Thank you for all that you do! Your documentation supports our institution and our missions to advance research, provide medical education, and care for the underserved.

The Basics:

• Be descriptive in your HPI and you will meet all requirements

• NEVER use “non-contributory” for family and social history – if you forget it, go back and ask!
  Acceptable wording: “Negative”, “Unable to obtain because [reason]”

• If not documenting ROS by individual systems, write “Except as noted in HPI, all other systems are negative.”

• Include at least 8 SYSTEMS (not areas) in your physical exam. Edema is CV, not MSK! Create a template for yourself – here’s an example:

  Constitutional: appears comfortable in NAD
  Eye: PERRL, no scleral icterus
  Resp: clear to auscultation, normal respiratory effort
  CV: normal heart sounds, no edema
  GI: abdomen NTND, no HSM
  Skin: no rashes, warm and dry
  MSK: digits/nails normal, normal gait, upper / lower extremities with normal strength/ROM
  Psych: oriented x 3, normal affect, good insight

  Additional systems:
  Lymphatic: no cervical, axillary, inguinal lymphadenopathy
  Neuro: CN II-XII intact, normal sensation
  ENMT: oropharynx clear / no lesions, dentition good

Extra Credit:

• Practice good note hygiene! Avoid copy/pasting inaccurate statements and typos (e.g., “improved today”, “continue vnacomcyin”)

• Please tell your attending when you have multiple residents writing a single note – they must reference ALL of the authors in the addenda, or else we do not get paid for our services. (Remember, medical student notes do not count for billing purposes and they cannot modify resident notes).

• Prevent “chart bloat”. Keep active issues at the top, and move inactive issues into a separate section

• Be detailed in your diagnoses (e.g., severe sepsis secondary to UTI; left lower extremity cellulitis; severe exacerbation of COPD)

• Don’t forget about the commonly missed diagnoses: hyponatremia, anemia, protein calorie malnutrition present on admission

• To fully capture your work and effort, use the following phrases:
  “Reviewed old records and summarized as follows”: Helpful for your PMHx, or in your HPI if patient is a transfer
  “I personally reviewed/interpreted [XR, CT, EKG, etc]; findings notable for [your findings here]; report as follows:”