FAST FACTS AND CONCEPTS #267
WRITING THE CONSULTATION NOTE
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Background Documentation the consultation serves to: a) communicate your findings, b) document the service you provided and c) support your coding and billing activity. In Fast Fact # 266, the basic principles of consultation etiquette were reviewed as they apply to palliative care clinicians. This Fast Fact reviews key elements of the palliative care consultation note.

1) Reason for Consultation I was asked to see this 87 year old man for problems related to shortness of breath and setting goals-of-care by Dr. Bligh. An older etiquette form that is appreciated is to begin the consultation note with the phrase: Thank you for asking me to see this....

2) Summarize the Case, including your activities
   • I have reviewed the medical record and the chest radiographs, interviewed the patient and family, and examined the patient. The following aspects are pertinent:
     • Pertinent Current and Past History
     • Pertinent Social/Family/Spiritual History
     • Pertinent Medications and their effects
     • Pertinent Review of Systems
     • Pertinent Examination Findings
     • Pertinent lab/x-ray/pathology
     • Prognosis/Advance care planning/Goal setting information

3) Your Assessment Clearly and prominently indicate your assessment. This is where those who want to know “the bottom line” will look first. It is common practice in some institutions to put your assessment and recommendations at the very top of the note for readability. Encapsulate the case from your point of view. This should be as concise as possible, however it should contain adequate accounting of your medical decision making, particularly if your discussion could be surprising or unfamiliar to other clinicians (e.g., hospice eligibility in ‘borderline’ cases, opioid hyperalgesia).
   • This 87 year old man has dyspnea due to a combination of COPD and metastatic adenocarcinoma of the lung. He understands his diagnosis and prognosis. He and his wife made it quite clear that they do not want to suffer and would like to be cared for at home. They would like no heroic or extraordinary measures used to keep him alive. They agree to a hospice plan of care.

4) Recommendations Number, bullet, and/or bold your recommendations; don’t bury them in a dense paragraph. Be as specific as possible with recommendations and avoid vague statements like “start morphine for dyspnea.”
   1. Initiate oral morphine 5 mg po q 1h to relieve dyspnea
   2. Initiate dexamethasone 8 mg orally q am to diminish inflammation and add to relief of dyspnea
   3. Enter a DNR order in the chart and give the patient documentation to take with him at discharge.
   4. Refer the patient to Pershing Hospice which serves the area where he lives. Their telephone number is 111-222-2222. We would be happy to arrange this if you would like.

5) Closure Indicate with whom you have discussed the recommendations and your plan for follow-up the patient; conclude with the conventional etiquette.
   • I have discussed these recommendations with Dr. Bligh who concurs. Further, I have discussed my findings with the housestaff, nursing and social work staff caring for this gentleman.
   • Dr. Bligh has asked us to continue to follow this patient during his hospitalization to supervise titration of morphine and to continue to provide counseling and information. If you need us, it is best to contact our nurse, Betty Blythe, RN at 444-4444,
   • Thank you for permitting us to participate in the care of this patient.

6) Signature Clearly indicate your name and a way that the service can contact you.
   • Charles Feelbetter, MD; Office 333-3333; Pager 111-1111

7) Coding and Billing For coding and billing purposes, if you are using time to justify the level of coding, you should include start/stop times of your face to face patient contact (see Fast Fact #48).
I spent a total of 90 minutes on this consultation. 50 minutes of this time was spent in counseling and information giving to the patient and his wife, starting at 1530 and ending at 1620.

References

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