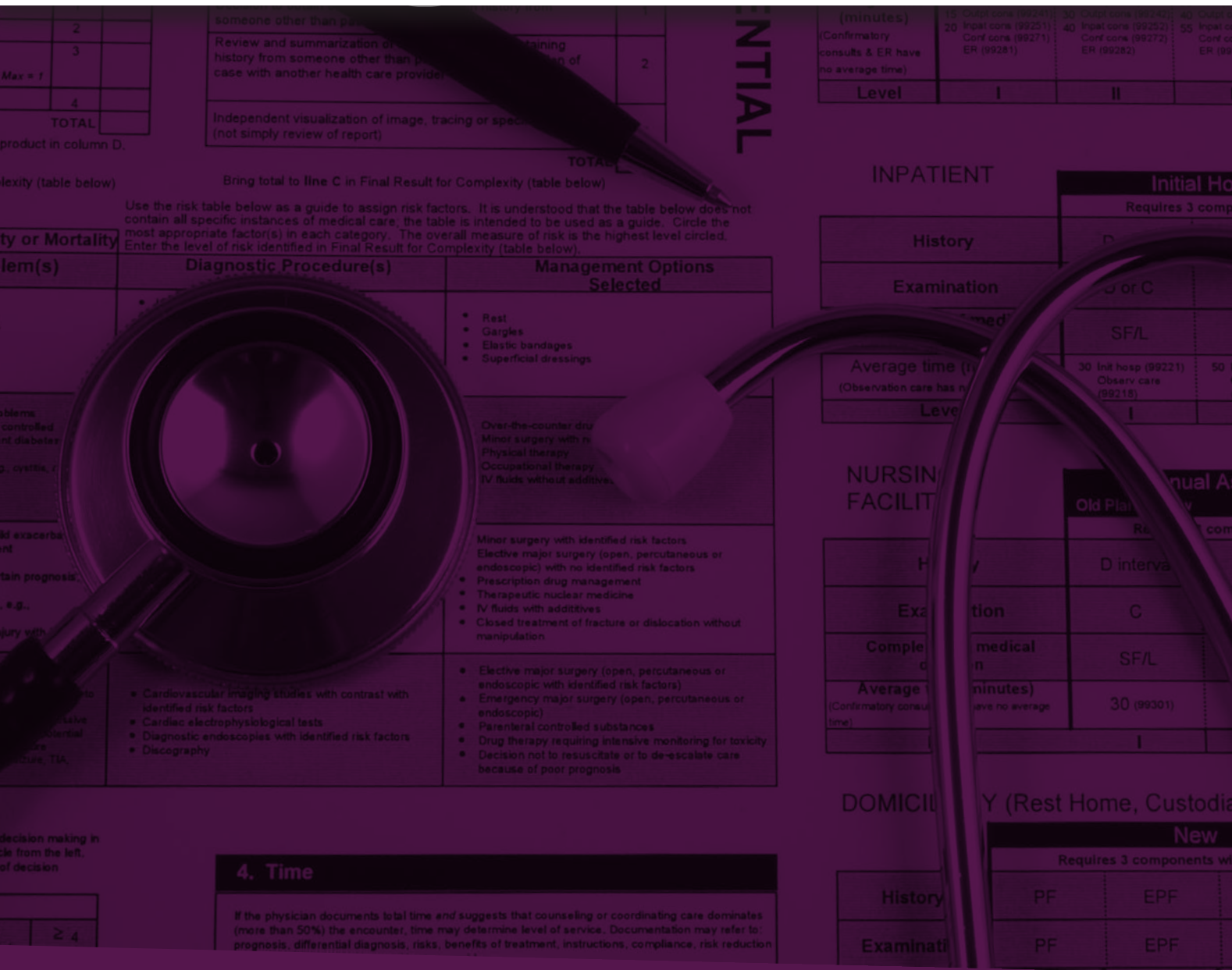


J A A R P R O G R A M M A

NEDERLANDS INSTITUUT VOOR ACUTE ZORG

2012



CRITICAL

2	someone other than physician	1
3	Review and summarization of history from someone other than physician or coordination of case with another health care provider	2
4	Independent visualization of image, tracing or specimen (not simply review of report)	
TOTAL		TOTAL

Bring total to line C in Final Result for Complexity (table below)

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care, the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table below).

