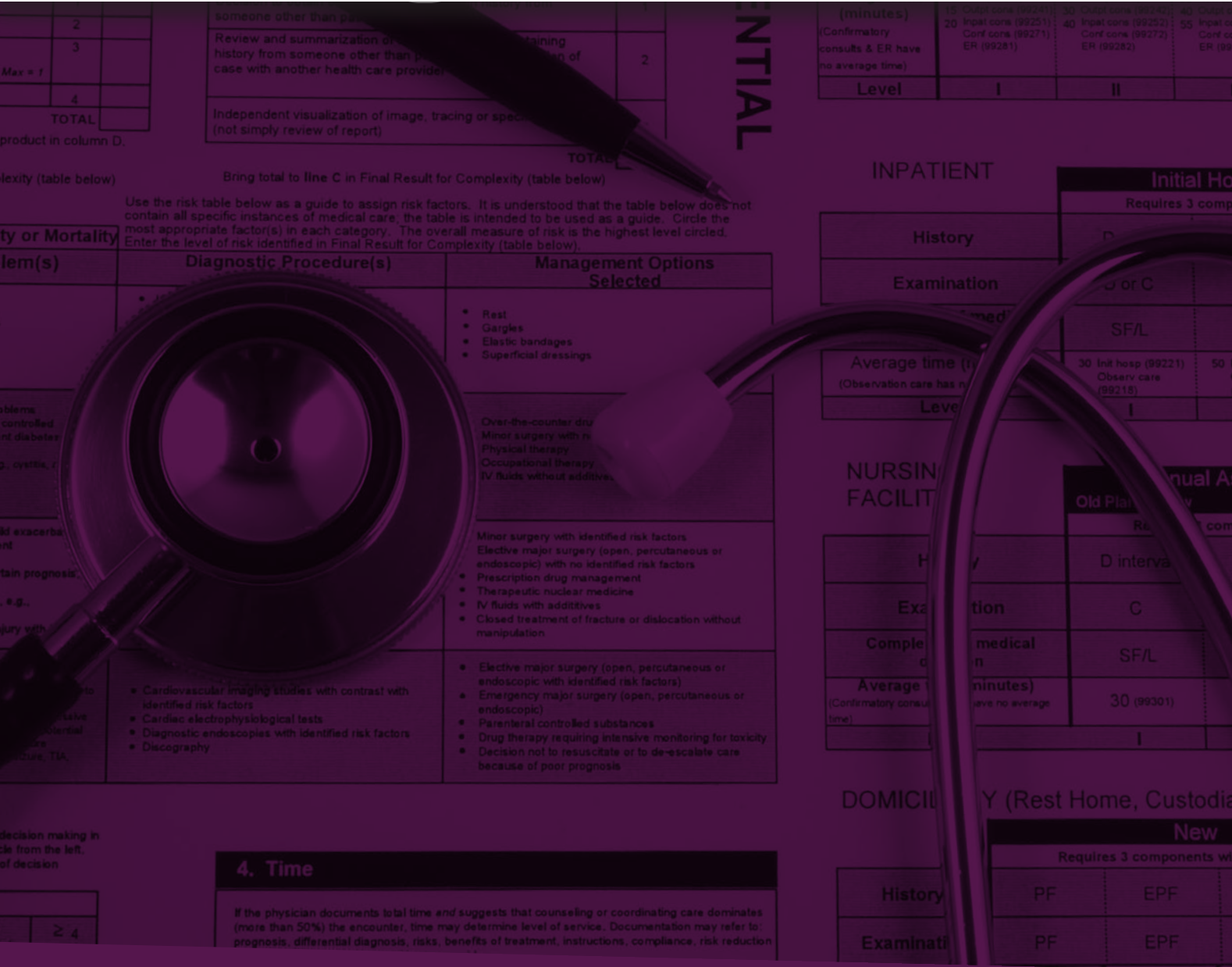


J A A R P R O G R A M M A

NEDERLANDS INSTITUUT VOOR ACUTE ZORG

2012



CRITICAL

someone other than patient or family member. Review and summarization of history from someone other than case with another health care provider. Independent visualization of image, tracing or specimen (not simply review of report).

INPATIENT

Initial History
Requires 3 components

Examination
SF/L

Average time (minutes)
(Observation care has no average time)

Level
I

NURSING FACILITY

Examination
C

Complexity
medical

Average time (minutes)
(Confirmatory consult time)

DOMICILIARY (Rest Home, Custodial)

New
Requires 3 components

History
PF EPF

Examination
PF EPF

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

Optimale voedingstherapie op de Intensive Care

Dagvoorzitter: Dr. A.R.H. van Zanten

09.00 uur

Ontvangst en inschrijving

09.30 uur

VOEDEN BIJ ERNSTIGE ZIEKTE: INLEIDING

Dr. A.R.H. van Zanten, internist-intensivist, Ziekenhuis Gelderse Vallei, Ede

10.00 uur

ENTERALE VOEDING: HOE BEREIK IK MIJN DOELEN?

- Maagretentie
- Prokinetica
- Dunne darmsondes

Dr. A. Beishuizen, internist-intensivist, VU Medisch Centrum, Amsterdam

10.50 uur

Pauze

11.10 uur

BEPALEN VAN DE HOEVEELHEID

- Energiebehoefte & Eiwitbehoefte
- Metabole monitoring

Dr. A. Beishuizen, internist-intensivist, VU Medisch Centrum, Amsterdam

11.50 uur

IMMUUNMODULERENDE INGREDIËNTEN: WANNEER?

- Glutamine & Arginine
- Visolie & Olijfolie
- Selenium
- Vitamine A, C, E

Dr. A.R.H. van Zanten, internist-intensivist, Ziekenhuis Gelderse Vallei, Ede

12.30 uur

Lunchpauze

13.20 uur

OPTIMALE PARENTERALE VOEDING

Drs. R. van den Berg, anesthesioloog-intensivist, TweeSteden Ziekenhuis, Tilburg

13.50 uur

INTERACTIEVE CASUSBESPREKING: DE MOEILIK TE VOEDEN IC-PATIËNT

Dr. A.R.H. van Zanten, internist-intensivist, Ziekenhuis Gelderse Vallei, Ede

14.30 uur

Afsluitende borrel

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

Dr. A. Beishuizen, internist-intensivist, VU Medisch Centrum, Amsterdam

Drs. R. van den Berg, anesthesioloog-intensivist, TweeSteden Ziekenhuis, Tilburg

Dr. A.R.H. van Zanten, internist-intensivist, Ziekenhuis Gelderse Vallei, Ede

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 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 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	SP 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	
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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