

	Policy Area: Clinical, 2015
Name of Policy: History and Physical	Replaces Policy Dated: February 19, 2014
Pages: 2	Effective Date: December 20, 2017

I. PURPOSE

To determine the adequacy of the patient’s health status to undergo the proposed surgery or diagnostic procedure. To identify any risk factors and to establish baseline data for comparison in the post-operative period.

II. POLICY

To determine the adequacy of the patient’s health status to undergo the proposed surgery or diagnostic procedure.

III. PROCEDURE

- A. A history and physical (H&P) is required on all patients utilizing general anesthesia or moderate sedation with the exception of emergent situations and outpatient radiological procedures.
- B. A dentist may perform the part of the H&P examination related to the specialty problem justifying the reason for admission. The H&P shall be completed by the Anesthesiologist or designated medical staff according to the hospital rules and regulations.
- C. If a medical H&P examination is performed by a non-licensed provider, the medical H&P exam shall be validated and countersigned by an Independent Licensed Practitioner within 24 (twenty-four) hours.
- D. H&Ps shall be on the patient’s chart prior to procedures requiring general anesthesia or moderate sedation.
- E. H&P shall be completed and documented no more than 30 days before or 24 hours after admission or registration but prior to surgery, or a procedure requiring anesthesia services. It shall consist of a present illness, pertinent past history, social history and review of system as well as a physical examination reflecting major body systems with emphasis on areas pertinent to present illness.
- F. If a complete H&P has been recorded within thirty (30) days prior to the patient’s registration or inpatient admission to the hospital, a durable legible copy of this report, in a form approved by the hospital and done by a member of the Medical Staff, may be used in the medical record for the current admission.

The H&P that is not written on the day of surgery shall be updated on the day of, and prior to the operative/invasive procedure, by documenting no significant changes or listing changes in the patient’s condition following the patient’s examination.

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A progress note shall be documented daily and shall be sufficient to use for patients having additional surgeries during their hospital stay.

- G. In cases where a complete H&P is not present in the medical record, the clinical nurse shall request the admitting physician, or, if unavailable, the surgeon to record a pertinent handwritten H&P in the medical record prior to the induction of anesthesia, unless an emergency situation exists.
- H. Elective inpatient or outpatient surgery is subject to delay or cancellation until a pertinent H&P examination is recorded in the medical record.