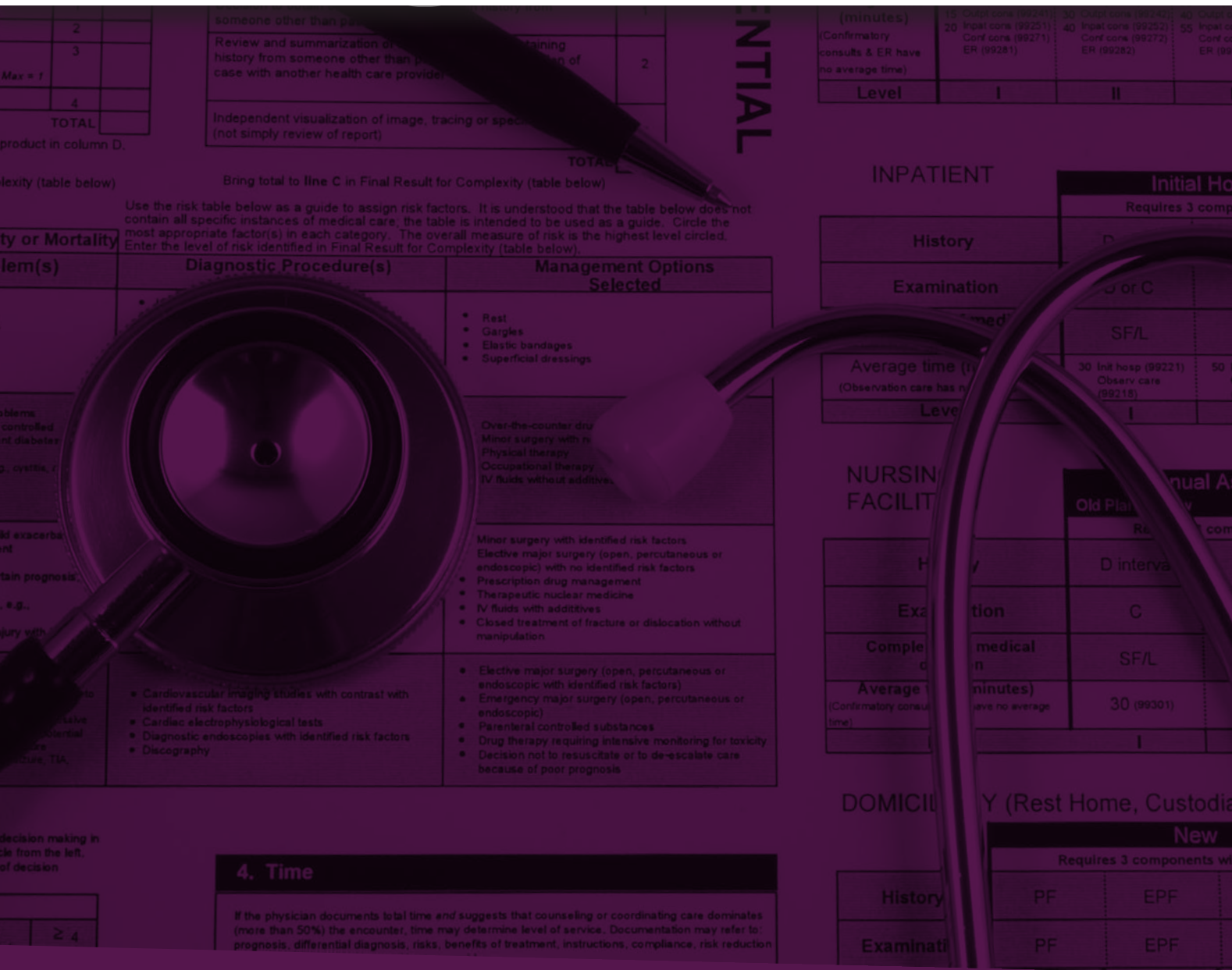


J A A R P R O G R A M M A

NEDERLANDS INSTITUUT VOOR ACUTE ZORG

2012



CRITICAL

2	1	30	40	55
3	2	20	40	55
4				
TOTAL				

someone other than patient or family member obtaining history from someone other than physician or other health care provider with another health care provider

Independent visualization of image, tracing or specimen (not simply review of report)

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 Level(s)	Diagnostic Procedure(s)	Management Options Selected
1	• Cardiovascular imaging studies with contrast with identified risk factors	• Rest • Gargles • Elastic bandages • Superficial dressings
2	• Cardiac electrophysiological tests	Over-the-counter drug Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
3	• Diagnostic endoscopies with identified risk factors	Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors
4	• Dacryography	• Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
5		• 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

INPATIENT

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

NURSING FACILITY

History	Old Patient
Examination	D Interval
Complexity	C
Average time (minutes)	30 (99301)
Level	I

DOMICILIARY (Rest Home, Custodial)

History	New
Examination	Requires 3 components with
	PF EPF
	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

Vroege herkenning en optimale behandeling van ernstige sepsis

Dagvoorzitter: Dhr. G. Douw, Mevr. M. Tromp

09.00 uur

Ontvangst en inschrijving

09.30 uur

HOE HERKEN JE EEN PATIËNT MET ERNSTIGE SEPSIS?

Drs. D.H.T. Tjan, anesthesioloog-intensivist, Ziekenhuis Gelderse Vallei, Ede

09.50 uur

SBAR COMMUNICATIE BIJ VITALE BEDREIGDE PATIËNTEN

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

10.30 uur

Pauze

10.50 uur

DE ROL VAN HET NIET-PLUIS GEVOEL VAN VERPLEEGKUNDIGEN

Dhr. G. Douw, verpleegkundig wetenschapper, Ziekenhuis Gelderse Vallei, Ede

11.10 uur

DE PATHOFYSIOLOGIE VAN SEPSIS

Prof. dr. P. Pickkers, internist-intensivist, UMC St Radboud, Nijmegen

11.50 uur

DE ROL VAN TIJDIGE EN OPTIMALE ANTIBIOTISCHE THERAPIE

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

12.30 uur

Lunchpauze

13.20 uur

EARLY-GOAL-DIRECTED THERAPY BIJ ERNSTIGE SEPSIS OP SEH EN IC

Mevr. M. Tromp, nurse practitioner, UMC St Radboud, Nijmegen

13.50 uur

DE ROL VAN APC EN CORTICOSTEROÏDEN BIJ ERNSTIGE SEPSIS

Prof. dr. P. Pickkers, internist-intensivist, UMC St Radboud, Nijmegen

14.30 uur

Pauze

15.00 uur

LONG-PROTECTIEVE BEADEMING EN STRIKTE GLUCOSEREGULATIE

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

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

Dhr. G. Douw, verpleegkundig wetenschapper, Ziekenhuis Gelderse Vallei, Ede

Prof. dr. P. Pickkers, internist-intensivist, UMC St Radboud, Nijmegen

Drs. D.H.T. Tjan, anesthesioloog-intensivist, Ziekenhuis Gelderse Vallei, Ede

Mevr. M. Tromp, nurse practitioner, UMC St Radboud, Nijmegen

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	S 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 the visit (CPT 99.20-99.23), then use the time to determine level of service. Documentation must refer