**Case 1-1**

*Subjective, Objective, Assessment, and Plan (SOAP) Statements and the Problem-Oriented Medical Record (POMR)*

Questions and Suggested Answers

Determine whether each statement is a subjective (S), objective (O), assessment (A), or plan (P) entry from the patient records.

1. \_\_P\_\_ Rule out myocardial infarction.
2. \_\_S\_\_ Patient complains of pain in the left ear and upon neck movement.
3. \_\_O\_\_ BP 130/80. Pulse 85. Respiration 20. Temperature 98.6°F. Lungs clear. Heart regular. Abdomen nontender.
4. \_\_P\_\_ Compare baseline mammogram from 2006 to current mammogram.
5. \_\_A\_\_ Uncontrolled hypertension.
6. \_\_S\_\_ Chest pain.
7. \_\_O\_\_ Pedal edema was 2+.
8. \_\_A\_\_ Possible aortic aneurysm.
9. \_\_P\_ Rule out cancerous tumor following biopsy of thyroid lesion.
10. \_\_S\_\_ Patient complained of headache, fatigue, and photosensitivity.
11. \_\_S\_\_ Patient states, “I am thirsty all the time.”
12. \_\_P\_\_ Discharge home with home health nursing and durable medical equipment. Follow-up in 1 week with Dr. Brantley. Home medications of Plavix 75 mg, Zetia 10 mg, Norvasc 25 mg, and Tricor 145 mg.
13. \_\_O\_\_ BUN 21.0 mg/dL, ALB 6.0 g/dL, bilirubin total 6.3 mg/dL.
14. \_\_O\_\_ Percussion was normal.
15. \_\_A\_\_ MRI brain with and without contrast: negative findings.
16. \_\_S\_\_ Complaining of pain in the low back.
17. \_\_A\_\_ Chest x-ray: negative. EKG: A-fibrillation. Total LDH: 145.
18. \_\_O\_\_ Laceration measured 2 cm above right brow.
19. **\_\_**P\_\_Determine treatment following results of radiology studies.
20. **\_\_**A\_\_Surgical Pathology Frozen Section: Lung LLL Wedge Biopsy reflects non–small cell carcinoma involving pleural nodule.

References

Green and Bowie

LaTour and Eichenwald-Maki

**Case 1-2**

*Problem-Oriented Medical Record (POMR) Format*

Questions and Suggested Answers

1. What is the patient’s chief complaint?

Severe pain in the left hip.

1. What information in the scenario is “subjective”?

Severe pain in left hip sustained from fall out of wheelchair.

1. What information in the scenario is “objective”?

Intertrochanteric fracture of the left hip, shortening of left leg, and good bilateral pedal pulses prior to surgery. After surgery there was diffuse osteopenia and near alignment of intertrochanteric femoral neck.

1. Does Dr. Jenkins have a definitive assessment of Ms. Gerry’s problem?

Prior to surgery, the patient was diagnosed with fracture of left intertrochanteric hip.

1. What is the plan for this patient?

Vitamin K to decrease protime, Bucks traction, and open reduction with internal fixation of left hip upon receipt of a medical clearance.

References

Green and Bowie

LaTour and Eichenwald-Maki

**Case 1-3**

*Master Patient Index (MPI) and Duplicate Medical Record Number Assignment*

Questions and Suggested Answers

1. For each pair of patients listed, which medical record number should be retained based on the hospital policy?

The survivorship number should be the MR# retained per policy. The original or initial MR# assigned would be the survivorship in each case:

* + Case 1 is MR# 016793
  + Case 2 is MR# 019156
  + Case 3 is MR# 114682
  + Case 4 is MR# 015467
  + Case 5 is MR# 122199
  + Case 6 is MR# 098972

1. Which numbers listed do you think will require further documentation review to determine whether the patients are the same or not?

Case numbers 3 and 5 will require further investigation to verify if they are the same patient. However, case numbers 2, 4, and 6 are unlikely the same patient.

1. Which record documentation or data elements from the patient record could be used for determining “matches” of same patient versus different patients?

When the demographic data from the MPI are ambiguous, record documentation that includes signature from the patient or patient representatives, signature of the guarantor, or insurance policy and/or policy number should be used to validate if a patient match exist.