

# A Detailed Review of Systems: An Educational Feature

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## ABSTRACT

Assessment is the foundation of health care. A goal in health care is to attain a comprehensive history and review of systems during the first encounter with the patient. The evidence-based recommendations presented in this article are informed by unpublished data from real-life experiences using a detailed review of systems during an ongoing medical surveillance program involving former nuclear workers from a United States Department of Energy site.

**Keywords:** assessment, nurse practitioners, primary care, review of systems

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## INTRODUCTION

Assessment is considered the basis, or foundation, of health care. The act of gathering information about a patient is the first step in the nursing process. Adequate information from the patient drives the plan of care. The goal is to attain a comprehensive history and review of systems (ROS), if possible, on the first encounter with the patient.

The evidence-based recommendations presented herein are informed by unpublished data from real-life experiences using a detailed ROS during an ongoing medical surveillance program of former nuclear weapons workers from a United States Department of Energy (DOE) site.

## WHY IS DETAILED ASSESSMENT IMPORTANT?

Primary care (PC) is an essential element within the health care system. Nurse practitioners (NPs) are skillful at providing PC and acute care, and are often the first contact with patients. This initial contact may include discovering an undiagnosed sign, symptom, or health concern. Specific case causes can be difficult to determine. Therefore, we understand that medical screening is important in PC. Medical screening includes an ROS.

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Within the PC setting, patients seeking care are often working individuals with possible occupational exposures, and thus employee health will cross over into PC. Providers should have knowledge of occupational and environmental risk factors, as they are likely to encounter occupational injuries and/or diseases related to exposures if they are looking for them. Increasingly, knowledge of occupational and environmental risk factors are included as part of a comprehensive health inventory, accurate differential diagnosis, and an evidenced-based plan of care.<sup>1</sup>

Primary care providers (PCPs) who encounter patients and workers with job-related diseases or injuries may be involved in the workers' compensation system. As a result, a careful ROS will include necessary documentation as the provider elicits a diagnosis and plan of care.

## SURVEILLANCE AND SCREENING WITHIN PUBLIC HEALTH AND PC

There is growing attention in the scientific literature on the health care of a population, not just on individual patients. According to Kindig, population health is defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”<sup>2(p1)</sup> Public health is the science involved in protecting and improving the health of families and communities.<sup>3</sup> Medical screening often plays an important role in prevention

of serious illnesses. It is also an essential process in all types of health care. The public health system has ongoing systematic collection, analysis, interpretation, and dissemination of data regarding health-related events.<sup>4</sup> Surveillance data are used to guide immediate action within the public health system and is thus vital to a PC practice. Also, within occupational health, surveillance and screening are central activities. Surveillance includes data collection to measure the magnitude and trends of health changes in a defined population. Occupational health screening is testing to identify individuals with disease and is aimed at early detection. A detailed ROS is used within public health and occupational health surveillance and screening activities. As such, a PCP will need a basic understanding of occupational and environmental risk factors for disease and disability.<sup>1</sup>

These ideas and procedures about the importance of careful ROS evaluations are all accepted tenets of our assessment role. However, does the ROS always get the attention it needs in a busy patient encounter? As a clinician, do you always follow best practices?

### THE ROS

The ROS is an integral part of an evidence-based nursing assessment practice. The use of some type of a ROS is widely accepted and recognized throughout health care.<sup>5</sup> A ROS is a systematic list of questions arranged by organ systems that is useful in aiding clinicians to uncover clinical problems that may be at the root cause of a disease process and that may otherwise go unnoticed. The ROS serves as a guide to help identify potential or underlying illnesses or disease states subjectively, thus allowing the NP to prioritize systems for follow up in the objective examination. The ROS can also help the provider obtain information about a chief concern as well as the history of present illness. Many potential problems can be “red flagged” to be explored during the objective portion of the assessment—the head-to-toe physical exam.<sup>6</sup> The danger of not using an ROS as the guiding element in a whole-patient assessment is potential inadvertent omission of essential information.

The literature overwhelmingly demonstrates the importance of completing an ROS for a patient who

does not have life-threatening illness or injury within the primary care setting. Knowing the history of a patient helps focus the interview on specific patient complaints to identify possible health care concerns.<sup>7</sup> In addition to establishing rapport between the provider and patient, new diagnoses can be found.<sup>8</sup>

There is no “gold standard” for completing the ROS. There are dual objectives in ROS completion, namely: (1) to obtain additional information about the patient’s chief complaint and history of present illness; and (2) to elicit symptoms of potential problems in uninvolved systems. The NP asks the patient questions and the conversation builds layer upon layer of information about the patient’s physical status. As each body system is addressed, going head to toe, the NP explores any abnormalities reported. The questions posed by the NP may often remind patients about health concerns they have but did not think about reporting. Through candid discussion about occupational hazards, environmental risks, past health, and surgical history, augmented by stories told by the patient, valuable information can be obtained.<sup>8</sup>

### DOE FORMER WORKER PROGRAMS

As a meaningful example to illustrate these concepts, the National Defense Authorization Act for Fiscal Year 1993 called for the DOE to provide ongoing medical evaluations, at no cost, to all former DOE federal, contractor, and subcontractor workers. The Former Worker Medical Screening Program is conducted within the DOE Office of Environment, Health, Safety and Security and has provided over 128,000 exams.<sup>9</sup>

This DOE program provides ongoing medical screening examinations for all former DOE federal, contractor, and subcontractor workers who may have been at risk for occupational disease. It reflects a commitment to the health and safety of all DOE workers, past and present, who have served the nation in security and other missions.<sup>10</sup> Surveillance evaluations were first mandated in 1993 by the National Defense Authorization Act to document baseline health status, specific exposures, and adverse effects among former nuclear weapons workers.<sup>11</sup>

The Pantex Former Worker Medical Surveillance Program (PFWMSP, which is sponsored by the DOE

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