

Unit IV

Problem-oriented Medical Record

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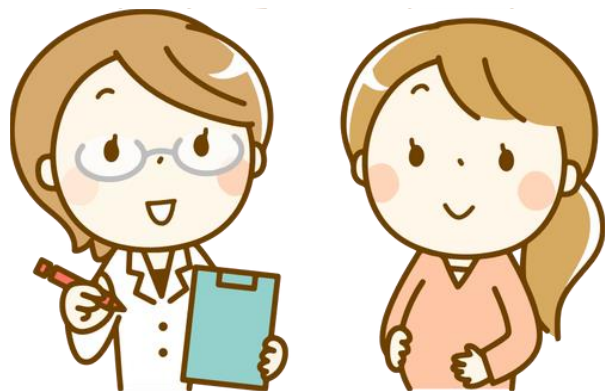


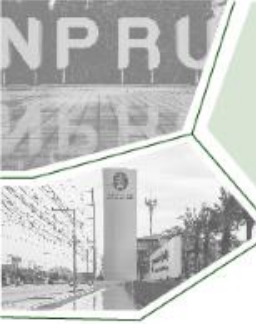


LEARNING OBJECTIVES OF THE TOPIC

After studying this topic, students will be able to

- ☐ Describe the fundamental idea of a problem-oriented medical record.
- ☐ Identify components on idea of the problem-oriented medical record.





1. Fundamental idea

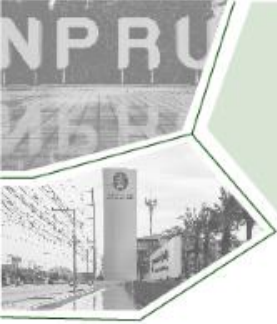


SCOPE OF THE TOPIC



2. Components





WHAT IS PROBLEM ORIENTED MEDICAL RECORD (POMR.)?

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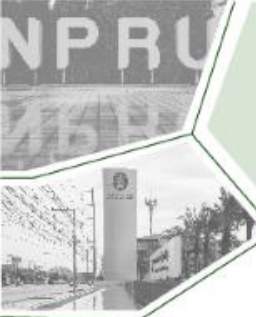
- The **problem-oriented medical record** (POMR.) is a way of recording patient's health information in a way that's easy for physicians to read and revise.

POMR. is a comprehensive approach to recording and accessing patient's medical data.

Susan Chapman, 2016

Available from <https://www.fortherecordmag.com/archives/0516p24.shtml>





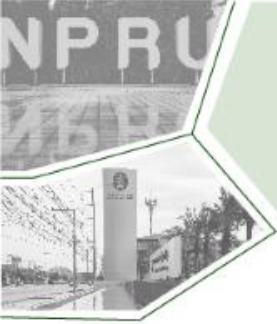
FUNDAMENTAL IDEA OF POMR.

- In 1968, the POMR. was developed and introduced by Dr. Lawrence Weed.
- The POMR. gathers information from all members of the patient's care team in order to determine a diagnosis and create a treatment plan.

So that

- The POMR. help medical students and practitioners to function in a structured, rigorous way which facilitates their thinking and plan for patient treatment.

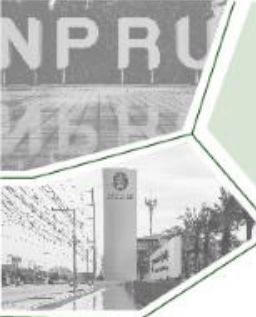




FUNDAMENTAL IDEA OF POMR.

- A patient who may require multiple treatment methods that must be adjusted over time wanted POMR. documenting on which patients with complex medical issues see more than one physician.
- Moreover, the POMR. also helps nurse instructor to understand the student's idea in dealing with an assigned case.

