Title X Chart Review Tool

Based on Program Guidelines, January 2001

Date of Review: Facility: Grantee:

↓Requirement (numbered) and ↓Documentation (lettered) to look for (mandated unless otherwise indicated) NOT ALL INCLUSIVE →Chart Number															
1. Client information/description. (**10.3***) **a**. Information, name, identifying factor(s) such as age, DOB, chart number. Description (optional): Age, parity, method, type of visit. (Example: **Xyo, GxPx, Depo**, **I**-initial, **A**-annual, **PT**-pregnancy testing only or **Pb** –Problem).															
2. Where and how to contact. (**10.3***) **a.** Address, phone number; indicate client preference for contact: mail, phone, e-mail, other individual.															
3. Complete medical history obtained at initial visit/updated at subsequent visits. (**8.3, 10.3***) **a.** All initial clients; updated at each annual visit.															
4. History includes documentation of significant illnesses; hospitalizations; surgery; exposure to blood products; chronic or acute medical conditions. (Male/Female) (**8.3, 10.3***) **a.** Acute and chronic history; include blood product exposure.															

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4. History. (continued) Current use of all medications. **a.** List all medications or indicate a negative response.															
Use of tobacco, alcohol, drugs. **a**. Type, how much, how often, for how long.															
Review of systems. **a.** All systems, screening for unidentified problems.															
Pertinent family history. **a.** Coronary, cancer, hypertension, genetic problems, etc.															
Partner(s) history (injectable drug use, multiple partners, STD/HIV risk, history, bisexuality). **a.** Number of partners, injection drug use, sex for drugs or money, male-to-male contact.															
5. Reproductive history (Female). (**8.3***) Contraceptive use past/present. **a.** All methods ever used, how long, any problems.															

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5. Reproductive Hx. (continued) Menstrual, sexual, OB and gynecological history. **a.** LMP, age at onset, days of flow, type of flow, days between periods, cramping, age at first intercourse, number of partners, length of time with current partner(s), partner's partners, sexual preference, history of abuse, ever performed sex for drugs/money, incarcerated. **b.** OB – parity: number of times pregnant, number of full-term deliveries, miscarriages, abortions, problems, Breast-feeding status if appropriate. **c.** GYN – Regular menses, bleeding, between periods, bleeding with coitus, abnormal Pap.															
STD, including HIV and HBV. **a.** Risk assessment based on previous history, current symptoms, high risk behaviors.															
Pap smear history. **a.** Previous abnormal – where done, results, follow-up.															
DES, if applicable. **a.** If born before 1970 was mother exposed to DES during her pregnancy?															

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6. Reproductive history (Male) (**8.3***) Sexual history. **a.** Age at first intercourse, number of partners, length of time with current partner(s), partner's partners, sexual preference, history of abuse, incarcerated.															
STD, including HIV and HBV. **a.** Risk assessment based on previous history, current symptoms, high risk behaviors, HIV.															
Urological condition. **a.** Undescended testicle, hypospadius, etc.															
7. Physical exam (Female). (**8.3, 10.3***) Includes: **a.** Blood pressure, height, weight, exam of thyroid, heart, lungs, extremities, breasts, abdomen, pelvis and rectum. Pelvic exam includes vulvar evaluation and bimanual exam, Pap smear, Colo-rectal cancer screening in client over 40, all exam/lab requirements stipulated for specific methods of contraception. All deferrals must be documented and reason(s) given for deferral.															

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8. Physical exam (Male). (**8.3, 10.3***) Includes: **a.** Blood pressure height, weight, exam of thyroid, heart, lungs, breasts, abdomen, extremities, genitals and rectum, palpation of prostate (when appropriate) colo-rectal cancer screening in client over 40, STD/HIV screening as indicated. Testicular self exam should be taught. All deferrals must be documented and reason(s) given for deferral.															
9. Laboratory test orders, results, follow-up. (**8.3, 10.3***) Ordered per method requirement. Anemia – initial: hormonal methods, IUD Annual: IUD, hormonal methods if history warrants Pregnancy Test – Emergency Contraception.															

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9. Lab (continued) As indicated by history. **a.** Anemia – excessive vaginal bleeding. Fatigue. All STD tests (HBV included) and Vaginal wet mount – signs/symptoms of STD, at high risk for STD, requesting IUD, client request Diabetes, Cholesterol – personal or family history. Rubella titer – if unable to document/immunize. Urinalysis signs/symptoms of UTI. Pregnancy test – late for menses, before initiating specific methods, client request, etc.															
Health maintenance. **a.** Anemia, Diabetes, Cholesterol.															
Notification and follow-up for abnormal results per policy/procedure. **a.** Date test results were received by clinic, date of 1st attempt to contact client, date of actual contact, results of contact, repeat testing done, and referral made.															
10. Treatment/special instruction. (**10.3***) **a.** Positive test results result in client receiving appropriate treatment.															

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11. Revisits individualized per method. (**8.3, 10.3***) **a.** Clients on prescriptive method - annual visit; Depo every 12 weeks; Initial IUD, OCPs, Norplant, Diaphragm return in 3+/- months if indicated; PRN or more frequently if warranted.															
12. Allergies/untoward reaction to drugs recorded in prominent/specific place. (**8.3, 10.3***) **a.** Should be documented in a prominent/specific place such as the flow sheet, on physical exam sheet, on the outside as well as the inside of a chart.															
13. Diagnostic/therapeutic orders. (**10.3***) **a.** Orders should include an assessment of client's appropriateness for method of choice; include treatment appropriate to any abnormal lab test; assessment consistent with referral(s) made; name of medication, dosage, route, amount dispensed.															

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14. Continuing care, referral, follow-up. (**8.3***) **a.** Plan should include method, return to clinic for continuing method, annual exam and/or follow-up, referral information and follow-up for referral.															
15. Complete, legible, accurate. (**10.3***) **a.** Handwriting should be readable; Client name should be consistently spelled, birth date should be consistent, age should be consistent with birth date.															
16. Signed by clinician/others. (**10.3***) **a.** Name, title and date included.															
17. Client education: (**8.1***) Documentation written plan was followed. **a.** Written plan readily available to clinic; new staff oriented to the plan.															
Initial visit: based on client need and knowledge. (**7.2***) **a.** Mandated information offered at initial visit; information given based on client needs/wishes.															

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18. General Consent. (**10.3***) **a.** Consent for medical/personal history, tests, examinations, prescriptions of contraception; client name/id, signed by client/witness.															
19. Method Specific Consent. (**8.1, 10.3***) **a.** Benefits, risks, safety, effectiveness, potential side effects, complications, discontinuation issues and danger signs; client name/id, signed by client/witness.															
20. Confidentiality Assurance statement. (**10.3***) **a.** Must be present as part of record; include knowledge that information is confidential unless specifically released by client with exception of disease information mandated by state/federal law.															
21. STD/HIV Counseling. (**8.2***) **a.** Identify personal risks of client; steps to take to reduce risk if present; clinical evaluation if indicated; education about HIV infection/AIDS, information on risks/infection prevention and referral services; may offer HIV risk assessment, counseling, testing.															

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22. Required counseling is documented. (**7.0, 8.2***) **a.** Client given information to make informed decision regarding method of contraception; information on all FDA approved methods of contraception, including Emergency Contraception is offered; abstinence information offered.															
23. Adolescent Clients: (**8.7***) Receive information on all methods, including abstinence. **a.** See 22; contraceptive and safer sex practice options to reduce risks for STD and pregnancy.															
Assured of confidentiality. **a.** Title X and STD services do not require parental consent; other medical problems (i.e. Pap follow-up) and/or threat of harm to self or others may require parental or guardian involvement.															
Counseling – family participation. **a.** Documentation that parental involvement was encouraged should be present.															
Counseling – sexual coercion. **a.** Documentation that ways to resist attempts of coercion for sexual activity was presented.															

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24. Sterilization counseling, consent. (**8.4***) **a.** Federal guidelines must be followed for consent.															
25. Infertility counseling, exam, referral. (**8.5***) **a.** Infertility Level I – interview, education, physical examination, counseling and appropriate referral.															
26. Pregnancy diagnosis and counseling. (**8.6***) **a.** History, pregnancy test, physical examination or counseled as to the importance of exam. Appropriate referral/follow-up. Positive Test: 1. Importance of prenatal care; good health practices; advised of risk of ectopic pregnancy; information of adoption, foster care if appropriate. 2. Option of foster care or adoption. 3. Option of pregnancy termination. Negative Test: 1. Cause of delayed menses should be investigated.															
27. Charts assembled in consistent order. **a.** Consents, exams, lab reports, progress notes, etc should be in same location in each record.															

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28. Client's name/id on each page. **a.** Correct spelling of client's name and correct ID should be present on each page of record.															
29. Verify that the information in the Client Charts compares to what is being inputted into the Ahlers database system. (look at demographic profile, unduplicated user and family planning encounter data)															
30. Other. **a.** Space for any issues, concerns or problems identified in the course of completing the chart audit.															

*Program Guidelines for Project Grants for Family Planning Services, January 2001.

Comments: