
DATAFORM 2
Chart Review Form

Collect at 4 months from study enrollment date (one month prior to T)

1. Study ID Number: _____ - _____
2. Reviewer ID Number: _____
5. Date of Chart Review: _____ / _____ / _____
6. How many specialists does the patient see: _____
- 1. One
 - 2. Two
 - 3. Three or more
 - 4. None
7. What was this visit for? _____
- 1. Routine checkup
 - 2. Care for a new problem or condition
 - 3. Follow up care after new illness
 - 4. Routine care for an ongoing condition
 - 5. Other, specify: _____
 - 6. Not sure

8. Evidence in chart of any of the following health conditions in the last 3 months:
(Charlson Co-Morbidity Data)

- 8.1 MYOCARDIAL INFARCTION(current or past) _____ 1 No
 Have had at least one definite or probable
 MI recorded in chart (EKG changes alone
 are not an MI) 2 Yes
- 8.2 CONGESTIVE HEART FAILURE (current or past) _____ 1 No
 Have had exertional or paroxysmal dyspnea,
 and receiving treatment with digoxin, diuretics
 or afterload reducing agents (captopril), or chart
 says CHF 2 Yes
- 8.3 PERIPHERAL VASCULAR DISEASE _____ 1 No
 Now have claudication or have had bypass
 for arterial insufficiency, or chart says PVD 2 Yes
- 8.4 CEREBROVASCULAR DISEASE _____ 1 No
 Have had a stroke or transient ischemic
 attacks (TIA's) ever 2 Yes
- 8.5 DEMENTIA _____ 1 No
 Have chronic cognitive deficits 2 Yes
- 8.6 CHRONIC OBSTRUCTIVE PULMONARY
 DISEASE (COPD) _____ 1 No
 Have dyspnea with moderate activity without
 treatment or those who are dyspneic only with
 attacks, e.g. asthma; Anybody worse,
 i.e. on home oxygen, baseline pO₂ <50. 2 Yes
- 8.7 CONNECTIVE TISSUE DISEASE _____ 1 No
 Have lupus (SLE), "moderate to severe"
 rheumatoid arthritis, or polymyalgia rheumatica 2 Yes
- 8.8 ULCER DISEASE _____ 1 No
 Have had treatment for radiographically or
 endoscopically documented peptic ulcer
 disease or have bled from peptic ulcers, or
 s/p gastrectomy, pyloroplasty, or vagotomy 2 Yes
- 8.9 MILD LIVER DISEASE _____ 1 No
 Have cirrhosis without portal hypertension
 (variceal bleeding) or chronic hepatitis
 (within the last 6 months) 2 Yes
- 8.10 MODERATE OR SEVERE LIVER DISEASE _____ 1 No
 Cirrhosis with portal hypertension (variceal bleeding
 or documented varices), hepatic failure with coma
 or encephalopathy (within the last 6 months) 2 Yes

- 8.11 DIABETES-MILD TO MODERATE _____ 1 No
 Currently being treated with insulin or oral agents, (not on diet alone) 2 Yes
- 8.12 DIABETES WITH END-ORGAN DAMAGE _____ 1 No
 Retinopathy, neuropathy, or nephropathy 2 Yes
- 8.13 HEMIPLEGIA _____ 1 No
 Paralysis of one side of the body from any cause 2 Yes
- 8.14 MODERATE OR SEVERE RENAL DAMAGE _____ 1 No
 Creatinine >3.0 or any patient on dialysis or status post kidney transplant 2 Yes
- 8.15 ANY TUMOR _____ 1 No
 Solid tumor without documented metastases but initially treated within the last five years, if treated more than five years ago and no sign of tumor, then considered disease-free. 2 Yes
- 8.16 LEUKEMIA _____ 1 No
 AML,CML,ALL,CLL, and polycythemia vera (PCV) or Multiple myeloma (within the last 6 months) 2 Yes
- 8.17 HODGKIN'S DISEASE, WALDENSTROM'S MACROGLOBULINEMIA _____ 1 No
 2 Yes
- 8.18 NON-HODGKIN'S LYMPHOMA _____ 1 No
 (within the last 6 months) 2 Yes
- 8.19 METASTATIC SOLID TUMOR _____ 1 No
 Documented metastases only (within the last 6 months) 2 Yes
- 8.20 AIDS (DEFINITIVE DIAGNOSIS OF AIDS) _____ 1 No
 Does not include patients with "probable" AIDS (within the last 6 months) 2 Yes
- 8.21 HIV POSITIVE, ARC, OR "PROBABALE" AIDS _____ 1 No
 2 Yes
- 8.22 IMMUNOSUPPRESSION _____ 1 No
 Immunosuppression from prior radiation, chemotherapy, or the daily use of high doses of equivalent steroid (greater than 20mg of prednisone or equivalent per day) within the last 6 months. 2 Yes
- 8.23 CARDIOVASCULAR (past): _____ 1 No
 New York Heart Association Class IV, e.g. angina or dyspnea at rest 2 Yes
- 8.24 RESPIRATORY (past) _____ 1 No