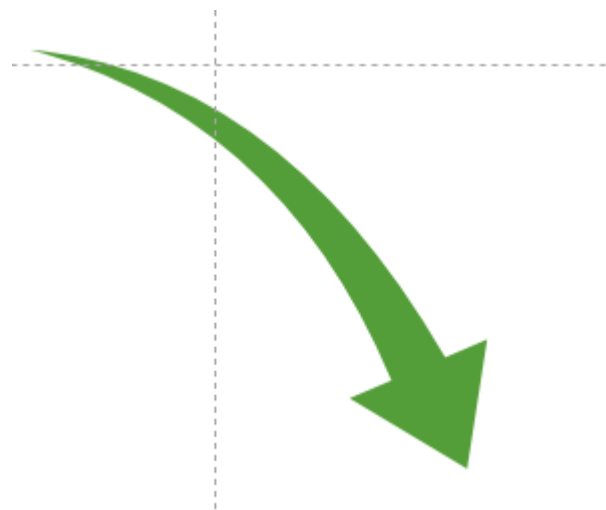




2. THE COMPONENTS OF THE POMR

The basic components of the POMR are:

1. Data base – PT. history, physical examination and laboratory data
2. Problem lists
3. Initial plans
4. Daily progress notes
5. Discharge summary



COMPARISON BETWEEN POMR AND NURSING PROCESS COMPONENTS

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POMR. components

1. Data base

2. Problem lists

3. Initial plan

4. Progress note

5. Discharge summary

Nursing process components

1. Assessment

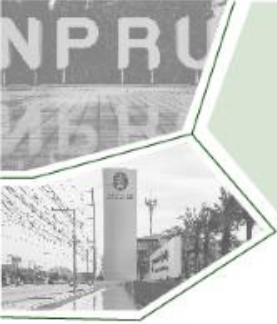
2. Analysis / Problem identification

3. Planning

4. Implementation

5. Evaluation

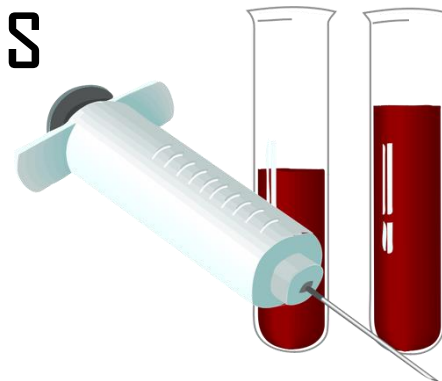


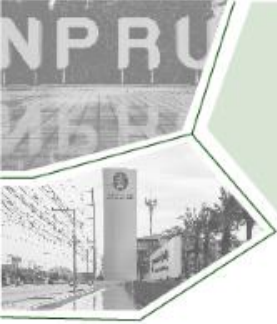


1. Data base

The database contains:

- **Subjective data** : the patient's medical history
- **Objective data** : the physical examination & the laboratory test/s





2. Problem lists

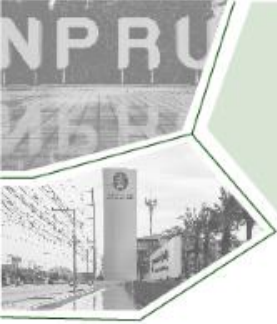
There are 2 types of problem lists :-

1. Obtained from various disorders/abnormalities noted in the initial data base

: from any information which presented in CC., Pl., Past H., Personal H., FM., neighborhood history, and ROS.

; from PE.


; from laboratory test results such as anemia, hematuria, ureteric stone, etc.



2. Problem lists

There are 2 types of problem lists :-

2. Summarized data or analyzed and summarized as a diagnosis like;


Hypertension,
Tonsillitis,  Peptic ulcer,
Pulmonary tuberculosis,
etc.

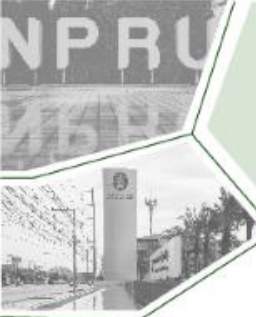




2. Problem lists

Problems are either active or inactive.

