CHAPTER 11

FUNDAMENTALS OF PATIENT CARE

INTRODUCTION

Twenty-first century advances in the medical and technical sciences are having a significant impact on the delivery of quality healthcare services. Today's patients have a greater expectation of their healthcare options and a strong desire to be informed about both their healthcare needs and the spectrum of healthcare systems available.

The goal of this chapter is to give Hospital Corpsmen (HMs) the basic theories concerning the multidisciplinary aspects of patient care. This chapter is an introduction to some of the critical concepts of providing care to individuals seeking healthcare services.

HEALTH AND WELLNESS

LEARNING OBJECTIVE:

Describe the concepts of health and wellness.

To intelligently and skillfully discharge the HM's duties as a member of the Navy Medical Department healthcare team, the HM must first gain an understanding of the concepts of health and wellness.

The concept of "health" refers to the mental, physical, and emotional state of being which enables the proper performance of one's vital functions. Where health is considered to be the absence of disease or disability, "wellness" is considered a state of soundness of mind, body, and spirit free of pain or discomfort.

When individuals need assistance with maintaining their health and wellness, or coping with problems related to their health and wellness, they turn to healthcare professionals.

Comprised of many professionals including Hospital Corpsmen, the Navy's healthcare team has one common objective: to respond to those healthcare needs by assisting the patient in maintaining, restoring, rehabilitating, and then sustaining the physical or psychological well being of the patient.

THE PATIENT

LEARNING OBJECTIVE:

Explain the components of the Patient's Bill of Rights and Responsibilities.

The patient is the most important part of Navy Medicine's healthcare team; without them the healthcare team has little reason for existence. Navy Medicine has increasingly emphasized the importance of excellence in patient care with the ultimate goal of putting the patient at the center of all healthcare services. This is done by respecting the patient's active participation and capitalizing on the patient's support system in order to meet the patient's treatment goals.

HMs are tasked with providing every patient committed to their charge with the best care possible. This care must reflect the HM's belief in the value and dignity of every person as an individual. The HM must understand the patient's rights and responsibilities as they apply to providing and receiving healthcare services.

The Joint Commission (TJC) has developed standards addressing the rights and responsibilities of patients. The goal of TJC is to promote excellence in providing healthcare services.
This goal is compatible with those of the Navy Medical Department. HMs seeking additional detailed information about patient rights and responsibilities should refer to the Patient’s Bill of Rights and Responsibilities found in BUMEDINST 6300.10 series, Chapter 3 “Healthcare Administration,” and the Comprehensive Accreditation Manual for Hospitals: The Official Handbook (CAMH) published by TJC annually. The next two sections discuss the professional practice and ethical behavior of HMs in relation to the patient and the healthcare team which directly affect meeting the patient’s rights.

PROFESSIONAL PRACTICE

LEARNING OBJECTIVE:

Identify key elements of professional practice.

Each member of the healthcare team has specific responsibilities and limitations defined by the scope of practice. To fulfill the role as a member of the Hospital Corps within the context of the total mission of the Navy Medical Department, it is imperative the HM’s performance of healthcare services be based on a sound body of knowledge and the development of well-defined technical skills. This rate training manual (TRAMAN) contributes to the development of the HM’s body of knowledge. The HM occupational standards (NAVPERS 18068 series, Chapters 40 and 41) define minimal technical skills required of a Hospital Corpsman. As a member of the healthcare team the mechanisms of on-the-job training, in-service classes, and continuing education programs significantly contribute to the HM’s continued growth in both healthcare knowledge and skills.

HMs must always be conscious of being seen as representatives of Navy Medicine. As such, they will be accorded the respect that goes with having a specialized body of knowledge and an inventory of unique skills.

The Caduceus insignia of the HM marks the person as a member of a prestigious Corps worthy of respect.

PROFESSIONAL LIMITATIONS

In conjunction with their professional responsibilities, all healthcare providers must realize they are subject to certain limitations in providing healthcare services. These limitations are referred to as standards of practice which are based on local regulations and guidelines, as well as, the education, training, and experience possessed by the healthcare provider. The mature, responsible individual recognizes, accepts, and demands these limitations be respected.

In clinical settings, HMs are tasked with administering medication, performing treatments, and providing individual patient care in compliance with the orders of the senior healthcare provider. In the hospital and some clinical environments, a Nurse Corps officer divides and delegates portions of the patient’s care to other members of the team based on the skills and experiences of each member. In other situations such delegation of duties may be made by that unit’s Senior Medical Department Representative (SMDR), usually an experienced Chief or Senior Chief Petty Officer of the Hospital Corps.

ACCOUNTABILITY

Regardless of rank, or rate, all members of the healthcare team are held accountable for their performance. Being accountable means the HM is held responsible for actions taken. As a healthcare provider, the HM should continue to acquire new knowledge, skills and clinical competencies striving to provide the best healthcare services possible. Malpractice occurs when an individual delivers improper care because of negligence or practicing outside of the standard of practice.
Accountability becomes a critical issue when determining issues of malpractice. Areas of expertise and medical duties often overlap within the healthcare team; legal limits of practice are defined in each state by certifications or qualifications.

The medical assignments and duties of HMs frequently include areas of practice usually performed by physicians and nurses. HMs are governed legally by Navy Regulations and BUMED policies and can only perform those assignments and duties while under the authority and direction of the United States Government. Due to this legal requirement, it is vital HMs thoroughly understand the legal rights and limitations when providing patient care services in military and civilian environments.

PATIENT ADVICE

Another area with medical and legal implications regarding the HM’s role as a healthcare provider is giving advice or opinions. As a result of the frequent and close contact with patients, HMs will often be asked an opinion of the care or the proposed care the patient maybe undergoing. These questions are extremely difficult to respond to, regardless of who the healthcare provider is. No one is ever totally prepared or has so much wisdom to intelligently respond in a spontaneous fashion in these situations. It is best to refer the question to the nurse or physician responsible for the patient’s care.

PATIENT BEHAVIOR

When something is threatening the soundness of the body, mind, or spirit or that of a loved one, an individual may behave inappropriately. Occasionally, there are temper outbursts, sarcastic remarks, unreasonable demands, or other inappropriate responses, often to the point of disruptive behavior. The healthcare providers are challenged to look beyond the behavior being displayed to identify the underlying stress and to attempt to relieve the immediate and obvious source of anxiety.

HMs have been charged to provide healthcare services to any human being with the same needs for compassion, safety, security and respect, as everyone else.

PROFESSIONAL ETHICS

LEARNING OBJECTIVE:

Identify elements of professional ethics.

Ethics refers to a system of moral principles or standards of conduct which govern the appropriate conduct for a person, group, or profession. The HM’s indoctrination into the military included an introduction to the Code of the U.S. Fighting Forces. This code of conduct is an ethical guide charging the HM with high standards of general behavior as a member of the Armed Forces.

All professional interactions must be directly related to codes of behavior which support the principles of justice, equality of human beings as persons, and respect for the dignity of human beings. Upholding medical ethics is the responsibility of all HMs. Upon completion of Hospital Corpsman Basic School, HMs take the following pledge:

I solemnly pledge myself before God and these witnesses to practice faithfully all of my duties as a member of the Hospital Corps. I hold the care of the sick and injured to be a privilege and a sacred trust and will assist the Medical Department Officer with loyalty and honesty. I will not knowingly permit harm to come to any patient. I will not partake of nor administer any unauthorized medication. I will hold all personal matters pertaining to the private lives of patients in strict confidence. I dedicate my heart, mind, and strength to the work before me. I shall do all within my power to show in myself an example of all that is honorable and good throughout my naval career.
This pledge morally binds HMs to certain responsibilities and rules included in the science of medical ethics. Ethics enable the HM to judge accurately the moral rightness and wrongness of actions. The one element making healthcare ethics different from general ethics is the inclusion of the moral rule, "Do your duty." This statement is a moral rule because it involves certain expectations (e.g., of confidentiality). Failure to fulfill these expectations may cause harm to the patients and/or colleagues. Through the Hospital Corpsman Pledge, the HM commits to fulfilling certain duties, not only to those entrusted to his/her care, but also to all members of the healthcare team. It is this commitment to service and to mankind that has traditionally distinguished the United States Navy Hospital Corps wherever its members have served.

PERSONAL TRAITS

LEARNING OBJECTIVE:

Describe important personality traits of a healthcare professional.

HMs must develop many personal traits as part of upholding the standards of the Hospital Corps; an understanding of them can be obtained by referring to Military Requirements for Petty Officer Third and Second Class (NAVEDTRA 14504). The following traits, however, apply to Hospital Corps duties and are essential for good performance.

INTEGRITY

Nowhere in the Navy is the need for personal integrity as great as in the Hospital Corps, where HMs deal continually with people, their illnesses, and their personal concerns. The information HMs process in the performance of their duties falls under the category of "privileged communication."

Healthcare team members have no right whatsoever to divulge any personally identifiable information, however trivial, to any unauthorized individuals. Upholding patient confidentiality is essential to the maintenance of personal and professional integrity.

Another important commitment all HMs have is the obligation to never abuse any medications that they have access to or to tolerate abuse by others. These substances are in the department or clinic for use under a medical officer's supervision for the care of patients. Any other use is not authorized and will not be tolerated.

PERSONAL APPEARANCE

A HM's appearance can positively or negatively influence the trust and opinions of those individuals who seek out healthcare services. HMs must be very vigilant about upholding the reputation of the Hospital Corps as well as the Navy Medical Department. Excellent personal hygiene, neat hair styles, and spotless, proper uniforms are essential for instilling confidence as competent healthcare providers throughout the world.

INTERPERSONAL RELATIONS

LEARNING OBJECTIVE:

Describe how culture, race, religion, sex, and age can affect interpersonal relations between the patient and their healthcare providers.

As a healthcare provider, it is important for all HMs to develop good "interpersonal relation" skills. In providing total patient care, it is important to see the individual not only as a biological being, but also as a thinking, feeling person. The HM's commitment to understanding this concept is the key to developing good interpersonal relationships.
Many elements influence the development of how HMs regard and respond to people. In the following section some of these elements will be discussed as to how they apply to the HM’s involvement in the military service and to the relationships with other healthcare providers and the patients.

CULTURE

Because of the military mission and the diverse workforce of the Navy Medical Department, HMs will frequently encounter members of various cultures. Culture is defined as a group of socially learned, shared standards and behavior patterns. Concepts such as perceptions, values, beliefs, and goals are examples of shared standards. In addition, apparel, eating habits, and personal hygiene reflect common behavior patterns of specific groups of people. An understanding of common social norms and behavior patterns enhances the quality and often the quantity of service a provider is able to make available. An individual’s cultural background has an effect on every area of healthcare service, ranging from a simple technical procedure to the content and effectiveness of health education activities. Becoming familiar with the beliefs and practices of different cultural (American) and sub-cultural groups (the military community) is not only enriching to the healthcare provider, but also promotes an understanding and acceptance of the various peoples in the world community.

RACE

The term race is a classification assigned to a group of people who share inherited physical characteristics. Information identifying racial affiliation can be a valuable asset to the healthcare provider in assessing the patient’s needs, planning and carrying out direct-care activities, and implementing patient education programs. Unfortunately, racial identification also has the potential to create a negative environment in the healthcare setting when factors such as differences in skin color motivate prejudicial and segregation type behaviors.

When this is allowed to occur, the environment will feed a multitude of social illnesses and destructive behaviors will develop.

It is a moral and legal responsibility of the healthcare provider to render services with respect for the life and human dignity of the individual without regard to race, creed, gender, political views, or social status. The Navy Medical Department will not tolerate any expressions or actions based on prejudicial attitudes.

RELIGION

As a healthcare professional, the HM must be prepared to accept in a nonjudgmental way, the religious or nonreligious beliefs of others regardless of personal beliefs. Patients typically use these beliefs to guide many of their life decisions and turn to them in times of distress. An individual’s religious beliefs frequently help give meaning to suffering and illness; those beliefs may also be helpful in the acceptance of future incapacities or death.

Although the HM may offer religious support when asked and should always provide chaplain referrals when requested or indicated, it is not ethical for the HM to abuse the patients by forcing personal beliefs (or non-beliefs) upon them. The HM must respect the patient’s freedom of choice, offering support for whatever the needs or desires of the patient may be.

GENDER

In today’s Navy, HMs will encounter many situations where they are responsible for the care and treatment of service members of the opposite sex. When treating service members of the opposite sex, HMs must always conduct themselves in a professional manner.
To ensure the professional conduct of a healthcare provider is not called into question, the Navy Medical Department provides specific guidelines in BUMEDINST 6320.83 series, *Provisions of Standbys During Medical Examinations*. Some of the guidelines are as follows:

- A standby must be present when examining or treating a member of the opposite sex. Whether this standby is a member of the same sex as the patient may be dictated by patient request and the availability of personnel. In cases of sexual or domestic assault, the significant other cannot be the standby.

- When caring for a patient, sensitivity to both verbal and nonverbal communication is paramount. A grin, a frown, or an expression of surprise may be misinterpreted by the patient.

- Explanations and reassurances will go far in preventing misunderstandings of actions or intentions.

Knowledge, empathy, and mature judgment guides the care provided to any patient. This is crucial when the care involves touching a patient. As a member of the healthcare team, HMs are responsible for providing complete, quality care to those who need and seek their service. This care must also be provided in a manner compatible with their technical capabilities.

**AGE**

The age of the patient must be considered in performance of patient care. The HM will be responsible for the care of infants, children, adults, and the elderly. Communication techniques and patient interaction may need to be modified because of the age of the patient as age affects various physiological, cognitive, emotional, and psychological elements which may help or hinder care.

**Infants and Children**

Caring for infants and children involves many emotional and physical challenges. Infants can communicate their feelings in a variety of positive and negative ways; they may exhibit their needs by crying, kicking, or grabbing at the affected area of pain. An infant will usually respond quickly and positively to cuddling, rocking, touching, and soothing sounds.

Children may display the same feelings as an adult would when they feel ill; fear, anger, worry, and/or denial and will also need emotional support. Ill children may also display behavior typical for an earlier age. For example, a hospitalized child who has been toilet trained may soil themselves. This is not unusual, and parents should be informed this behavior change is temporary.

While the child is under care in the hospital, the HM is a parent substitute and must gain the child’s confidence and trust. Offer explanations of what is going to be done in ways the child will understand. Using dolls or other play methods may assist in communication, i.e. assessing the doll with a stethoscope and BP cuff prior to assessing the child to ease anxiety and answer questions.

**Elderly**

In providing care for the elderly patient, a healthcare professional must be alert to the patient’s mental and physical capabilities (i.e. physical coordination, mental orientation, and reduced eyesight). Medical management should be modified to accommodate the individual patient’s needs. Give mature patients the opportunity to control as many aspects of their self-care as possible. Allowing patients to self-pace their own care may take more time, but it will result in reducing their feelings of frustration, anger, and resentment. Show genuine respect and warmth with the elderly. The use of overly familiar terms such as “gramps” or “granny” is unprofessional and will be avoided.
Listen to patients and allow them to reminisce if they wish to. There may be a lot to learn from their history and it may even relate to their course of care. Conversation can also be used as a way to bring today’s events into focus for the patient. Remember to involve family members, as needed, into the patient education process. Some elderly patients will require assistance from family members for their continuing medical needs once they return home.

COMMUNICATION SKILLS

LEARNING OBJECTIVE:

Identify communication techniques used in a healthcare setting.

Communication is a highly complicated inter-personal process of people relating to each other through conversation, gestures, appearance, behavior, writing, and, at times, even silence. Such communications not only occur among healthcare providers and patients, but also among healthcare providers and support personnel. Support personnel may include housekeeping, maintenance, security, supply, and food service staff. Another critical communication interaction occurs among healthcare providers and visitors. Because of the critical nature of communication in healthcare delivery, it is important the HM understand the communication process and the techniques used to promote open, honest, and effective interactions. Only through effective communication will the HM be able to identify the goals of the individual and the Navy healthcare system.

THE COMMUNICATION PROCESS

The communication process consists of four basic parts: the sender of the message, the message, the receiver of the message, and feedback. The sender of the message starts the process. The message is the body of information the sender wishes to transmit to the receiver. The receiver is the individual intended to receive the message. Feedback is the response given by the receiver to the message. Feedback, at times, is used to validate whether effective communication has taken place.

Verbal and Nonverbal Communication

The two basic modes of communication are verbal and nonverbal. Verbal communication is either spoken or written. Verbal communication involves the use of words. Nonverbal communication does not involve the use of words. Dress, gestures, touching, body language, face and eye behavior, and even silence are forms of nonverbal communication. Even though there are two forms of communication, both the verbal and the nonverbal are inseparable in the total communication process. Awareness of this fact is extremely important because the HM’s professional effectiveness is highly dependent upon successful communication.

Barriers to Effective Communication

Ineffective communication occurs when obstacles or barriers interfere with the message, transmission, receipt and understanding of the message. These barriers are classified as physiological, physical, or psychosocial. Physiological barriers result from some kind of sensory dysfunction on the part of either the sender or the receiver. Such things as hearing impairments, speech defects, and even vision problems influence the effectiveness of communication. Physical barriers consist of elements in the environment, such as noise, that contribute to the development of physiological barriers (such as the inability to hear).
Psychosocial barriers are usually the result of one’s inaccurate perception of self or others; the presence of some defense mechanism employed to cope with some form of threatening anxiety; or the existence of factors such as age, education, culture, language, nationality, or a multitude of other socioeconomic factors. Psychological barriers are the most difficult to identify and the most common cause of communication failure or breakdown.

An individual’s true feelings are often communicated more accurately through nonverbal communication than through verbal communication.

Listening

Listening is a crucial element of the communication process and one of the primary activities for the healthcare provider, who must use communication as a tool for collecting or giving information. When one is engaged in listening, it is important to direct attention to both the verbal and nonverbal cues provided by the other person. Like many other skills necessary for providing a healthcare service, listening requires conscious effort and constant practice. Listening skills can be improved and enhanced by developing the following attitudes and skills:

- Hear the speaker cut
- Focus on ideas
- Remove or manage distractions
- Maintain objectivity
- Concentrate on the immediate interaction

A healthcare provider uses the communication process to service a patient’s needs, both short and long-term. To simplify this discussion, short-term needs will be discussed under the heading of "Patient Contact Point Program." Long-term needs will be discussed under the heading of "Therapeutic Communications."

