

POMR 病歷書寫

以問題為導向之診療記錄

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What is POMR ? (Problem Oriented Medical Record)

以問題為導向之診療記錄
問題一覽表就像一本書的目錄



<p>著者</p>	<p>目錄</p> 	<p>章節號碼</p> <p>第一章 第一節 第二節</p> <p>第二章</p>	<p>題目</p> <p>胸痛 呼吸困難</p>	<p>開始</p> <p>第一頁 第五頁</p>	<p>終了</p> <p>第四頁 第九頁</p>
<p>病人</p>	<p>問題一覽表</p> 	<p>問題號碼</p> <p>#1 (主問題) 1a. (子問題) 1b. (子問題)</p> <p>#2</p>	<p>問題名稱</p> <p>胸痛 呼吸困難</p>	<p>發生日期</p> <p>11月3日 11月7日</p>	<p>解決日期</p> <p>11月6日</p>

為何以POMR方式記錄病歷

- 診療上的邏輯與思考過程
 - 由症狀、徵候、異常理學檢查發現、檢驗結果、生理與影像學檢查，進一步統整合併成高階的診斷
 - 呈現病情、診斷與治療計畫之合理相關性
- 針對個別問題變化，容易回溯病情重點
- 電子病歷可將個別問題之病程做連結
- 快速看出有那些活動性問題及已解決問題
- 方便整理 weekly summary 及出院摘要 hospital course之記錄
- 問題發生歷程全紀錄，較不會遺漏出院診斷

POMR

(Problem Oriented Medical Record)



Data Base



Problem list



**Plans
(by problem)**



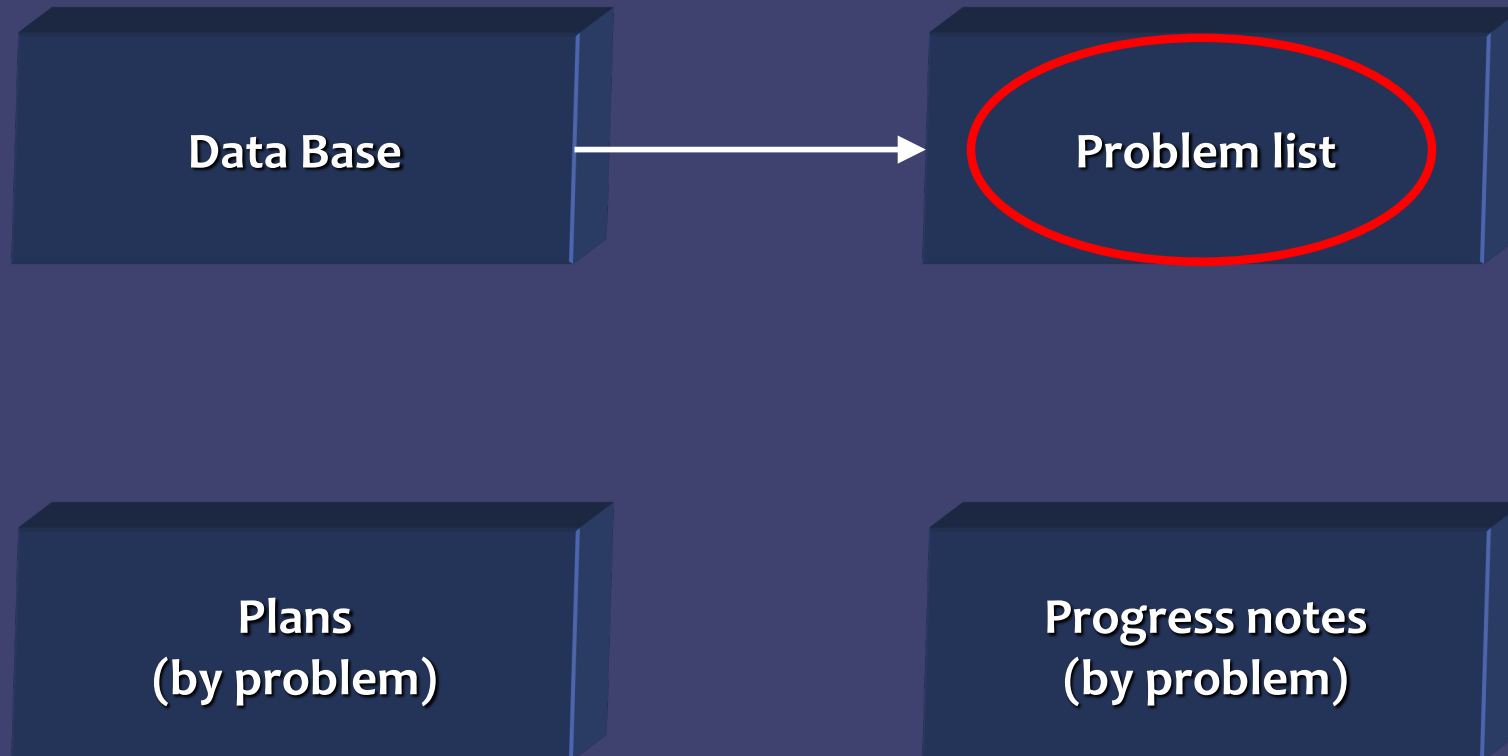
**Progress notes
(by problem)**

The initial data base – admission note

- **Identifying information**
 - Name, sex, age, religion, race, etc.
- **Patient profile**
 - Occupation, education, marital status, hobbies, sleep pattern
- **Medical history**
 - CC, PI, PH, ROS, FH, Medications
- **Physical examination**
- **Laboratory data and physiologic tests**

POMR

(Problem Oriented Medical Record)



問題一覽表 (problem list)

POMR的精髓

- **問題序號 (problem number)**
 - 以 #01., #02., etc. 表示
 - 問題產生即賦予序號，至出院為止都不改變
 - 與問題重要性無關
 - 主要在於追蹤問題
- **問題名稱 (problem name)**
- **問題發生日期**
 - 須確實記錄問題發生或診斷確立之日期, e.g. DM, cancer
- **問題解決日期 – 變成非活動性問題**
- 記錄日期
- 記錄者

What to include in the problem List

- List all problems
“require continuing attention”
- State the problem **at the level of your understanding**
- Past and present
 - Problems develop on this hospitalization
 - Problems under satisfactory control
 - Well controlled DM or hypertension
- **Causally organized**
 - e.g., GI bleeding caused by duodenal ulcer appears under the ulcer

由問題名稱所包含的內容

– 呈現全人醫療

- **Medical** problems
 - Known, definitive **diagnoses**
 - Undiagnosed **signs or symptoms**
 - Unexplained **physical findings**
 - Unexplained **lab tests** or **physiologic exams**
 - **Complications** of known problems
 - Inactive medical problems **to keep in mind**
- **Social** and **psychiatric** history
- **Risk factors**, dangerous health habits

由問題的名稱 呈現 medical reasoning 的過程

- 高階 vs. 低階問題
 - 高階 – 疾病診斷名稱、症候群
 - 低階 – 症狀、徵候、異常理學檢查發現、檢驗結果、生理檢查（內視鏡、超音波等）、影像學檢查
 - 依臨床推理，當高階的診斷可以解釋低階的發現時，只記錄高階診斷
- 依因果關係記錄
 - e.g. Duodenal ulcer with bleeding ()**
 - Duodenal ulcer and UGI bleeding (X)**
- 活動性 vs. 非活動性
 - 記錄問題解決日期，變成非活動性問題，呈現病程變化

高階診斷 vs. 低階臨床發現

A patient presents with fever, chills, and cough for 1 day, has crackles at the Rt lower lung base, and CXR disclosed RLL infiltrate

- 問題名稱應為： "RLL Pneumonia"
- 其他的 signs or symptoms 都不須列入
- 除非： Unexplained or new onset S/S

活動性 vs. 非活動性問題

- **活動性問題（未解決問題）**

- 此次住院新發生的問題
- 過去發生的問題，但仍需治療或持續關注
 - e.g. Hypertension, DM, Bronchial asthma, drug allergy
- 依病情變化，隨時可能有新問題產生
- 即使是活動性問題，如果治療未更動，不需每天記錄，持續關注就好

