



CLINICAL POLICY

History and Physical

A. EFFECTIVE DATE :

July 19, 2022

B. PURPOSE :

To clarify the requirements for completion of the history and physical examination (H&P) for all inpatient and outpatient admissions.

C. POLICY :

1. All patients admitted for inpatient care must have a medical history and an appropriate physical examination OR
2. All patients presenting as an outpatient to the hospital require the H&P elements listed in the Procedure below.

D. SCOPE :

This policy applies to all Medical and Dental Staff.

E. DEFINITIONS :

None

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

For patients admitted to John Dempsey Hospital:

1. Every patient admitted for inpatient care must have a medical history taken and an appropriate physical examination completed and documented by, or under the supervision of, an attending practitioner who is privileged to admit patients to the hospital.
 - a. Dentists and podiatrists may perform the entire medical history and physical examination for the inpatient care of their patients if they have been granted the privileges to do so by virtue of their training and credentials. If a dentist or podiatrist has not been granted admission history and physical privileges, he or she may only perform the history and physical examination that relates to dentistry or podiatry. They are responsible for obtaining an appropriate medical history and physical examination by a qualified practitioner.
 - b. Advanced Practice Registered Nurses, Physician Assistants, fellows, residents, and medical students may be delegated to take medical histories and perform physicals under the supervision of a physician credentialed and privileged to admit patients to the hospital. For teaching attending

documentation requirements, see Resident Supervision Policy # 08-103.

2. H&Ps performed by external providers, including licensed physicians (as defined by CMS), advanced practice nurses, and physician assistants under the supervision of a licensed physician, may be accepted at the discretion of the attending practitioner.
3. The attending practitioner is responsible for ensuring that the H&P is complete and finalized, including conclusions or impressions and a planned course of action.
4. All H&Ps must be authenticated by the attending practitioner. If performance of the H&P was delegated, the attending practitioner must indicate that the H&P has been reviewed and must sign, date, and time the entry.
5. H&Ps must be completed no more than 30 days before admission (starting with day one as the day of the H&P exam) and no more than twenty four (24) hours after admission.
 - a. If the patient is undergoing a procedure requiring sedation and/or anesthesia, the H&P must be completed prior to the procedure as per HAM Policy 12-018 DOCUMENTATION REQUIREMENTS FOR ALL PROCEDURES. If the procedure is performed under local anesthesia only, or with no anesthetic, then no H&P is required.
6. The H&P will be documented preferably on a form clearly titled as such (e.g., HCH-964 Pre-Procedure History/Physical Exam), but may be taken from other entries in the medical record that clearly state the purpose is to serve as the preprocedure or preoperative H&P. The attending practitioner may review other notes that have been entered in the record within the past 30 days that contain all required elements of an H&P and verify the entry constitutes a pre-procedure H&P by documenting that verification in the record.
7. If the H&P completed prior to admission is found to be incomplete, inaccurate or unacceptable, a new H&P must be performed and documented. Modification of incomplete, inaccurate, or unacceptable H&Ps is not allowed.
8. On all emergency patients, the H&P shall be recorded within twelve (12) hours after admission. There is no requirement to complete the H&P and an update before the procedure begins in the case of an emergency operative or high-risk procedure. The attending practitioner shall review and authenticate the H&P. The authentication shall consist of the attending physician's outline of the salient points in the history, physical examination, and management plan.
9. The prenatal record may serve as the H&P for patients admitted for Prenatal Observation/Admission if the relevant prenatal notes are available, the H&P has been regularly updated from the H&P performed at the first prenatal visit, and the attending practitioner updates the H&P documenting any salient changes in the patient's condition upon admission.
10. If the H&P has been dictated but not yet documented, the medical record must contain an entry that it has been dictated and when it occurred.
11. The patient history must include:
 - a. Patient's chief complaint;
 - b. Reason for admission;
 - c. Present illness;
 - d. Past illnesses;
 - e. Relevant past social and family history;
 - f. Review of systems;
 - g. Current list of medications;
 - h. Allergies;Other requirements may apply to specific patient populations.

12. The physical examination must be appropriate for the patient and the nature of their problem. If the patient is to undergo a surgical or other procedure requiring anesthesia or sedation, the physical examination must include auscultate of the heart and lungs to ensure that there is not likely to be any contraindication to the proposed surgical or invasive procedure. On patients admitted for dental care, the dentist shall be responsible for describing the oral pathology of the patient.