PATIENT CONTACT POINT PROGRAM

To provide a frame of reference for the following section, the following definitions clarify and standardize some critical terms:

- **Initial Contact Point**: The physical location where patients experience their first communication encounter with a person representing, in some role, the healthcare facility
- **Contact Point**: The place or event where the contact point person and the patient meet
- **Contact Point Person**: The healthcare provider in any healthcare experience who is tasked by role and responsibility to provide a service to the patient
- **Patient Contact Point Program**:
  - This program is most commonly known as the Patient Contact Program
  - It is the overarching program facilitating two-way communication with patients so both complaints and complements are documented, tracked, and corrections made to improve the MTF/DTF experience

The contact point person has certain criteria to meet in establishing a good relationship with the patient. Helping the patient through trying experiences is the responsibility of all contact point personnel. Such healthcare providers must not only have skills related to their professional assignment, but they must also have the ability to interact in a positive, meaningful way to communicate concern and the desire to provide a service.

Consumers of healthcare services expect to be treated promptly, courteously, and correctly. They expect their care to be personalized and communicated to them in terms they understand. The Navy healthcare system is a service system, and it is the responsibility of every healthcare provider to give professional, quality customer service. The significance of the contact point and the responsibility of the personnel staffing this area are important to emphasize.
The following message from a former Surgeon General of the Navy reflects the philosophy of the Navy Medical Department regarding contact point interactions.

"Some of the most frequent complaints received by the Commander, Bureau of Medicine and Surgery, are those pertaining to the lack of courtesy, tact, and sympathetic regard for patients and their families exhibited by Medical Department personnel and initial points of contact within Navy Medical facilities. These points of initial patient contact, which include central appointment desks, telephones, patient affairs offices, emergency rooms, pharmacies, laboratories, record offices, information desks, walk-in and specialty clinics, and gate guards, are critical in conveying to the entering patient the sense Navy Medicine has there to help them. The personnel, both military and civilian, who staff these critical areas, are responsible for ensuring the assistance provided is truly reflective of the spirit of "caring" for which the Navy Medical Department must stand."

No matter how expert the care in the facility may be, an early impression of apathy, disregard, rudeness, or neglect of the patient's needs reflects poorly on its efforts and achievements. Personnel must be constantly on their guard to refrain from off-hand remarks or jokes in the presence of patients or their families. HMs must insist their actions and attitudes, as well as those of their colleagues and subordinates, are professional at all times and particularly when in patient areas. What may be commonplace to the facility staff may be frightening to a patient or subject to misinterpretation. By example and precept, HMs must respond to each and every complaint in the same manner; providing the best response of which they are capable in dealing with their beneficiaries. No complaint is too trivial not to deserve professional respect and treatment.

THERAPEUTIC COMMUNICATION

A distinguishing aspect of therapeutic communication is its application to long-term communication interactions. Therapeutic communication is defined as the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient. This kind of communication has three general purposes: collecting information to determine illness, assessing and modifying behavior, and providing health education. By using therapeutic communication, the HM attempts to learn as much as possible about the patient in relation to the illness. To accomplish this, both the sender and the receiver must be aware of the confidentiality of the information disclosed and received during the communication process. The HM must have a therapeutic reason for invading a patient's privacy.

When collecting information, therapeutic communication requires a great deal of sensitivity and expertise in using interviewing skills. The interviewer must carefully observe the patient's behavior to ensure the identification and a clearer understanding of the thoughts and feelings. Listen to the patient and watch and the response to the interviewer. Observe how the patient gives and receives both verbal and nonverbal communication. Finally, interpret and record the data observed.

Listening is one of the most difficult skills to master. It requires the HM to maintain an open mind, eliminate both internal and external noise and distractions, and channel attention to all verbal and nonverbal messages. Listening involves the ability to recognize pitch and tone of voice, evaluate vocabulary and choice of words, and recognize hesitancy or intensity of speech as part of the total communication attempt. The patient crying aloud for help after a fall is communicating a need for assistance.
The ability to recognize and interpret nonverbal responses depends upon consistent development of observation skills. As the HM continues to mature in the role and responsibilities as a member of the healthcare team, both clinical knowledge and understanding of human behavior will also grow. This growth will contribute to the HM's ability to recognize and interpret many kinds of nonverbal communication.

The effectiveness of an interview is influenced by the amount of information and the degree of motivation possessed by the patient. Factors enhancing the quality of an interview consist of the participant's knowledge of the subject under consideration; patience, temperament, and listening skills; and the HM's attention to both verbal and nonverbal cues. Courtesy, understanding, and nonjudgmental attitudes must be mutual goals of both the interviewee and patient.

To function effectively in the therapeutic communication process, the HM must be an informed and skilled practitioner. Development of the required knowledge and skills is dependent upon the HM's commitment to seeking out and participating in continuing education learning experiences across the entire spectrum of healthcare services.