- **非活動性問題（已解決問題）**

- 此次住院發生的問題，但已獲得解決
 - e.g. corrected electrolyte imbalance or resolved infection
- 由低階的問題統整合併成高階的問題而獲得解決
 - e.g. Arthralgia, pleurisy, proteinuria 併成一個 SLE 的診斷

問題的名稱應避免診斷上的猜測

- No “suspect”、”R/O” or “?” are included in the problem list
- Any **diagnostic guess** or **D/D** should be described in the “**Assessment**”
 - Suspect lung cancer, LUL (X)
 - LUL mass lesion
 - Assessment: suspect lung cancer (✓)

主從問題（主問題，子問題）

- 複雜的疾病或併發症，慢性疾病之急性發作
- Cirrhosis, HBV related, Child C
 - Ascites with spontaneous bacterial peritonitis
 - Variceal hemorrhage
 - Hepatic encephalopathy
- Bronchogenic carcinoma
 - SVC syndrome
 - Malignant pleural effusion
- 個別建立新問題，並指定主從關係

Example problem list

No.	Active	Date	Inactive	Date
1	Hypertension	2003		
2	Recurrent bronchitis	2005		
3	Penicillin allergy	1997		
4			s/p- pyelonephritis	2010
5	Gallstone	2013/09	cholecystectomy	2013/10
6	Arthralgia	2014/05	#09	2014/06
7	Pleurisy	2014/05	#09	2014/06
8	Proteinuria	2014/03	#09	2014/06
9	SLE	2014/06		
10	Unemployment	2014/07		

住院問題一覽表(Problem List)

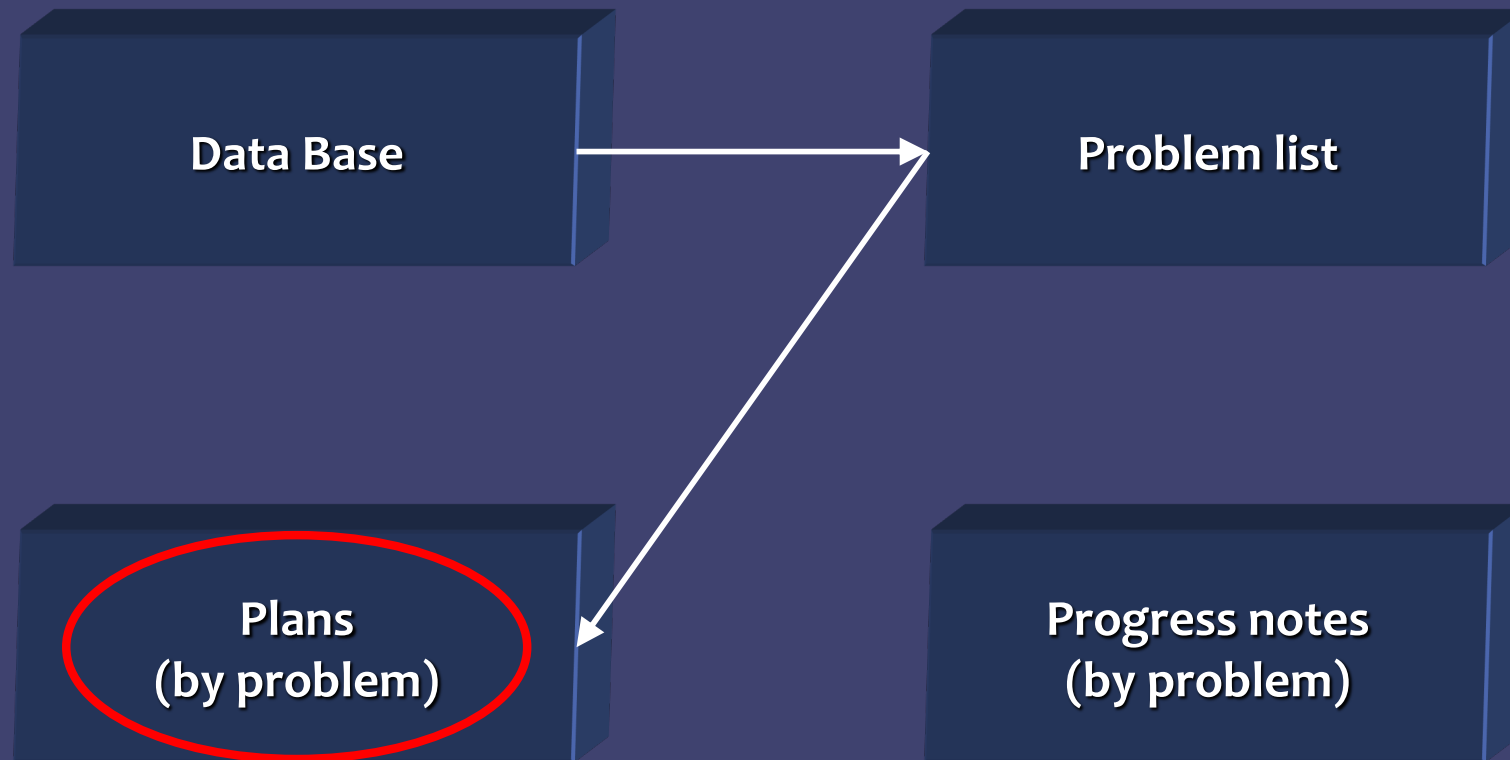
馬偕紀念醫院

姓名：男 女
 病歷號碼：年
 床號： 身份：自費 健保
職家 牧家

問題編號 No.	臨床問題 Clinical Problem	發生日期 Onset date				解決日期 Inactive date				相關問題/ 備註 Associated Problem
		年	月	日	簽名	年	月	日	簽名	
# 1										
# 2										
# 3										
# 4										
# 5										

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Diagnostic, therapeutic,
patient education

Initial Plans – Problem related

- Diagnostic (Dx)
 - Lab tests, imaging studies, consultations, continued observations, ...
- Therapeutic (Rx)
 - Medications, diet, psychotherapy, surgery, ...
- Patient education (Ed)
 - Instruction in self-care, about goals of therapy, prognosis, ...

Initial plans per problem

#01. Diarrhea

[P]

Dx:

- Stool for occult blood, culture, ova, and parasites, microscopic fat
- Sigmoidoscopy
- Barium enema if persistent

Rx: Avoid foods that exacerbate

Ed: Informed that more info is needed to make a diagnosis, will aim for symptomatic therapy for now

#02. Pyuria

[P]

Dx:

