

SWI-L Literature
 SWI-M Medications
 SWI-MNT Medical Nutrition
 Therapy
 SWI-N Nutrition
 SWI-P Prevention
 SWI-PM Pain Management
 SWI-TE Tests
 SWI-WC Wound Care

Therapy

WH - WOMEN'S HEALTH

WH-AP Anatomy & Physiology
 WH-BE Breast Exam
 WH-COLP Colposcopy
 WH-CRYO Cryotherapy
 WH-CUL Cultural/Spiritual
 Aspects of Health
 WH-EX Exercise
 WH-FU Follow-up
 WH-HY Hygiene
 WH-KE Kegel Exercises
 WH-L Literature
 WH-LP LEEP
 WH-M Medications
 WH-MAM Mammogram
 WH-MNT Medical Nutrition
 Therapy
 WH-MP Menopause
 WH-MS Menses
 WH-N Nutrition
 WH-OS Osteoporosis
 WH-PAP Pap Smear
 WH-PMS Premenstrual Syndrome
 WH-PRO Procedures
 WH-RS Reproductive System
 WH-SM Stress Management
 WH-STI Sexually Transmitted
 Infections
 WH-TD Transdermal (Patch)
 WH-TE Tests

TO - TOBACCO USE

TO-C Complications
 TO-CUL Cultural/Spiritual
 Aspects of Health
 TO-DP Disease Process
 TO-EX Exercise
 TO-FU Follow-up
 TO-HY Hygiene
 TO-IR Information & Referral
 TO-L Literature
 TO-LA Lifestyle Adaptations
 TO-M Medications
 TO-MNT Medical Nutrition
 Therapy
 TO-N Nutrition
 TO-P Prevention
 TO-QT Quit
 TO-S Safety
 TO-SHS Second-Hand Smoke
 TO-SM Stress Management

TB - TUBERCULOSIS

TB-CUL Cultural/Spiritual
 Aspects of Health
 TB-DOT Directly Observed
 Therapy
 TB-DP Disease Process
 TB-FU Follow-up
 TB-L Literature
 TB-M Medications
 TB-MNT Medical Nutrition
 Therapy
 TB-N Nutrition
 TB-P Prevention
 TB-PPD Screening Skin Test
 TB-TE Tests
 TB-TX Treatment

**URI - UPPER RESPIRATORY
 INFECTION**

URI-CUL Cultural/Spiritual
 Aspects of Health
 URI-DP Disease Process
 URI-FU Follow-up
 URI-HM Home Management
 URI-L Literature
 URI-M Medications
 URI-MNT Medical Nutrition
 Therapy
 URI-N Nutrition
 URI-P Prevention

**UTI - URINARY TRACT
 INFECTION**

UTI-AP Anatomy & Physiology
 UTI-DP Disease Process
 UTI-FU Follow-up
 UTI-HY Hygiene
 UTI-L Literature
 UTI-M Medications
 UTI-MNT Medical Nutrition



**Patient & Family
 Education
 Codes
 (PEPC)**

**for
 Public Health
 Nursing
 (PHN)**

**Indian Health
 Service**

14th Edition

January 2008



Public Health Nursing

The PHN Patient Education Codes, as listed in this booklet, is a list of commonly used codes by Public Health Nursing.

A group of PHN Nurse Consultants and Public Health Nurses have spent long hours determining the most comprehensive list of commonly used codes. They all deserve our appreciation for their diligence and commitment to improving our documentation and practice. PHN would like to thank Patricia Price for the original idea of this booklet and thanks to the Patient Education Protocol and Code (PEPC) committee for the continued development of this handy tool that makes it easier to document education.

We hope you find the codes helpful in documenting your patient education. If you provide education and do not find a corresponding patient education code listed in this booklet, we suggest that you consult that the Patient Education Protocols and Codes Manual (PEPC) located at www.ihs.gov. Look under Nationwide Programs and Initiatives; in the upper right-hand corner you will see the link to the PEPC webpage.

The following are your resources if you have any questions:

Aberdeen Area Nurse Consultant: Mary Lynn Eaglestaff

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To view the complete Patient Education Protocols and Codes Manual, visit:

www.ihs.gov

Click on Nationwide Programs and Initiatives, look in the upper right-hand corner, and then click on link to the Patient Education Protocols and Code Manual. You can down-load this pamphlet from the link.

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NF-P Prevention

NF-TE Tests

NJ - NEONATAL JAUNDICE

NJ-C Complications

NJ-DP Disease Process

NJ-P Prevention

NJ-TE Tests

NJ-TX Treatment

PNM - PNEUMONIA

PNM-AP Anatomy & Physiology

PNM-C Complications

PNM-CUL Cultural/Spiritual

Aspects of Health

PNM-DP Disease Process

PNM-EQ Equipment

PNM-EX Exercise

PNM-FU Follow-up

PNM-IS Incentive Spirometry

PNM-L Literature

PNM-M Medications

PNM-MNT Medical Nutrition

Therapy

PNM-N Nutrition

PNM-P Prevention

PNM-PM Pain Management

PNM-SHS Second-Hand Smoke

PNM-TCB Turn, Cough, Deep

Breath

PNM-TE Tests

PNM-TO Tobacco

PNM-TX Treatment

PP - POSTPARTUM

PP-AP Anatomy & Physiology

PP-BH Behavioral Health

PP-C Complications

PP-CUL Cultural/Spiritual

Aspects of Health

PP-EX Exercise

PP-FU Follow-up

PP-I Information

PP-INF Infant Care

PP-ISEC Infant Security

PP-KE Kegel Exercises

PP-L Literature

PP-M Medications

PP-MNT Medical Nutrition

Therapy

PP-N Nutrition

PP-NJ Neonatal Jaundice

PP-PM Pain Management

PP-WC Wound Care

PN - PRENATAL

PN-1T First Trimester

PN-2T Second Trimester

PN-3T Third Trimester

PN-ADM Admission to Hospital

PN-AOD Alcohol & Other Drugs

PN-AP Anatomy & Physiology

PN-BH Behavioral Health

PN-C Complications

PN-CUL Cultural/Spiritual

Aspects of Health

PN-DC Dental Caries

PN-DV Domestic Violence

PN-EQ Equipment

PN-EX Exercise

PN-FAS Fetal Alcohol

Syndrome

PN-FU Follow-up

PN-GD Growth & Development

PN-GDM Gestational Diabetes

PN-GEN Genetic Testing

PN-HIV Human

Immunodeficiency

Virus

PN-L Literature

PN-M Medications

PN-MNT Medical Nutrition

Therapy

PN-N Nutrition

PN-PIH Pregnancy-Induced

Hypertension and Pre-

Eclampsia

PN-PM Pain Management

PTL Pre-term Labor

PN-S Safety

PN-SHS Second-Hand Smoke

PN-SM Stress Management

PN-SOC Social Health

PN-STI Sexually Transmitted

Infections

PN-TE Tests

PN-TO Tobacco

PN-VBAC Vaginal Birth after

Cesarean Section

SIDS - SUDDEN INFANT DEATH

SIDS-CUL Cultural/Spiritual

Aspects of Health

SIDS-I Information

SIDS-L Literature

SIDS-P Prevention

SIDS-S Safety

SIDS-SHS Second-Hand Smoke

ST - STREP THROAT

ST-C Complications

ST-DP Disease Process

ST-FU Follow-up

ST-L Literature

ST-M Medications

ST-P Prevention

ST-PM Pain Management

ST-TE Tests

STI - SEXUALLY TRANSMITTED INFECTIONS

STI-AP Anatomy & Physiology

STI-C Complications

STI-CUL Cultural/Spiritual

Aspects of Health

STI-DP Disease Process

STI-FU Follow-up

STI-HPDP Health Promotion,

Disease Prevention

STI-L Literature

STI-M Medications

STI-P Prevention

STI-SM Stress Management

STI-TE Tests

STI-TX Treatment

SWI - SKIN AND WOUND INFECTIONS

SWI-C Complications

SWI-DP Disease Process

SWI-EQ Equipment

SWI-FU Follow-up

HTN-N Nutrition
HTN-SM Stress Management
HTN-TE Tests

LICE - HEAD LICE

LICE-C Complications
LICE-CM Case Management
LICE-DP Disease Process
LICE-FU Follow-up
LICE-HM Home Management
LICE-HY Hygiene
LICE-L Literature
LICE-M Medications
LICE-P Prevention
LICE-TX Treatment

IM - IMMUNIZATION

IM-DEF Deficiency
IM-FU Follow-up
IM-I Immunization Information
IM-L Literature
IM-P Prevention
IM-SCH Schedule

IMP - IMPETIGO

IMP-DP Disease Process
IMP-FU Follow-up
IMP-L Literature
IMP-M Medications
IMP-P Prevention
IMP-TX Treatment

INJ - INJURIES

INJ-AP Anatomy & Physiology
INJ-CC Cast Care
INJ-EQ Equipment
INJ-EX Exercise
INJ-FU Follow-up
INJ-HM Home Management
INJ-I Information
INJ-L Literature
INJ-M Medications
INJ-MNT Medical Nutrition Therapy
INJ-P Prevention
INJ-PM Pain Management
INJ-TE Tests
INJ-TX Treatment
INJ-WC Wound Care

LIV - LIVER DISEASE

LIV-ADV Advance Directive
LIV-AP Anatomy & Physiology
LIV-C Complications
LIV-CUL Cultural/Spiritual Aspects of Health
LIV-DP Disease Process
LIV-FU Follow-up
LIV-L Literature
LIV-LA Lifestyle Adaptations
LIV-M Medications
LIV-MNT Medical Nutrition Therapy
LIV-N Nutrition
LIV-TE Tests
LIV-TX Treatment

M - MEDICATIONS

M-DI Drug Interaction
M-FU Follow-up
M-I Information
M-L Literature
M-MB Medication Box Teaching

M-MDI Metered-Dose Inhalers
M-MR Medication Reconciliation
M-NEB Nebulizer
M-PRX Medication Dispensation to Proxy

MH - MEN'S HEALTH

MH-AP Anatomy and Physiology
MH-BE Breast Exam
MH-CUL Cultural/Spiritual Aspects of Health
MH-FU Follow-up
MH-HY Hygiene
MH-L Literature
MH-M Medications
MH-MNT Medical Nutrition Therapy
MH-N Nutrition
MH-PRS Prostate Health
MH-RS Reproductive System
MH-SM Stress Management
MH-TE Tests
MH-TSE Testicular Self-Exam

OBS - OBESITY

OBS-C Complications
OBS-CM Case Management
OBS-CUL Cultural/Spiritual Aspects of Health
OBS-DP Disease Process
OBS-EX Exercise
OBS-FU Follow-up
OBS-IR Information & Referral
OBS-L Literature
OBS-LA Lifestyle Adaptations
OBS-M Medications
OBS-MNT Medical Nutrition Therapy
OBS-N Nutrition
OBS-P Prevention
OBS-SCR Screening
OBS-SM Stress Management
OBS-TE Tests

OBSC-OBESITY IN CHILDREN (INFANCY TO 18 YEARS)

OBSC-C Complications
OBSC-CUL Cultural/Spiritual Aspects of Health
OBSC-DP Disease Process
OBSC-EX Exercise
OBSC-FU Follow-up
OBSC-HPDP Health Promotion, Disease Prevention
OBSC-HY Hygiene
OBSC-L Literature
OBSC-LA Lifestyle Adaptations
OBSC-M Medications
OBS-MNT Medical Nutrition Therapy
OBSC-N Nutrition
OBSC-SM Stress Management

NF - NEONATAL FEVER

NF-C Complications
NF-DP Disease Process
NF-EQ Equipment
NF-FU Follow-up
NF-L Literature
NF-M Medications

USE AND DOCUMENTATION OF PATIENT EDUCATION CODES

Why Use the Codes

Use of the codes helps nurses, physicians and other health care providers to document and track patient education. The provision of education in the hospital, clinic, home or community is documentable and can be tracked via RPMS. While it is frequently desirable to spend 15, 30 even 60 minutes making an assessment of need, providing education and then documenting the encounter, the reality of a busy PHN practice often requires us to do this in a more abbreviated fashion. The codes allow the PHN a quick method of documenting that education took place during a given patient visit. The codes are then transferred to the Health Summary which informs everyone using the chart that a given patient received education on specific topics. The codes are limited in that they do not detail the exact nature of the education. However, using these codes consistently will show the pattern of education provided and encourage subsequent health professionals to do the appropriate follow-up. For instance, a typical Health Summary for a diabetic patient might show the following history of patient education:

09/19/07 DM-Nutrition, poor understanding, 10 min. (Provider Initials) GS: Pt. will include 5 veg/fruit/day

01/27/08 DM-Foot care, good understanding, 7 min. (Provider Initials) GM: Pt included 5 veg/fruit/day; GS: Pt. will walk 5 dys/wk/30min.

02/07/08 DM-Exercise, good understanding, 15 min. (Provider Initials) GS: Pt. will walk 5 dys/wk/30 min.

A reasonable interpretation of this summary tells you that this patient is trying to understand management of their diabetes and also that this patient is attempting to make some healthy behavior changes.

SOAP Charting and the Codes

Use of the codes *does not* preclude writing a SOAP note on educational encounters. Whenever a health professional spends considerable time providing education in a one-on-one setting, that visit should be recorded as an independent, stand-alone visit. The primary provider can incorporate the educational information into their SOAP note and use the code to summarize the visit and get the information onto the health summary. If the patient sees both a physician and a nurse during the same visit and the nurse completes a lengthy educational encounter, two PCC forms should be used—one for the physician visit and one for the nursing visit. In that particular case the patient had two primary care encounters during the same day. Patient Education provided in the home setting, schools, or within a community setting should be documented using either the PCC PHN Form or documented on the IHS Group Preventive Services form.

DOCUMENTING AND COMMUNICATION PATIENT & FAMILY EDUCATION

How to Use the Codes

The Medical Records and Data Entry programs at each site determine where patient education will be entered on the PCC and other facility forms. You should check with your Medical Records and Data Entry staff to determine how they would like your facility to document patient education. **Using a stamp, over-printing on the PCC or the use of “education flow sheets” is discouraged for all disciplines and all sites.** All education should be documented directly onto the PCC, PCC+ and in the Electronic Health Record.

The educator should document the education using the following steps:

1. Log onto the PCC, PCC+, PHN PCC, or Electronic Health Record (EHR) or document the education on the PCC Group Preventive Services Form
2. Circle “Patient Education” in the section marked “Medications/Treatment/Procedures/Patient Education.”
3. If using the PCC+ or the Electronic Health Record, Patient Education is located in specific sections of the PCC+ and Electronic Health Record.
4. Begin your documentation by entering the following information:
 - ◆ STEP ONE: Write down the appropriate ICD-9 code, disease, illness or condition for which you are providing the education.
 - ◆ STEP TWO: Enter the education topic discussed (e.g. complications, nutrition, hygiene).
 - ◆ STEP THREE: Using the “teach-back method” determine the patient’s level of understand of the education provided and enter as good- (G), fair (F), or Poor (P).
 - If the patient refuses the education encounter, you document this refusal by writing an (R) for refused.
 - If you are providing education in a group (not an individual one-on-one encounter), the education provided is documented as (Gp) for Group education. A “group” is defined as more than one person. Documenting with the Group (Gp) mnemonic indicates that the group member’s level of understanding was not assessed.
 - ◆ STEP FOUR: Enter the amount of time spent educating the patient. Use specific time amounts rounded off to the minute, i.e., 3 minutes, 17 minutes.
 - ◆ STEP FIVE: Initial your entry so that you can get credit for the education provided.
 - ◆ STEP SIX: Lastly, each provider is able to encourage the patient to participate in the determination of their personal health by setting a goal for themselves. This capability is the last item documented at the end of the educational encounter. The provider assists the patient in setting a “plan of action” for themselves to aid in the improvement of their health. This documented by using (GS) for Goal Set; (GNS) for Goal Not Set, (GM) for Goal Met; and (GNM) for Goal Not Met.

FP-TE Tests

FAS - FETAL ALCOHOL SYNDROME

FAS-ADL Activities of Daily Living
 FAS-C Complications
 FAS-CM Case Management
 FAS-DP Disease Process
 FAS-FU Follow-up
 FAS-GD Growth & Development
 FAS-HPDP Health Promotion, Disease Prevention
 FAS-IR Information & Referral
 FAS-L Literature
 FAS-LA Lifestyle Adaptations
 FAS-MNT Medical Nutrition Therapy
 FAS-N Nutrition
 FAS-P Prevention
 FAS-PN Prenatal
 FAS-SCR Screening
 FAS-TE Tests

F - FEVER

F-C Complications
 F-DP Disease Process
 F-EQ Equipment
 F-FU Follow-up
 F-HM Home Management
 F-L Literature
 F-M Medications
 F-TE Tests
 F-TX Treatment

FF - FORMULA FEEDING

FF-FS Formula Feeding Skills
 FF-I Information
 FF-L Literature
 FF-ME Maternal Engorgement
 FF-MNT Medical Nutrition Therapy
 FF-N Nutrition
 FF-NJ Neonatal Jaundice
 FF-S Safety
 FF-SF Introduction to Solid Foods

FLU - INFLUENZA

FLU-AVN Avian Flu
 FLU-C Complications
 FLU-DP Disease Process
 FLU-FU Follow-up
 FLU-IM Immunization
 FLU-L Literature
 FLU-M Medications
 FLU-MNT Medical Nutrition Therapy
 FLU-N Nutrition
 FLU-P Prevention

HF - HEART FAILURE

HF-AP Anatomy & Physiology
 HF-C Complications
 HF-CM Case Management
 HF-CUL Cultural/Spiritual Aspects of Health
 HF-DCHL Discharge Literature
 HF-DP Disease Process
 HF-EQ Equipment
 HF-EX Exercise
 HF-FU Follow-up

HF-HM Home Management
 HF-L Literature
 HF-LA Lifestyle Adaptations
 HF-M Medications
 HF-MNT Medical Nutrition Therapy
 HF-N Nutrition
 HF-SM Stress Management
 HF-TE Tests

HIV - HUMAN IMMUNODEFICIENCY VIRUS

HIV-ADV Advance Directive
 HIV-C Complications
 HIV-CM Case Management
 HIV-CUL Cultural/Spiritual Aspects of Health
 HIV-DP Disease Process
 HIV-EQ Equipment
 HIV-FU Follow-up
 HIV-HM Home Management
 HIV-HPDP Health Promotion, Disease Prevention
 HIV-HY Hygiene
 HIV-L Literature
 HIV-LA Lifestyle Adaptations
 HIV-M Medications
 HIV-MNT Medical Nutrition Therapy
 HIV-N Nutrition
 HIV-P Prevention
 HIV-PN Prenatal
 HIV-S Safety
 HIV-SM Stress Management
 HIV-TE Tests
 HIV-TX Treatment

HPDP-HEALTH PROMOTION, DISEASE PREVENTION

HPDP-ADL Activities of Daily Living
 HPDP-CAR Automobile Safety
 HPDP-CUL Cultural/Spiritual Aspects of Health
 HPDP-EX Exercise
 HPDP-FU Follow-up
 HPDP-HY Hygiene
 HPDP-IR Information & Referral
 HPDP-L Literature
 HPDP-LA Lifestyle Adaptations
 HPDP-M Medications
 HPDP-N Nutrition
 HPDP-S Safety
 HPDP-SCR Screening
 HPDP-SM Stress Management
 HPDP-SX Sexuality
 HPDP-TE Tests

HTN - HYPERTENSION

HTN-AP Anatomy & Physiology
 HTN-C Complications
 HTN-CUL Cultural/Spiritual Aspects of Health
 HTN-DP Disease Process
 HTN-EQ Equipment
 HTN-EX Exercise
 HTN-FU Follow-up
 HTN-L Literature
 HTN-LA Lifestyle Adaptations
 HTN-M Medications
 HTN-MNT Medical Nutrition Therapy

DVP - DOMESTIC VIOLENCE

PERPETRATOR

DVP-CUL Cultural/Spiritual Aspects of Health
DVP-DP Disease Process
DVP-FU Follow-up
DVP-IR Information & Referral
DVP-L Literature
DVP-P Prevention
DVP-PSY Psychotherapy
DVP-S Safety
DVP-SCR Screening
DVP-SM Stress Management
DVP-TX Treatment

DVV - DOMESTIC VIOLENCE

VICTIM

DVV-C Complications
DVV-CUL Cultural/Spiritual Aspects of Health
DVV-DP Disease Process
DVV-FU Follow-up
DVV-IR Information & Referral
DVV-L Literature
DVV-P Prevention
DVV-PSY Psychotherapy
DVV-S Safety
DVV-SCR Screening
DVV-SM Stress Management
DVV-TX Treatment

ELD - ELDER CARE

ELD-ADV Advance Directive
ELD-ANA Abuse & Neglect -Adult
ELD-CM Case Management
ELD-CUL Cultural/Spiritual Aspects of Health
ELD-DP Disease Process/
 Aging
ELD-EQ Equipment
ELD-EX Exercise
ELD-FU Follow-up
ELD-HPDP Health Promotion
 Disease Prevention
ELD-H Hygiene
ELD-L Literature
ELD-LA Lifestyle Adaptations
ELD-M Medications
ELD-MNT Medical Nutrition
 Therapy
ELD-N Nutrition
ELD-S Safety
ELD-SM Stress Management

EOL - END OF LIFE

EOL-ADV Advance Directive
EOL-CUL Cultural/Spiritual Aspects of Health
EOL-DP Disease Process
EOL-EQ Equipment
EOL-GP Grieving Process
EOL-L Literature
EOL-LA Lifestyle Adaptations
EOL-M Medications
EOL-MNT Medical Nutrition
 Therapy
EOL-N Nutrition
EOL-PM Pain Management
EOL-PSY Psychotherapy
EOL-SM Stress Management
EOL-TX Treatment

EYE - EYE CONDITIONS

EYE-AP - Anatomy & Physiology
EYE-C - Complications
EYE-DP - Disease Process
EYE-FU - Follow-up
EYE-HM - Home Management
EYE-L - Literature
EYE-LA - Lifestyle Adaptations
EYE-M - Medications
EYE-P - Prevention
EYE-PM - Pain Management
EYE-PRO - Procedures
EYE-S - Safety
EYE-SCR - Screening
EYE-TE - Tests
EYE-TLH Tele-Health
EYE-TX Treatment

FTT - FAILURE TO THRIVE

FTT-C Complications
FTT-CUL Cultural/Spiritual Aspects of Health
FTT-DP Disease Process
FTT-EQ Equipment
FTT-FU Follow-up
FTT-HPDP Health Promotion,
 Disease Prevention
FTT-HY Hygiene
FTT-L Literature
FTT-LA Lifestyle Adaptations
FTT-M Medications
FTT-MNT Medical Nutrition
 Therapy
FTT-N Nutrition
FTT-P Prevention
FTT-PRO Procedures
FTT-SM Stress Management
FTT-TE Tests
FTT-TX Treatment

FALL - FALL PREVENTION

FALL-C Complications
FALL-DP Disease Process
FALL-EQ Equipment
FALL-FU Follow-up
FALL-L Literature
FALL-S Safety
FALL-SCR Screening

FP - FAMILY PLANNING

FP-AP Anatomy & Physiology
FP-DIA Diaphragm
FP-DPO Depot Medroxypro-
 gesterone Injections
FP-EC Emergency
 Contraception
FP-FC Foam and Condoms
FP-FU Follow-up
FP-HPDP Health Promotion,
 Disease Prevention
FP-IC Implant Contraception
FP-IR Information and Referral
FPIUD Intrauterine Device
FP-L Literature
FP-M Medications
FP-MNT Medical Nutrition
 Therapy
FP-MT Methods
FP-N Nutrition
FP-OC Oral Contraceptives
FP-ST Sterilization
FP-TD Transdermal (Patch)

Documenting Behavior Goals

OBJECTIVE	DEFINITION	MNEMONIC
Goal Set	This is the preparation phase defined as "patient ready to change" (patient is active)	GS
Goal Not Set	This is the pre-contemplation phase defined as "patient is not thinking about change"	GNS
Goal Met	This is the action phase defined as "patient activity making the change" or maintenance phase defined as "patient is sustaining the behavior change"	GM
Goal Not Met	This is the contemplation phase defined as "patient is unsure about the change" or relapse when the patient started making the change and did not succeed due to ambivalence or other factors.	GNM

Documenting Level of Understanding

The PCC Coders can only select "Good, Fair, Poor, Group or Refused" for the level of understanding. Remember, this section is meant for speedy documentation of brief educational encounters. If you wish to write a more lengthy narrative, please do so, on a separate PCC form using the codes to simply summarize your note. On inpatient PCCs each entry must be prefaced by a date.

RECORDING THE PATIENT'S RESPONSE TO EDUCATION

The following "Levels of Understanding" can be used in the PCC system:

- Good (G):** Verbalizes understanding
 Able to return demonstration or teach-back correctly
- Fair (F):** Verbalizes need for more education
 Incomplete return demonstration or teach-back indicates partial understanding
- Poor (P)** Does not verbalize understanding
 Unable to return demonstration or teach-back
- Refuse (R):** Refuses education
- Group (GP):** Education provided in group. Unable to evaluate individual response

Clinical Reporting System (CRS)

Patient education is tracked in the Clinical Reporting System by 1) Disease, 2) Education Topic discussed, 3) Level of Understanding, 4) Provider, 5) Time, and 6) Behavior Goal.

How to Document and Code Patient Education

After using the Patient Education Protocols and providing education, the education should be documented using the codes found in this booklet. Correct documentation requires the completion of 6 elements:

1. Disease state, Illness, or Condition
 2. Education Topic Discussed
 3. Level of Understanding
 4. Time
 5. Provider Initials
 6. Behavior Goal: Goal Set, Goal Met, Goal Not Met
-
1. **ASM** = Asthma
 2. **HM** = Home Management
 3. **G** = Good Understanding
 4. **10** (Minutes) = Time
 5. **XYZ** = Provider Initials
 6. **GS:** Pt. to avoid indoor triggers (tobacco smoke) = Behavior Goal

Patient Education String:

ASM-HM-G-10-XYZ-GS: Pt. to avoid indoor triggers (tobacco smoke).

PHN PCC Encounter Form

PHS 402 (1/06) PUBLIC HEALTH NURSE PCC ENCOUNTER RECORD

Date: _____ Location: _____ AT: _____ CHC: _____

PROBLEM LIST UPDATE (Enter Problem Numbers from Health Summary)

Remove: _____ Change to Inactive: _____ Change to Active: _____

PROVIDERS: _____ PRIMARY PROVIDER: _____

AFFIL: _____ DIS: _____ INITIAL / CODE: _____

HT: CM KD LB-CD HT CM IN HEAD CM IN TEMP CM IN PULSE RESP

REASON FOR CONTACT: _____ SUBJECTIVE / OBJECTIVE: _____

Document Educational Assessment here

There are two places on the PCC form where it is appropriate to document patient education.

It is also important to place your provider code in the top right hand corner and to sign the bottom of the PCC form.

Document Additional Education Topics Here

Injury? Yes No If yes, Date: _____ ETOH Related Employment Related

Causes: _____ Place: _____

PSYCHO / SOCIAL / ENVIRON: _____

NSG DX: _____ Document Health Factors and Patient Education Assessments Here

SHORT TERM GOALS: _____ Document Health Factors Here

LONG TERM GOALS: _____

PROBLEM LIST # PURPOSE OF VISIT (PRINT ONLY IN THIS SECTION; DO NOT ABBREVIATE)

A: A: C: #

Learning Preference - TALK Learning Preference - TALK

HTN - N - G - XYZ - 5 min - GS - will reduce salt intake

REPRODUCTION FACTORS: G P LC SA TA LMP EDC HP METHOD DATE BEGUN

PROBLEM LIST NOTES: STORE NOTE FOR PROBL # REMOVE NOTE #

MEDICATIONS / INTERVENTIONS

HR # _____ SSN # _____

NAME _____

U DATE _____ SILX _____

RESIDENCE _____

FACILITY _____

Signature _____

IMMUN: # LOT #

DTP _____

CTAP _____

DT _____

Ts _____

OPV / IPV _____

MAR _____

Varicella _____

Hib Titr _____

ACT Hib _____

Polio _____

Hep A _____

Hep B _____

Phosho _____

Influenza _____

PPD _____

LEVEL OF INTERVENTION

PRIMARY PREVENTION

SECONDARY PREVENTION

TERTIARY PREVENTION

CAD - CORONARY ARTERY DISEASE

- CAD-ADV Advance Directive
- CAD-C Complications
- CAD-CM Case Management
- CAD-CUL Cultural/Spiritual Aspects of Health
- CAD-DP Disease Process
- CAD-EQ Equipment
- CAD-EX Exercise
- CAD-F Follow-up
- CAD-L Literature
- CAD-LA Lifestyle Adaptations
- CAD-M Medications
- CAD-MNT Medical Nutrition Therapy
- CAD-N Nutrition
- CAD-P Prevention
- CAD-PM Pain Management
- CAD-PRO Procedures
- CAD-SM Stress Management
- CAD-TE Tests
- CAD-TO Tobacco (Smoking)
- CAD-TX Treatment

CB - CHILDBIRTH

- CB-AP Anatomy & Physiology
- CB-C Complications
- CB-CUL Cultural/Spiritual Aspects of Health
- CB-EQ Equipment
- CB-EX Exercise, Relaxation And Breathing
- CB-FU Follow-up
- CB-ISEC Infant Safety
- CB-L Literature
- CB-LB Labor Signs
- CB-M Medications
- CB-NJ Neonatal Jaundice
- CB-OR Orientation
- CB-PM Pain Management
- CB-PRO Procedures, Obstetrical
- CB-RO Role of Labor and Delivery Partner/Coach
- CB-TE Tests
- CB-VBAC Vaginal Birth after Cesarean Section

CKD - CHRONIC KIDNEY DISEASE

- CKD-ADV Advance Directive
- CKD-AP Anatomy & Physiology
- CKD-C Complications
- CKD-CM Case Management
- CKD-CUL Cultural/Spiritual Aspects of Health
- CKD-DIA Dialysis
- CKD-DP Disease Process
- CKD-EQ Equipment
- CKD-L Literature
- CKD-LA Lifestyle Adaptations
- CKD-M Medications
- CKD-MNT Medical Nutrition Therapy
- CKD-N Nutrition
- CKD-P Prevention
- CKD-PRO Procedures
- CKD-TE Tests
- CKD-TX Treatment

CDC - COMMUNICABLE DISEASES

- CDC-AP Anatomy & Physiology
- CDC-C Complications
- CDC-DP Disease Process
- CDC-EQ Equipment
- CDC-FU Follow-up
- CDC-HM Home Management
- CDC-HY Hygiene
- CDC-L Literature
- CDC-M Medications
- CDC-MNT Medical Nutrition Therapy
- CDC-N Nutrition
- CDC-P Prevention
- CDC-PM Pain Management
- CDC-PRO Procedures
- CDC-TE Tests
- CDC-TX Treatment

DM - DIABETES MELLITUS

- DM-AP Anatomy & Physiology
- DM-C Complications
- DM-CM Case Management
- DM-CUL Cultural/Spiritual Aspects of Health
- DM-DP Disease Process
- DM-EQ Equipment
- DM-EX Exercise
- DM-FTC Foot Care and Examinations
- DM-FU Follow-up
- DM-HM Home Management
- DM-KID Kidney Disease
- DM-L Literature
- DM-LA Lifestyle Adaptations
- DM-M Medications
- DM-MNT Medical Nutrition Therapy
- DM-N Nutrition
- DM-P Prevention
- DM-PD Periodontal Disease
- DM-PM Pain Management
- DM-S Safety
- DM-SCR Screening
- DM-SM Stress Management
- DM-TE Tests
- DM-TX Treatment
- DM-WC Wound Care

DIA - DIALYSIS

- DIA-AP Anatomy & Physiology
- DIA-C Complications
- DIA-CM Case Management
- DIA-DP Disease Process
- DIA-EQ Equipment
- DIA-EX Exercise
- DIA-FU Follow-up
- DIA-HM Home Management
- DIA-L Literature
- DIA-M Medications
- DIA-MN Medical Nutrition Therapy
- DIA-N Nutrition
- DIA-PRO Procedures
- DIA-TE Tests
- DIA-TX Treatment

BF-SM Stress Management
BF-T Teething
BF-W Weaning

BH - BEHAVIORAL AND SOCIAL HEALTH

BH-ADL Activities of Daily Living
BH-CM Case Management
BH-CUL Cultural/Spiritual Aspect of Health
BH-DP Disease Process
BH-EX Exercise
BH-FU Follow-up
BH-GP Grieving Process
BH-HOU Housing
BH-HPDP Health Promotion, Disease Prevention
BH-IB Insurance/Benefits
BH-IR Information & Referral
BH-L Literature
BH-M Medications
BH-PLC Placement
BH-PSY Psychotherapy
BH-RI Patient Rights and Responsibilities
BH-SM Stress Management
BH-TE Tests/Screening
BH-TH Therapy
BH-TLM Tele-Health
BH-TR Transportation

CHN - CHILD HEALTH NEWBORN (0-60 DAYS)

CHN-CAR Car Seats & Automobile Safety
CHN-ECC Early Child Caries
CHN-FU Follow-up
CHN-GD Growth & Development
CHN-HY Hygiene
CHN-I Information
CHN-L Literature
CHN-MNT Medical Nutrition Therapy
CHN-N Nutrition
CHN-NJ Neonatal Jaundice
CHN-PA Parenting
CHN-S Safety
CHN-SF Introduction to Solid Foods
CHN-SHS Second-Hand Smoke

CHI - CHILD HEALTH INFANT (2-12 MONTHS)

CHI-CAR Car Seats & Automobile Safety
CHI-ECC Early Child Caries
CHI-FU Follow-up
CHI-GD Growth & Development
CHI-HY Hygiene
CHI-L Literature
CHI-MNT Medical Nutrition Therapy
CHI-N Nutrition
CHI-PA Parenting
CHI-S Safety
CHI-SF Introduction to Solid Foods
CHI-SHS Second-Hand Smoke
CHI-W Weaning

CHT - CHILD HEALTH TODDLER (1-3 YEARS)

CHT-CAR Car Seats & Automobile Safety
CHT-ECC Early Child Caries
CHT-FU Follow-up
CHT-GD Growth & Development
CHT-L Literature
CHT-MNT Medical Nutrition Therapy
CHT-N Nutrition
CHT-PA Parenting
CHT-S Safety
CHT-SF Introduction to Solid Foods
CHT-SHS Second-Hand Smoke
CHT-W Weaning

CHP - CHILD HEALTH PRE-SCHOOL (3-5 YEARS)

CHP-CAR Car Seats & Automobile Safety
CHP-ECC Early Child Caries
CHP-FU Follow-up
CHP-GD Growth & Development
CHP-L Literature
CHP-MNT Medical Nutrition Therapy
CHP-N Nutrition
CHP-PA Parenting
CHP-S Safety
CHP-SHS Second-Hand Smoke

CHS - CHILD HEALTH SCHOOL AGE (5-12 YEARS)

CHS-AOD Alcohol & Other Drugs
CHS-CAR Car Seats & Automobile Safety
CHS-DC Dental Caries
CHS-FU Follow-up
CHS-GD Growth & Development
CHS-L Literature
CHS-MNT Medical Nutrition Therapy
CHS-N Nutrition
CHS-PA Parenting
CHS-S Safety
CHS-SHS Second-Hand Smoke
CHS-SOC Social Health
CHS-SX Sexuality
CHS-TO Tobacco

CHA - CHILD HEALTH ADOLESCENT (12-18 YEARS)

CHA-AOD Alcohol & Other Drugs
CHA-CAR Automobile Safety
CHA-DC Dental Caries
CHA-FU Follow-up
CHA-GD Growth & Development
CHA-L Literature
CHA-MNT Medical Nutrition Therapy
CHA-N Nutrition
CHA-PA Parenting
CHA-S Safety
CHA-SHS Second-Hand Smoke
CHA-SOC Social Health
CHA-SX Sexuality
CHA-TO Tobacco

Education Needs Assessment Codes

LP - Learning Preference

-Small Group
 -Read
 -Media
 -Talk
 -Do/Practice

Mnemonics

LP-GP
 LP-READ
 LP-MEDIA
 LP-TALK
 LP-DOIT

RL - Readiness to Learn

-Distraction
 -Eager
 -Receptive
 -Pain
 -Severity of Illness
 -Not Ready
 -Unreceptive
 -Intoxication

Mnemonics

RL-DSTR
 RL-EAGR
 RL-RCPT
 RL-PAIN
 RL-SVIL
 RL-NOTR
 RL-UNRC
 RL-ETOH

HEALTH FACTORS:

BAR - Barriers to Learning

-Blind
 -Cognitive Impairment
 -Childhood Development
 -Deaf
 -Dementia
 -Developmental Delay
 -Does Not Read English
 -Doesn't Speak English/Interpreter Needed
 -Emotional Stressors
 -Fine Motor Skills Deficit
 -Learning Disability
 -Speaks English As a Second Language
 -Hard of Hearing
 -No Barriers
 -Pediatric/Developmental
 -Social Stressors
 -Values/Belief
 -Visually Impaired

Mnemonics

BAR-BLND
 BAR-COGI
 BAR-PEDI
 BAR-DEAF
 BAR-DEMN
 BAR-DEVD
 BAR-DNRE
 BAR-INTN
 BAR-EMOT
 BAR-FIMS
 BAR-LDIS
 BAR-ESL
 BAR-HEAR
 BAR-NONE
 BAR-PEDI
 BAR-STRS
 BAR-VALU
 BAR-VISI

Documenting Time

Providers should estimate the amount of Time spent providing the patient education and document that Time using whole numbers.