Chronic restrictive, obstructive or vascular disease causing severe exercise restriction, e.g. unable to climb stairs or do household duties; documented chronic hypoxia (using oxygen), hypercapnea (>45mmHg), or ventilator dependency.

2 Yes

11. Patient medication list at end of index visit from note and/or medication list and/or other source (including prescriptions from that visit):

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

12. Category of medications (*Multiples permitted*)

1. ACE inhibitor	32. Decongestant
2. Analgesic (narcotic)	33. Dermatologicals
3. Analgesic (non-narcotic, non-NSAID)	34. Diabetes (oral agents)
2.01 Acetaminophen	35. Digoxin
2.02 Other	36. Diuretics
4. Antianemia	37. Electrolyte concentrates
5. Antianxiety	38. Emollients
6. Antiarrhythmics	39. Epinephrine
7. Antibiotic	40. Estrogen Replacement therapy
4.01 Cephalosporins	41. Estrogen, topical
4.02 Clindamycin	42. GI Meds
4.03 Macrolides	42.01 Antiflatulent
4.04 Misc. antibiotics	42.02 H2 blocker
4.05 Ophthalmic preps	42.03 Proton pump inhibitor
4.06 Otic Preps	42.04 Probiotic
4.07 Penicillin or derivative	42.05 Antacid
4.08 Quinolones	42.06 Laxative
4.09 Sulfa	43. Hemostatic
4.10 Tetracycline	44. Immunologicals (topical)
4.11 Topical	45. Immunosuppressants
4.12 Other	46. Insulin
4.13 Nitrofurantoin antimicrobial	47. Iron
8. Anticholinergic	48. Keratolytic
9. Anticoagulant	49. Leukotriene Receptor Antagonists
10. Anticonvulsant	50. Local Anesthetic
11. Antidepressant	51. Mast cell stabilizer
12. Antiemetic	52. Muscle relaxants
13. Antifungals (oral)	53. Nasal Spray
14. Antifungals (topical)	54. Nicotine
15. Anthelmintics	53. Normal Saline
16. Antihistamine (all forms)	56. NSAID
17. Antihypertensive	56.01 Ibuprofen
18. Antimalarial	56.02 Other
19. Antineoplastic	57. Oral contraceptive
20. Anti-Parinson	58. Scabicide
21. Antipsychotic	59. Sedative, hypnotic
22. Antituberculosis	60. Steroids (inhaled)
23. Antitussive	61. Steroids (oral)
24. Antiviral (all forms)	62. Steroids (topical)
25. Barbituate	63. Stimulants
26. Beta Blocker	64. Thyroid agents
27. Bronchodilator (inhaled)	65. Topical anesthetic
28. Bronchodilator (oral)	66. Vaccines
29. Cholesterol medication	67. Vitamins
30. Contraceptive (injectable)	68. Other
31. Contraceptive (patch)	

13. Allergy history documented?

- _____ 1. No, allergy history not documented
2. Yes, allergy history documented and allergies are present
3. Yes, allergy history documented and there are NKDA
4. Yes, but not well documented

14. Comments. Additional comments on this Chart Review?

15. Physician Review Notes. Additional notes to aid future Physician Review Session?

14. How many medication errors were found on chart review? _____

15. How many near misses were found on chart review? _____

16. How many adverse drug events were found on chart review? _____