- CBC
- Repeat urinalysis
- Urine culture

#03. Obesity

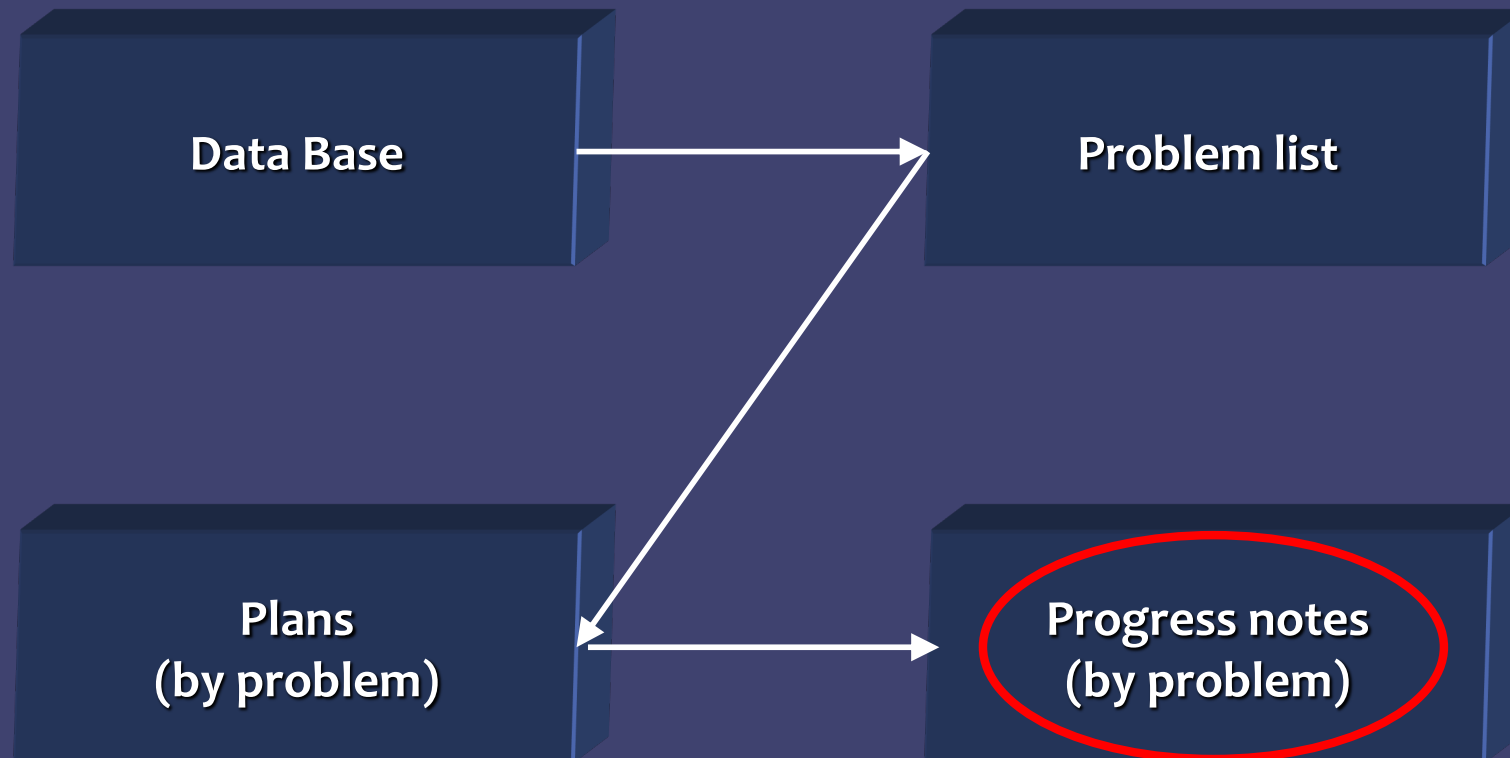
[P]

Rx: 1500 kcal diet, Weight Watchers

Ed: Dangers of obesity cited.
Goal: 170 lbs

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Progress note by problems

- 依據每一問題序號名稱個別記錄SOAP
- SOAP內容應與問題名稱相呼應
- 每個Progress note都應有完整的SOAP，如果S 或 O 無特別須記錄者，以dash “-” 表示
- Assessment要評估臨床變化或鑑別診斷
- 並非每個活動性問題都需每天寫progress note
- 避免copy-paste無明顯變化的progress note

SOAP 的內容 – Assessment 要評估臨床變化或鑑別診斷

- Subjective [S]
 - Symptoms, interval history, adherence to program
- Objective [O]
 - TPR, CVP, I/O, blood glucose meter, oxygen and ventilator settings, etc.
 - Physical findings, reports of lab, x-ray, other physiologic tests
- **Assessment [A]**
 - **Interpretation of new findings**
 - **Appraisal of progress**
 - **D/D: suspect “diagnosis A”, rule out “diagnosis B”**
- Plan [P]: Dx, Rx, Ed.

Example of Progress Note

#03. RHD with mitral stenosis

S: 2 flight dyspnea, mild fatigue. No orthopnea, hemoptysis, ankle edema. Child has strep throat.

O: BP 120/70. P 78 regular Neck veins normal, lungs clear. Grade iii diastolic rumble, wide opening snap, P2 slightly ↑

A: **Stable. Catheterization still not indicated. Risk of strep throat present**

P:

Dx: Cardiac fluoroscopy

Rx: Continue chlorothiazide and penicillin V 250mg b.i.d.—2 weeks

Ed: Reinstructed about antibiotic coverage for tooth extractions, sched. for next month. (Will contact oral surgeon.)

