

**The American Academy of Otolaryngology—
Head and Neck Surgery Foundation
(AAO-HNSF) Presents. . .**



Chapter 2: Keeping Track of Patients

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American Academy of Otolaryngology—Head and Neck Surgery Foundation
Working for the Best Ear, Nose, and Throat Care

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Chapter 2: Keeping Track of Patients

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Dr. Gregory Staffel first authored this short introduction to otolaryngology for medical students at the University of Texas School for the Health Sciences in San Antonio in 1996. Written in conversational style, peppered with hints for learning (such as "read an hour a day"), and short enough to digest in one or two evenings, the book was a "hit" with medical students.

Dr. Staffel graciously donated his book to the American Academy of Otolaryngology—Head and Neck Surgery Foundation to be used as a basis for this primer. It has been revised, edited and is now in the second printing. This edition has undergone an extensive review, revision and updating. We believe that you, the reader, will find this book enjoyable and informative. We anticipate that it will whet your appetite for further learning in the discipline that we love and have found most intriguing. It should start your journey into otolaryngology, the field of Head and Neck Surgery.

Enjoy!

Mark K. Wax, MD

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Chapter 2: Keeping Track of Patients

On the ENT service, most patients spend very little time in the hospital, and keeping track of everything about the patient isn't worth your time. However, certain key information is needed on each patient, and you should learn how to keep this information in a usable format. The general surgery patient and internal medicine patient are apt to be on the 2-week plan, and this system is offered to help you with your rounds duties. Perhaps most important, a list of patients and their diseases is an ideal way to review and pick topics for additional reading. (Remember, you are reading an hour every day.)

The system involves **3 x 5-inch note cards**, preferably blank (but if they have lines, it will do). You must write small, of course—if you want to write big, you should have been a 1st grade teacher or an attending. The basic idea is shown in Figure 2.1. A few pointers...

An alternative is to use a PDA with commercial Data Software. This system allows storage of the data, so should you wish to “retrieve” a memorable patient experience, it will be available.

Don't stamp the patient's name on your card. You waste valuable space soon to be used by the discreet doctor. Also, memorize a format such as the one below and you won't waste space labeling what goes where.

Leave space for the room number to change. It is also useful to put the floor and wing, unless you know for sure



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Name: SMITH, John	MR# 12-345-6785	Rm# 233A
64 yo WM w/tonsil Ca, CAD, HTN, DM		
History		
NKDA		
Meds: start/stop date		
cefazolin, metronidazole, 8/24.		
Ba swallow 8/30, no extravasation.		
Study: date, results		
Urine 8/27, 100K/ml. E. coli		
culture: date, results		
Path: SCCa, margins, 8/22 LN +		

Figure 2.1.

where the room is. On the back of the card, Figure 2.2, you will need room for a lot of data in a small space. I used to start a new column for each day, but I found I had space for only about 5 days' data, so I started using serial spacing. In

8/24 POD 1: cefazolin/ metronidazole Tmax: 38.5 i/o: 2700/1380 JPs: A 170, B 125 (Labs...)	8/25 POD 2: cefazolin/ metronidazole (etc....)	
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Figure 2.2.



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that way, I could usually get about 7-10 days on 1 card. If the patient stays longer, you can tape another card to the original in such a way that they open like a book. I never needed more than 2 cards for a patient.

What you'll notice if you look closely and understand the system is that you know everything about the patients during their whole stay. When the chief resident asks, "What was his creatinine 3 days ago?"—you know it!

Differential Diagnosis:

Every time you see a new patient, you begin to formulate a **differential diagnosis** for him or her. Most of us begin by doing this randomly, usually the **5 most recent diagnoses** we have **seen for this set of symptoms and physical findings**. This works when you have seen several thousand patients, but it's not as useful if you have seen only 100 or so. A useful trick is to use an acronym that represents a **system based on disease categories** (such as "Vitamin C," see below).

Try it for yourself, and practice using it on all your patients. You'll find that it or another system will be a big help in organizing your thoughts when you're confused or during high-stress rounds.

Vitamin C
Vascular
Infectious
Traumatic
Autoimmune
 (or anatomic)
Metabolic
Iatrogenic or
Idiopathic
Neoplastic
Congenital



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Question, Section #2

1. Vitamin C is one way of organizing a differential diagnosis list.

V _____

I _____

T _____

A _____

M _____

I _____

N _____

C _____

Answers

Vascular

Infections

Traumatic

Autoimmune

Metabolic

Idiopathic or Iatrogenic

Neoplastic

Congenital



More educational opportunities from the AAO-HNSF

The American Academy of Otolaryngology—Head and Neck Surgery Foundation offers many programs designed to keep you up-to-date without leaving your practice. Most activities offer Category 1 AMA/PRA credits. The Academy/Foundation also serves as a primary resource for otolaryngology/head and neck surgery activities and events, and serves as an online clearinghouse for patient education and specialty information.

Visit the Academy's website, <http://www.entnet.org> to learn more about these programs.



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