IMPORTANT CHANGES IN THE 14TH EDITION

CHEMICAL DEPENDENCY CHANGE: Reminder: The mnemonic CD for Chemical Dependency has been changed to AOD - Alcohol and Other Drugs. Questions/concerns about this change should be addressed to Gabriel.longhi@ihs.gov, OIT BH representative.

CULTURAL/SPIRITUAL ASPECTS OF HEALTH (CUL): CUL is to be used to document education/counseling that reflects an integration of the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

MEDICAL NUTRITION THERAPY (MNT): Only Registered Dietitians are permitted to use the MNT code. Questions concerning the MNT protocols and codes should be directed to Cecelia.butler@ihs.gov

WELLNESS CHANGED TO HPDP: The mnemonic WL has been changed to HPDP - Health Promotion, Disease Prevention. Questions concerning HPDP protocols and codes should be directed to Freda.carpitcher@ihs.gov.

GRIEF: In addition to Grief with losses other than "end of life" GRIEF was added to address the education provided to patients who are grieving because of other losses. These losses may include a home, a spouse through divorce, a job, or even a favorite pet. The standards are general so they can be adapted to a wide variety of situations.

LITERATURE (L): The title for literature given to the patient was previously Patient Education Literature. It has been changed to Literature.

CASE MANAGEMENT (CM): The title previously associated with the mnemonic CM was *Care* Management has been changed throughout the Manual to **Case** Management.

RHEUMATIC DISEASE CHANGED TO RHEUMATIC ARTHRITIS: The PEP-C previously contained a topic and mnemonic called Rheumatic Disease (RD). This will be inactivated and the new topic/mnemonic is RA – Rheumatic Arthritis. We have plans to develop protocols for Osteoarthritis and Juvenile Rheumatoid Arthritis. Most other "Rheumatic Diseases" can be covered with the mnemonic ATO-Autoimmune Disorders.

HEART FAILURE CHANGE: The PEP-C previously contained a topic and mnemonic called Congestive Health Failure (CHF). This will be inactivated and the topic/mnemonic is HF—Heart Failure. A Discharge A Discharge Literature code (HF-DCHL) was added to address the CMS requirement of discharge literature.

SUICIDAL BEHAVIOR (SB) CHANGE: was changed to SI - Suicidal Ideation/Gestures

CELIAC DISEASE: Celiac Disease (CEL) is a new code.

DEPRESSION (DEP): changed from Depression, Major to Depressive disorder

Domestic Violence: "General" education on Domestic Violence (DV) remains; but has also been expanded to include Domestic Violence Victim—(DVV) and Domestic Violence Perpetrator (DVP).

NEW 2008 SUBTOPIC CODES:

ISEC: Infant Security

LP: LEEP

MR: Medication Reconciliation

NEW 2008 PROTOCOLS:

ABNG: Abuse/neglect adult/child

ASLT: Assault

BITE: Bites, animal/human

CO: Constipation

ENCOP: Encopresis

FOOT: Foot, podiatry

FTT: Failure to thrive

LICE: Head Lice

NOSE: Epistaxis

OBSC: Obesity Childhood

PTSD: Post traumatic stress disorder

RMSF: Rocky Mountain Spotted Fever

SINUS: Sinus Infection

STING: Insect Stings

YEAST: Yeast Infection

NEW BARRIERS TO LEARNING CODES:

Cognitive impairment has been further defined as:

PEDI: Pediatric Cognitive impairment

LDIS: Learning disability

DEVD: Developmental Delay

DEMN: dementia

ESLA: An additional barrier English as a Second Language (ESLA) has also been added.

For the 14th edition, all protocols were revised to include no more than six Standards.

Please discard old PEP-C Manuals; download the new FY 2008 PEPC Manual from www.ihs.gov and assure that your local Information Technology Department /Computer Department has installed all current patches for RPMS.

2008 Codes

ABNG—ABUSE AND NEGLECT (CHILD OR ELDER)

ABNG-CM Case Management

ABNG-C Complications

ABNG-CUL Cultural/Spiritual Aspects of Health

ABNG-FU Follow-up

ABNG-IR Information & Referral

ABNG-L Literature

ABNG-P Prevention

ABNG-PSY Psychotherapy

ABNG-RI Patient Rights and Responsibilities

ABNG-RP Mandatory Reporting

ABNG-S Safety

AOD - ALCOHOL AND OTHER DRUGS

AOD-C Complications

AOD-CM Case Management

AOD-CUL Cultural/Spiritual Aspects of Health

AOD-DP Disease Process

AOD-EX Exercise

AOD-FU Follow-up

AOD-HPDP Health Promotion Disease Prevention

AOD-INJ Injuries

AOD-IR Information & Referral

AOD-L Literature

AOD-LA Lifestyle Adaptations

AOD-M Medications

AOD-MNT Medical Nutrition Therapy

AOD-N Nutrition

AOD-P Prevention

AOD-PSY Psychotherapy

AOD-S Safety

AOD-SM Stress Management

AOD-TX Treatment

BF - BREASTFEEDING

BF-AP Anatomy and Physiology

BF-BB Benefits of Breastfeeding

BF-BC Breast Care

BF-BP Breastfeeding Positions

BF-CS Collection and Storage of Breast Milk

BF-EQ Equipment

BF-FU Follow-up

BF-GD Growth and Development

BF-HC Hunger Cues

BF-L Literature

BF-LA Lifestyle Adaptations

BF-M Maternal Medications

BF-MK Milk Intake

BF-MNT Medical Nutrition Therapy

BF-N Nutrition (Maternal)

BF-NJ Neonatal Jaundice

BF-ON Latch-on

BF-SF Introduction to Solid Foods