Reformulating problems

- ***Update the problem list***

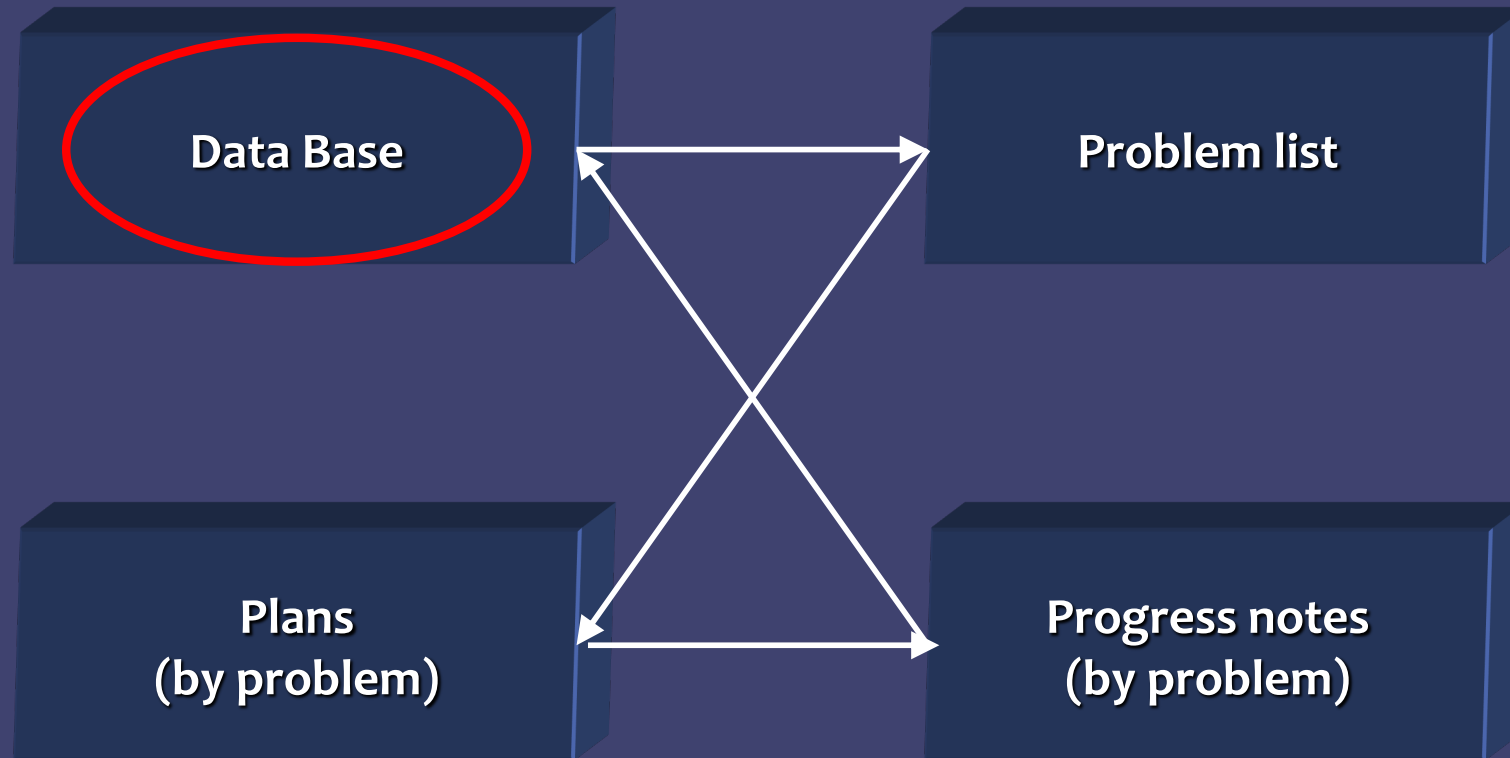
- As problems are clarified, altered, or diagnosed, the original list should be modified appropriately
- This modification is accomplished **not by erasure** but simply by the **insertion of an arrow, followed by the new diagnosis** or by “resolved”
- **Thought process** is preserved

- ***Integrate the problem list***

- *Several problems may turn out to be separate manifestations of one problem*
統合數個問題 (症狀、影像、檢驗等) 升級為較高階的診斷