Complexity or Mortality Item(s)	Diagnostic Procedure(s)	Management Options Selected
Problems controlled	• Cardiovascular imaging studies with contrast with identified risk factors	• Rest • Gargles • Elastic bandages • Superficial dressings
Diabetes	• Cardiac electrophysiological tests	Over-the-counter drug Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Cystitis	• Diagnostic endoscopies with identified risk factors	Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors
Exacerbated	• Diagnostic endoscopies with identified risk factors	• Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
Prognosis	• Diagnostic endoscopies with identified risk factors	• Elective major surgery (open, percutaneous or endoscopic) with identified risk factors • Emergency major surgery (open, percutaneous or endoscopic)
Injury with	• Diagnostic endoscopies with identified risk factors	• Parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction

INPATIENT

History	Initial Ho
Examination	Requires 3 comp
Average time (minutes)	30 Init hosp (99221) Observ care (99215)
Level	I

NURSING FACILITY

Examination	Old Plan
Complexity	D interval
Average time (minutes)	C
Level	SF/L
	30 (99301)
	I

DOMICILIARY (Rest Home, Custodial)

History	New
Examination	Requires 3 components with
	PF EPF
	PF EPF

DINSDAG 8 MEI 2012

Nierfunctievervangende therapie op de Intensive Care

Dagvoorzitters: Prof. dr. J.G. van der Hoeven

09.00 uur

Ontvangst en inschrijving

09.30 uur

FYSIOLOGIE VAN DE NIER

Prof. dr. J.G. van der Hoeven, internist-intensivist, UMC St Radboud, Nijmegen

10.10 uur

ACUTE NIERINSUFFICIËNTIE; OORZAAK EN GEVOLGEN

Dr. R.G.L. de Sévaux, internist-nefroloog, UMC St Radboud, Nijmegen

10.50 uur

Pauze

11.10 uur

HEMODIALYSE VS. CVVH

Dr. R.G.L. de Sévaux, internist-nefroloog, UMC St Radboud, Nijmegen

11.50 uur

PRAKTISCHE TOEPASSINGEN VAN CVVH

Dr. A.C.J.M. de Pont, internist-intensivist, Academisch Medisch Centrum, Amsterdam

12.30 uur

Lunchpauze

13.20 uur

VERPLEEGKUNDIGE ASPECTEN BIJ CVVH

Mevr. K. Kinable, renal practitioner, Rijnland Ziekenhuis, Leiderdorp

13.50 uur

ZUUR-BASE STOORNISSEN, INTOXICATIES EN VERGIFTIGING

Prof. dr. J.G. van der Hoeven, internist-intensivist, UMC St Radboud, Nijmegen

14.30 uur

Pauze

14.50 uur

ANTI-STOLLING BIJ NIERFUNCTIEVERVANGENDE THERAPIE

Dr. A.C.J.M. de Pont, internist-intensivist, Academisch Medisch Centrum, Amsterdam

15.30 uur

Afsluiting

OPTIONEEL

Na afloop van deze scholingsdag heeft u 2 weken de mogelijkheid om online op www.nivaz.nl een examen te maken. Als u geslaagd bent krijgt u hiervoor een extra certificaat toegestuurd.

SPREKERS

Prof. dr. J.G. van der Hoeven, internist-intensivist, UMC St Radboud, Nijmegen

Mevr. K. Kinable, renal practitioner, Rijnland Ziekenhuis, Leiderdorp

Dr. A.C.J.M. de Pont, internist-intensivist, Academisch Medisch Centrum, Amsterdam

Dr. R.G.L. de Sévaux, internist-nefroloog, UMC St Radboud, Nijmegen

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	Points
Order of clinical lab tests	1
Order of tests in the radiology section of CPT	1
Review of tests in the medicine section of CPT	1
Discussion of tests with referring physician	1
Decision to obtain history from someone other than patient	1
Review and summarization of history obtained from someone other than patient or inclusion of case with another health care provider	2
Independent visualization of image, tracing or specimen (not simply review of report)	
TOTAL	

Bring total to line C in Final Result for Complexity (table below)

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not list all specific instances of medical care; the table is intended to be used as a guide. Circle the appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Use the level of risk identified in Final Result for Complexity (table below).

Diagnostic Procedure(s)	Management Options Selected
	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Diagnostic electrophysiological tests Diagnostic endoscopies with identified risk factors Fluorography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous or endoscopic with identified risk factors) Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

CONFIDENTIAL

History	PP ER: 1
Examination	PP ER: 1
Complexity of medical decision	SE ER: 1
Average Time (minutes) (Confirmatory consults & ER have no average time)	10 New (99) 15 Outpt (99) 20 Inpat (99) Conf (99) ER (99)
Level	1

INPATIENT

History
Examination
Average time (minutes) (Observation care has no average time)
Level

NURSING FACILITY

History
Examination
Complexity of medical decision
Average Time (minutes) (Confirmatory consults & ER have no average time)

DOMICILIARY

History

INSCHRIJVEN OP WWW.NIVAZ.NL

4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates more than 50% of the time, the physician may determine level of service. Documentation must refer