guidelines developed under the new guideline development process. These guidelines address the following nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history, and treatment history; substance use assessment; assessment of suicide risk; assessment for risk of aggressive behaviors; assessment of cultural factors; assessment of medical health; quantitative assessment; involvement of the patient in treatment decision making; and documentation of the psychiatric evaluation. Each guideline recommends or suggests topics to include during an initial psychiatric evaluation. Findings from an expert opinion survey have also been taken into consideration in making recommendations or suggestions. In addition to reviewing the available evidence on psychiatry evaluation, each guideline also provides guidance to clinicians on implementing these recommendations to enhance patient care.

Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy American Psychiatric Pub

Catastrophic disasters occurring in 2011 in the United States and worldwide-from the tornado in Joplin, Missouri, to the earthquake and tsunami in Japan, to the earthquake in New Zealand-have demonstrated that even prepared communities can be overwhelmed. In 2009, at the height of the influenza A (H1N1) pandemic, the Assistant Secretary for Preparedness and Response at the Department of Health and Human Services, along with the Department of Veterans Affairs and the National Highway Traffic Safety Administration, asked the Institute of Medicine (IOM) to convene a committee of experts to develop national guidance for use by state and local public health officials and health-sector agencies and institutions in establishing and implementing standards of care that should apply in disaster situations-both naturally occurring and man-made-under conditions of scarce resources. Building on the work of phase one (which is described in IOM's 2009 letter report, Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations), the committee developed detailed templates enumerating the functions and tasks of the key stakeholder groups involved in crisis standards of care (CSC) planning, implementation, and public engagement-state and local governments, emergency medical services (EMS), hospitals and acute care facilities, and out-of-hospital and alternate care systems. Crisis Standards of Care provides a framework for a systems approach to the development and implementation of CSC plans, and addresses the legal issues and the ethical, palliative care, and mental health issues that agencies and organizations at each level of a disaster response should address. Please note: this report is not intended to be a detailed guide to emergency preparedness or disaster response. What is described in this report is an extrapolation of existing incident management practices and principles. Crisis Standards of Care is a seven-volume set: Volume 1 provides an overview; Volume 2 pertains to state and local governments; Volume 3 pertains to emergency medical services; Volume 4 pertains to hospitals and acute care facilities; Volume 5 pertains to out-of-hospital care and alternate care systems; Volume 6 contains a public engagement toolkit; and Volume 7 contains appendixes with additional resources.

Strengthening Forensic Science in the United States Hcpro, a Division of Simplify Compliance

CD1: Head-to-toe exam an approach to patient: video - CD2: Heart Sounds basic cardiac auscultation.

Clinical Case Studies for the Family Nurse Practitioner National Academies Press

Occupational therapy is an allied health profession with an underlying belief that engaging in occupations promotes both health and wellness. This comprehensive text lays the foundation for occupation-based practice and addresses the contextual issues of working within the acute care setting. The chapters help to demystify medical conditions and issues routinely encountered by occupational therapists working in this practice area. Detailed research covers the importance of occupational therapists' knowledge of how diseases affect the human body, including the cardiovascular, nervous, and endocrine systems. Chapters review the evaluation process, including chart review, measures, and interpretations and recommendations for intervention to ensure the ultimate level of independence for each patient. Occupational Therapy in Acute Care is designed specifically for therapists working in a hospital setting to acquire better knowledge of the various body systems, common conditions, diseases, and procedures. Students and educators will find this new publication to be the most useful text available on the topic. The book features color illustrations of the human body's systems and functions, as well as tables delineating the signs and symptoms for various diseases. HIGHLIGHTS include: * Evaluation of the Acute Care Patient * The Intensive Care Unit (ICU) * The Cardiac System * The Vascular System * The Pulmonary System * The Nervous System * Orthopedics and Musculoskeletal Disorders * The Endocrine System * The Gastrointestinal System * The Genitourinary System * Oncology * Infectious Diseases and Autoimmune Disorders * Dysphagia * Transplantation * Burns * Appendices -- Common diagnostic tests, medications, deconditioning and immobility, energy conservation, patients with altered mental status, low vision, bariatrics, vertigo, safe patient handling, pain management, evidence-based practice, ethics, discharge planning, blood disorde

Resident Readiness General Surgery John Wiley & Sons

Handmade Books For A Healthy Planet is a how-to book with a purposeto take tiny steps to make our planet more healthy by creating books from around the world with recycled materials. Using everyday tools and easy-to-find materials, children and their families and teachers experience the joy of using their hands, minds, and hearts to make books that tell their stories and reflect on the world around them. With fascinating facts about the history of books and illustrated step-by-step directions, the sixteen earth-friendly projects, including a Wish Scroll from Ethiopia, a Medieval Book of Hours and a Book of Haiku from Japan, promote cultural understanding and teach us to see things not just for what they are but for what they can become.

Standard Operating Procedures for All Doctors Rand Corporation

These are peer-reviewed handy point-of-care tools to support clinical learning in Family Medicine. The content is aligned with SHARC-FM - the Shared Canadian Curriculum in Family Medicine. Objectives and more information is available at sharcfm.com.