POMR

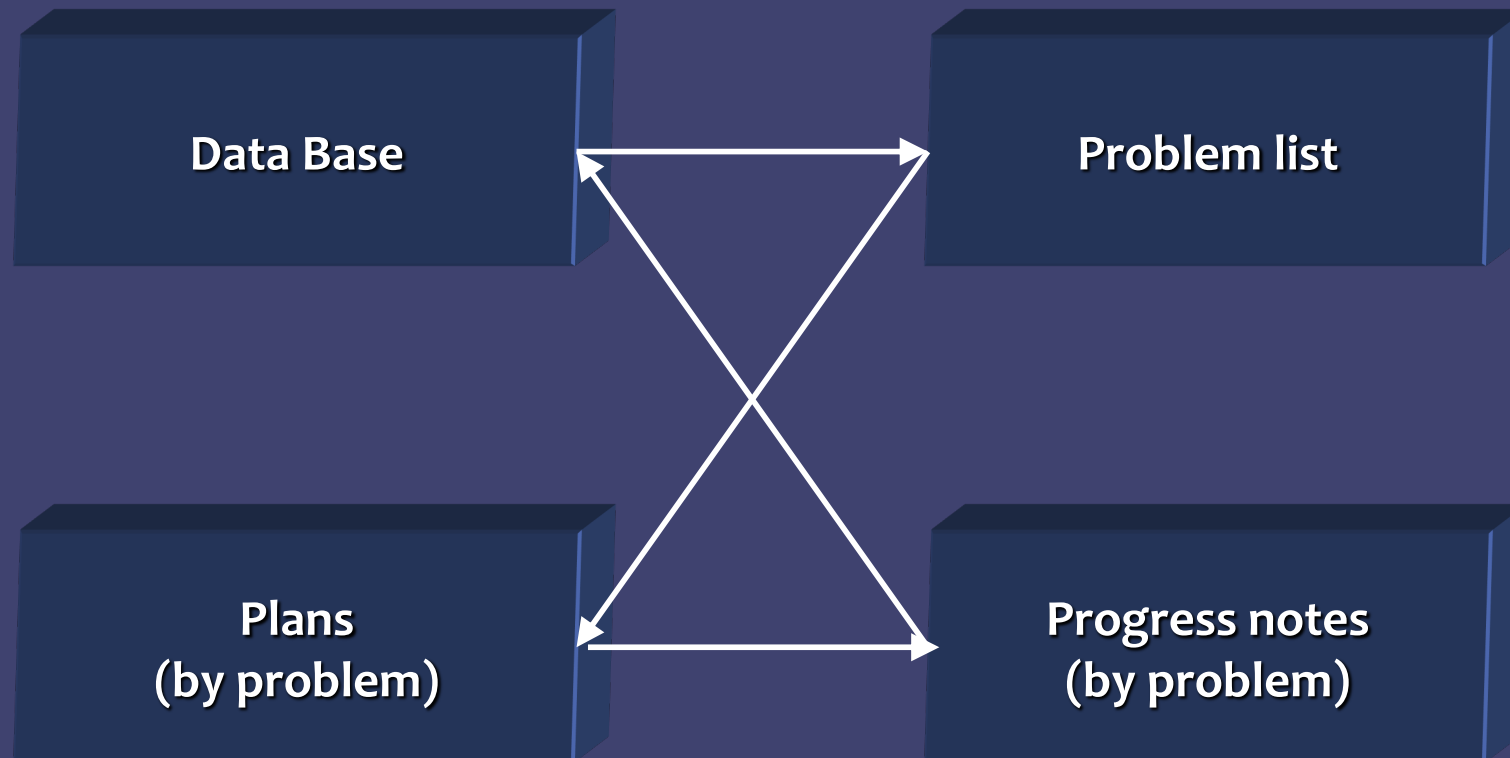
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POMR 十大守則

- 問題的序號名稱必須前後一致
- 問題的名稱應避免診斷的猜測
- 問題一覽表完整呈現臨床發現
- 正確記錄問題發生或確診日期
- 統整低階發現成為高階的診斷
- 依病情變化予更新問題一覽表
- **Assessment**要評估臨床變化
- 明確區分活動與非活動性問題
- 問題名稱與其內容應相互對應
- 活動問題有臨床變化才需記錄

*Thank You for Your
Attention!*