**PATIENT EDUCATION**

**LEARNING OBJECTIVE:**

*Describe how patient education affects patient care.*

Patient education is an essential part of the healthcare delivery system. In the Navy Medical Department, patient education is defined as "the process that informs, motivates, and helps people adapt and maintain healthful practices and life styles."

Specifically, the goals of this process are to:

- Assist individuals so they may acquire knowledge and skills that will promote the ability to care for themselves more adequately
- Influence individual attitudinal changes from an orientation emphasizing disease to an orientation emphasizing health
- Support behavioral changes to the extent individuals are willing and able to maintain their health

Healthcare providers tend to be teachers more often than ever expected. Teaching is a unique skill developed through the application of learning principles. Patient teaching begins with an assessment of the patient's knowledge. Through this assessment learning needs are identified. For example, a diabetic patient may have a need to learn how to self-administer an injection. After the learner's needs have been established, goals and objectives are developed. Objectives inform the learner of what kind of (learned) behavior is expected. Objectives also assist the healthcare provider in determining how effective the teaching has been. These basic principles of teaching and learning are applicable to all patient-education activities, from the simple procedure of teaching a patient how to measure and record fluid intake/output to the more complex programs of behavior modification in situations of substance abuse (i.e., drug or alcohol) or weight control.

As a member of the healthcare team, the HM shares a responsibility with all other team members to be alert to patient education needs, to undertake patient teaching within the limitation of knowledge and skills, and to communicate to other team members the need for patient education in areas the HM is not personally qualified to undertake.
REPORTING AND ASSESSMENT PROCEDURES

LEARNING OBJECTIVE:

*Describe proper patient care reporting and assessment procedures.*

Although physicians determine the overall medical management of a person requiring healthcare services, they depend heavily upon the assistance of other members of the healthcare team when evaluating and implementing the patient’s ongoing treatment. HMs spend more time with hospitalized patients than all other providers. This situation places them in key positions as data collection and reporting persons.

The systematic gathering of information is an essential aspect in assessing an individual’s health status, identifying existing problems, and developing a combined plan of action to assist the patient with health needs. The initial assessment is usually accomplished by establishing a health history. Included in this history are elements such as previous and current health problems, patterns of daily living activities, medications, dietary requirements, and relevant occupational, social, and psychological data. Additionally, both subjective and objective observations are included in the initial assessment and throughout the course of hospitalization.

Accurate and intelligent assessments are the basis of good patient care and are essential elements for providing a total healthcare service. The HM must know what to watch for and what to expect. It is important to be able to recognize even the slightest change in a patient’s condition, since such changes may indicate an improvement or deterioration. The HM must be able to recognize the desired effects of medication and treatments, as well as, any undesirable reactions to them. Both of these factors may influence the physician’s decision to continue, modify, or discontinue all of or just specific parts of the treatment plan.

ORAL AND WRITTEN REPORTING

Equally as important as assessments is the reporting of data and observations to the appropriate team members. Reporting consists of both oral and written communications and, to be effective, must be done in a manner that is accurate, timely, and complete. Maintaining an accurate, descriptive clinical record serves a dual purpose: It provides documentation of the information gathered about the patient and it serves as a means of communication to everyone involved in the patient’s care. The clinical record provides a valuable source of information for developing a variety of care-planning activities. Additionally, these records serve as an important source of material for educating and training healthcare personnel, for conducting research, and for compiling statistical data. Finally, the clinical record is a legal document and is admissible as evidence in a court of law in claims of negligence and malpractice.

Basic Guidelines for Written Entries

It is imperative to follow some basic guidelines when making written entries in the clinical record. All entries must be recorded accurately and truthfully. Omitting an entry is as harmful as making an incorrect recording. Each entry should be concise and brief; avoid extra words and vague notations. Vocabulary and terminology must be clear, concise and free of alternate meanings. Recordings must be legible. If an error is made, it must be deleted following the standard Navy policy for correcting erroneous written notations. Finally, entries in the clinical record must include the time and date, along with the signature and rank of the HM who provided the care.
SOAP Note Format

Medical documentation of the patient’s chief complaint(s) and treatment must be consistent, concise, and comprehensive. The Navy Medical Department uses the SOAP note format to standardize medical evaluation entries made in clinical records. The acronym SOAP stands for SUBJECTIVE, OBJECTIVE, ASSESSMENT, and PLAN. The four parts of a SOAP note are discussed below. For more detailed instructions, refer to Chapter 16 of the MANMED.

SUBJECTIVE.—The initial portion of the SOAP note consists of subjective observations. These are symptoms verbally given to the HM by the patient or by a significant other (family or friend). These subjective observations include the patient’s descriptions of pain or discomfort, the presence of nausea or dizziness, and a multitude of other descriptions of dysfunction, discomfort, or illness.

OBJECTIVE.—The next part is the objective observation. These objective observations include signs the HM can actually see, hear, touch, feel, or smell. Included in objective observations are measurements such as temperature, pulse, respiration, skin color, swelling, and the results of tests whether normal or abnormal.

ASSESSMENT.—The assessment follows the objective observations. Assessment is the preliminary diagnosis of the patient’s condition.

PLAN.—The last part of the SOAP note is the Plan. The plan may include laboratory and/or radiological tests ordered, medications ordered, treatments performed (e.g., minor surgery procedure), patient referrals (sending patient to a specialist), patient disposition (e.g., binnacle list, Sick-in-Quarters (SIQ), admission to hospital), patient education, and follow-up guidelines for the patient.

ASSESSMENT PROCESS AND REPORTING

Assessment of a patient always begins with a series of questions the HM is asking internally. This “self questioning technique” prompts the HM to evaluate the patient from the general appearance to detailed signs and symptoms of injury or illness. Table 11-1 outlines the self questioning techniques for patient assessment and reporting and is a good guide to assist in developing proficiency in assessing and reporting patient conditions.

SUMMARY

This chapter has introduced many basic patient care procedures and philosophies, such as patient rights and responsibilities, professional conduct, reporting and assessment procedures, and patient education. These principles guide the HM in providing quality patient care in all settings, i.e. pharmacy, inpatient, outpatient, BAS, etc.
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<th>Area of Concern</th>
<th>Assessment Criteria</th>
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| General Appearance | - Is the patient of average build, short, tall, thin, or obese?  
 |                   | - well-groomed?  
 |                   | - apparently in pain?  
 |                   | - walking with a limp, wearing a cast, walking on crutches, or wearing a prosthetic extremity?                                                   |
| Behavior         | - Does the patient appear worried, nervous, excited, depressed, angry, disoriented, confused, or unconscious?  
 |                   | - refuse to talk?  
 |                   | - communicate thoughts in a logical order or erratically?  
 |                   | - lisp, stutter, or have slurred speech?  
 |                   | - appear sullen, bored, aggressive, friendly, or cooperative?  
 |                   | - sleep well or arouse early?  
 |                   | - sleep poorly, moan, talk, or cry out when sleeping?  
 |                   | - join ward activities?  
 |                   | - react well toward other patients, staff, and visitors?                                                                                       |
| Position         | - Does the patient remain in one position in bed?  
 |                   | - have difficulty breathing while in any position?  
 |                   | - use just one pillow or require more pillows to sleep well?  
 |                   | - move about in bed without difficulty?                                                                                                        |
| Skin             | - Is the patient's skin flushed, pale, cyanotic (bluish hue), hot, moist, clammy, cool, or dry?  
 |                   | - bruised, scarred, lacerated, scratched, or showing a rash, lumps, or ulcerations?  
 |                   | - showing signs of pressure, redness, mottling, edema, or pitting edema?  
 |                   | - appearing shiny or stretched?  
 |                   | - perspiring profusely?  
 |                   | - infested with lice?                                                                                                                         |
| Eyes             | - Are the patient's eyelids swollen, bruised, discolored, or drooping?  
 |                   | - sclera (white of eyes) clear, dull, yellow, or bloodshot?  
 |                   | - pupils constricted or dilated, equal in size, and react equally to light?  
 |                   | - eyes tearing or showing signs of inflammation or discharge?  
 |                   | - complaints about pain; burning; itching; sensitivity to light; or blurred, double, or lack of vision?  
| Ears             | - Does the patient hear well bilaterally?  
 |                   | - hold or pull on his ears?  
 |                   | - complain of a buzzing or ringing sound?  
 |                   | - have a discharge or wax accumulation?  
 |                   | - complain of pain?                                                                                                                         |
| Nose             | - Is the patient's nose bruised, bleeding, or difficult to breathe through?  
 |                   | - nose excessively dry or dripping?  
 |                   | - Are the patient's nares (nasal openings) equal in size?  
 |                   | - Is the patient sniffing excessively?                                                                                                         |
| Mouth            | - Does the patient's mouth appear excessively dry?  
 |                   | - breath smell sweet, sour, or of alcohol?  
 |                   | - tongue appear dry, moist, clean, coated, cracked, red, or swollen?  
 |                   | - gums appear inflamed, ulcerated, swollen, or discolored?  
 |                   | - teeth appear white, discolored, broken, or absent?  
 |                   | - Does the patient wear dentures, braces, or partial plates?  
 |                   | - complain of mouth pain or ulcerations?  
 |                   | - complain of an unpleasant taste?                                                                                                              |

