

Record Keeping

Let's take a look at 1730-01-.22 Recordkeeping.

There are a few things in this section that apply to all practices, small animal or large. Let's take a look at the common rules.

First, you should keep your medical records for a minimum of three years. And that's really the minimum. It might be wise, given space and storage ability, to keep records for a much longer period of time. That's a decision each practice will have to make, but the rule is a minimum of three years.

Second, a separate log of controlled substances must be kept. So, in addition to recording controlled substances in the medical record as you would record other prescription drugs, controlled substances would also be recorded in a separate log. The rule makes no distinction between dispensed controlled substances and those that are administered in the clinic or hospital.

Next, the record should contain the strength and quantity of any medications prescribed, administered, or dispensed. It's not enough to record that you gave a dexamethasone injection. You need to document the amount that was given. For example, you could note that the patient was given 10 mg of dexamethasone. Or you could record that 5 ml of dexamethasone 2mg/ml was given.

I think that best practice would dictate that you take your record keeping a little further than what the rule requires. I think it would be prudent on the part of the veterinarian to also include the route of administration (subQ, IV, IM, etc.). And remember that, while it is not noted in the record keeping rules, the rules regarding dispensing of drugs (see 1730-01-.21 (2)(b)) require you to dispense properly labeled medications that include the name, strength, and quantity of the medication and the complete directions for its use. If you are going to put that information on the prescription bottle label, it's a good idea to put that same information in the medical record.

For some strange reason, the section devoted to record keeping for all patient types has one rule that is specifically for companion animals. The rule states in "the case of companion animals, this record shall be maintained for each individual animal." So remember that there should be an individual record for each companion animal.

Last point: if you refer a patient, you are required to record that in the chart. And I would encourage you to take that even a step further. If you offer a referral to the client (or any other service like further diagnostics, imaging, or other treatments) and the client declines, I would encourage you to document that information in the record. It can be a powerful defense to have documented in the record that you offered to perform a test or procedure or arrange a referral and that the client declined the offer. It's even more powerful if you have the client's signature showing that they declined.

Well, that wraps up my overview of the general rules regarding record keeping. Next issue we'll look at the rules specific to small animal records and some of my thoughts on things you can do to make your records stronger.

Before we go, two final remarks that I've heard during investigations and disciplinary hearings.

1. If it's not written down in the record, it didn't happen.
2. Negative findings can be just as important as positive findings. In other words, while it is important to make a notation like, "Pain localized to left cranial abdominal quadrant," it can be equally important to note that "abdominal palpation did not elicit pain."

Respectfully,

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