For patients presenting as an outpatient to John Dempsey Hospital:

1. An outpatient procedure does not need an H&P if the following requirements are met:
 - a. the procedure is performed without anesthesia or with only local anesthesia
 - b. in the opinion of the provider, it is safe to perform the procedure in an outpatient office setting
 - c. no post-procedure 'recovery' [monitoring] is needed
2. An outpatient procedure that does require an H&P must have the following elements:
 - a. History:
 - i) Relevant past medical history
 - ii) Review of Systems that includes Cardiac, Pulmonary, and any system(s) pertinent to the procedure
 - iii) Current list of medications
 - iv) Allergies
 - b. Physical Exam:
 - i) Auscultate of the heart
 - ii) Auscultate of the lungs
 - iii) Any system(s) pertinent to the procedure
3. If an H&P is required, dentists and podiatrists may perform the entire medical history and physical examination for the care of their patients if they have been granted the privileges to do so by virtue of their training and credentials. If a dentist or podiatrist has not been granted history and physical privileges, he or she may only perform the history and physical examination that relates to dentistry or podiatry. They are responsible for obtaining an appropriate medical history and physical examination by a qualified practitioner. Advanced Practice Registered Nurses, Physician Assistants, fellows, residents, and medical students may take medical histories and perform physicals under the supervision of a physician credentialed and privileged to admit patients to the hospital. For teaching attending documentation requirements, see Resident Supervision Policy # 08-103.
4. H&Ps performed by external providers, including licensed physicians (as defined by CMS), advanced practice nurses, and physician assistants under the supervision of a licensed physician may be accepted at the discretion of the attending practitioner.
5. The attending practitioner is responsible for ensuring that the H&P is complete and finalized including conclusions or impressions and a planned course of action.
6. All H&Ps must be authenticated by the attending practitioner. If performance of the H&P was delegated, the attending practitioner must indicate that the H&P has been reviewed and must sign, date, and time the entry.
7. H&Ps must be completed no more than 30 days before a procedure requiring sedation and/or anesthesia as per HAM Policy 12-018 DOCUMENTATION REQUIREMENTS FOR ALL PROCEDURES. If the procedure is performed under local anesthesia only, or with no anesthetic, then no H&P is required.
8. The H&P will be documented preferably on a form clearly titled as such (e.g., HCH-964 Pre-Procedure History/Physical Exam), but may be taken from other entries in the medical record that clearly state the purpose is to serve as the pre-procedure H&P. The attending practitioner may review other notes that have been entered in the record within the past 30 days that contain all required elements of an H&P and verify the entry constitutes an H&P by documenting that verification in the record.

9. If the H&P completed prior to the encounter is found to be incomplete, inaccurate or unacceptable, a new H&P must be performed and documented. Modification of incomplete, inaccurate, or unacceptable H&Ps is not allowed.
10. On all emergency patients, the H&P shall be recorded within twelve (12) hours after procedure. There is no requirement to complete the H&P and an update before the procedure begins in the case of an emergency operative or high-risk procedure. The attending practitioner shall review and authenticate the H&P. The authentication shall consist of the attending physician's outline of the salient points in the history, physical examination, and management plan.
11. The prenatal record, if available, may serve as the H&P for patients presenting for Prenatal Observation if the relevant prenatal notes are available, the H&P has been regularly updated from the H&P performed at the first prenatal visit, and the attending practitioner updates the H&P documenting any salient changes in the patient's condition.

H. ATTACHMENTS :

None

I. REFERENCES :

[HAM Policy 12-018: Documentation Requirements for All Procedures](#)
[HCH-964: Pre-Procedure History/Physical Exam](#)

J. SEARCH WORDS :

None

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On file

M. COMMITTEE APPROVALS :

Medical Board

N. FINAL APPROVAL :

1. Bruce T. Liang, MD (Signed) 08/16/2022
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine
Date
2. Anne Horbatuck (Signed) 09/02/2022
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair
Date
3. Scott Allen, MD (Signed) 08/05/2022
Scott Allen, MD
Clinical Policy Committee Co-Chair
Date
4. Caryl Ryan (Signed) 08/16/2022
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH and Chief Nursing Officer
Date

O. REVISION HISTORY :

Date Issued: 5/09

Date Revised: 12/10, 2/11, 1/14, 10/14, 10/15, 02/16, 05/21, 7/22

Date Reviewed: