

## Classification of diseases, operations, investigations & problems.

*The problem lists are meant to help us when we need to summarise patients records, and of course should enable us to get a pretty good picture of patients (should we not know them) 'at a glance'.*

*The important thing to remember is that we can have problems documented and coded without actually having them put on the problem list*

### **Significant Active**

Should be a problem which usually requires monitoring and/or prescribing for on repeat, and which is not expected to disappear.

Asthma/Diabetes/Hypertension/IHD//LVF or LVH/atrial fibrillation/

Inflammatory bowel disease/Inflammatory arthritis

Cancers

Epilepsy/Developmental delay/Autism/Schizophrenia

Barrets oesophagus and/or hiatus hernia

Blind/significant incurable deafness

Current depression, chronic anxiety

Requested that HRT treatment be put on the significant active list (code as HRT started and then review, then HRT stopped in past signif)

Psoriasis and eczema if meds on repeat

Arthritis if on analgesics on repeat

Insertion of coil – remove to past minor on removal

### **Significant Past**

MI, can also code as IHD under signif active also

CVA,s, also can code as cerebrovascular disease but always code the CVA

DVT's, if more than one episode code under active,

Life threatening illness of any sort

Operations except minor op's

All 'oscopies'

Psychotic episodes which are not related to stimulant abuse

Overdose/suicide attempts

Arterial stents

hysterectomy due to cervical dysplasia requiring smear FU

Radiotherapy

Miscarriages and deliveries of any kind

### **Minor past**

minor operation

aspiration of lumps

any abnormal X.R's/ECG's/scans etc

broken bones

On the whole best to code the problem as 'not a problem' (with an N) when exiting consultation mode, UNLESS the problem is a new significant one, or you feel strongly it should be there forever under minor past.