Table 11.1.—Assessment Criteria
<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Assessment Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest</td>
<td>Does the patient</td>
</tr>
<tr>
<td></td>
<td>- have shortness of breath, wheezing, gasping, or noisy respirations? Cough?</td>
</tr>
<tr>
<td></td>
<td>- have a dry, moist, hacking, productive, deep, or persistent cough?</td>
</tr>
<tr>
<td></td>
<td>- have white, yellow, rusty, or bloody sputum?</td>
</tr>
<tr>
<td></td>
<td>- Is it thin and watery or thick and purulent (containing pus)?</td>
</tr>
<tr>
<td></td>
<td>- How much is produced?</td>
</tr>
<tr>
<td></td>
<td>- Does it have an odor?</td>
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<tr>
<td></td>
<td>- complain of chest pain?</td>
</tr>
<tr>
<td></td>
<td>- Where is the pain?</td>
</tr>
<tr>
<td></td>
<td>- Is the pain a dull ache, sharp, crushing, or radiating?</td>
</tr>
<tr>
<td></td>
<td>- Is the pain relieved by resting?</td>
</tr>
<tr>
<td></td>
<td>- Is the patient using medication to control the pain (i.e., nitroglycerin)?</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Does the patient</td>
</tr>
<tr>
<td></td>
<td>- have an abdomen that looks or feels distended, board-like, or soft?</td>
</tr>
<tr>
<td></td>
<td>- have a distended abdomen, and, if so, is the abdomen distended above or below the umbilicus or over the</td>
</tr>
<tr>
<td></td>
<td>- entire abdomen?</td>
</tr>
<tr>
<td></td>
<td>- belch excessively?</td>
</tr>
<tr>
<td></td>
<td>- feel nauseated, or has he vomited?</td>
</tr>
<tr>
<td></td>
<td>- If so, how often, and when?</td>
</tr>
<tr>
<td></td>
<td>- What is the volume, consistency, and odor of the vomitus?</td>
</tr>
<tr>
<td></td>
<td>- Is it coffee ground, bilious (containing bile), or bloody in appearance?</td>
</tr>
<tr>
<td></td>
<td>- Is patient vomiting with projectile force?</td>
</tr>
<tr>
<td>Bladder &amp; Bowel</td>
<td>Does the patient have</td>
</tr>
<tr>
<td></td>
<td>- bladder and bowel control?</td>
</tr>
<tr>
<td></td>
<td>- normal urination volume and frequency?</td>
</tr>
<tr>
<td></td>
<td>- Does the urine have an odor?</td>
</tr>
<tr>
<td></td>
<td>- Is the urine dark amber or bloody?</td>
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<tr>
<td></td>
<td>- Is the urine cloudy; does it have sediment in it?</td>
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<tr>
<td></td>
<td>- Is there pain, burning, or difficulty when voiding?</td>
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<tr>
<td></td>
<td>- diarrhea, soft stools, or constipation?</td>
</tr>
<tr>
<td></td>
<td>- What is the color of the stool?</td>
</tr>
<tr>
<td></td>
<td>- Does the stool contain blood, pus, fat, or worms?</td>
</tr>
<tr>
<td></td>
<td>- Does the patient have hemorrhoids, fistulas, or rectal pain?</td>
</tr>
<tr>
<td>Vagina or Penis</td>
<td>Does the patient have</td>
</tr>
<tr>
<td></td>
<td>- ulcerations or irritations?</td>
</tr>
<tr>
<td></td>
<td>- a discharge or foul odor?</td>
</tr>
<tr>
<td></td>
<td>- If there is a discharge present, is it bloody, purulent, mucoid (containing mucous), or watery?</td>
</tr>
<tr>
<td></td>
<td>- What is the amount?</td>
</tr>
<tr>
<td></td>
<td>- associated pain?</td>
</tr>
<tr>
<td></td>
<td>- If pain is present, where is it located?</td>
</tr>
<tr>
<td></td>
<td>- Is it constant or intermittent?</td>
</tr>
<tr>
<td></td>
<td>- Is it tingling, dull, aching, burning, gnawing, cramping, or crushing?</td>
</tr>
<tr>
<td>Food &amp; Fluid Intake</td>
<td>Does the patient</td>
</tr>
<tr>
<td></td>
<td>- have a good, fair, or poor appetite?</td>
</tr>
<tr>
<td></td>
<td>- get thirsty often?</td>
</tr>
<tr>
<td></td>
<td>- have any kind of food intolerance?</td>
</tr>
<tr>
<td>Medications</td>
<td>Does the patient</td>
</tr>
<tr>
<td></td>
<td>- take any medications?</td>
</tr>
<tr>
<td></td>
<td>- If so: what, why, and when last taken?</td>
</tr>
<tr>
<td></td>
<td>- have medications with him?</td>
</tr>
<tr>
<td></td>
<td>- have any history of medication reactions or allergies?</td>
</tr>
</tbody>
</table>

Table 11-1.—Assessment Criteria (continued)