- ➔ • An active problem is anything that requires management or further diagnostic workup.
 - ➔ • An inactive problems are usually prior, resolved medical or surgical illnesses that are still important to remember.
- 



3. Initial plan

Planning the solution using SOAP drawing

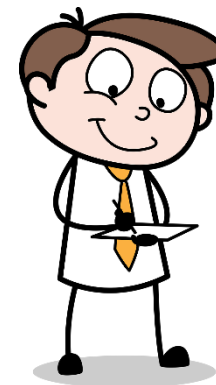
S = Subjective data

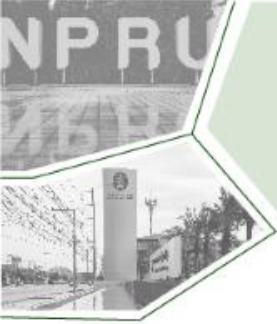
O = Objective data

A = Assessment/Analysis that includes differential diagnosis

P = Plan

(Plan for diagnosis, treatment, and patient's health education)

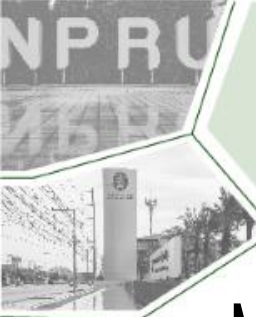




P = Plan

1. Plan for diagnosis such as CBC, UA, Stool exam etc.
2. Plan for treatment
 - 1) Specific treatment such as antibiotic, surgery, etc.
 - 2) Supportive treatment/Symptomatic treatment such as medicine to relief pain or fever, antitussive, mucolytic etc.
3. Plan for patient education

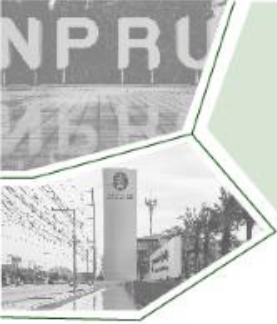




4. Progress note

- Means to record the tracking changes of patients based on the problem using SOAP drawing as in the initial plan.
- Progress note should consist of
 - changes in symptoms and signs
 - laboratory results
 - the treatment result as planned
 - review of patient assessment /new problems
 - next treatment plan





5. Summary discharge

- The summary discharge should include all active problems by using SOCP drawing.

S = Subjective data

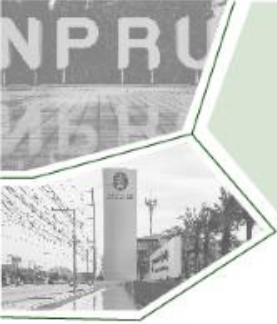
O = Objective data

C = Clinical course

P = Plan

(Plan for diagnosis, treatment, and patient health education)

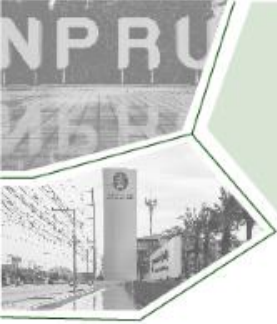




5. Summary discharge

- The **s**ubjective should include a brief review of the course of symptoms.
- The **o**bjective should review the course of objective parameters.
- The **c**linical course should review the course of curing/treatment.
- The **p**lan should include the probable course to follow and define end-points as a guide for further therapy.



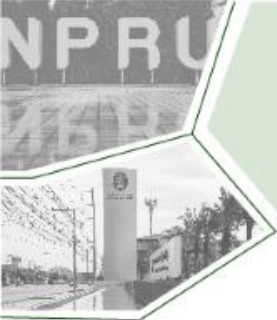


TOPIC SUMMARY



- POMR. is as a way to standardize the way physicians record and organize the patient information.
- There are 5 components of POMR. These includes :- data base, problem lists, initial plans, daily progress note, and discharge summary.
- The planning for solving patient's problems using SOAP drawing while the summary using SOCP drawing.





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