Problem List: Definition, Etiquette and Expectations

The Problem List is a crucial piece of a patient's medical record that all clinicians caring for a patient are expected to update and manage. An up-to-date Problem List will greatly assist in clinical care and documentation.

Health Link Problem List Definition

The Problem List is defined as the electronic list of diagnoses and conditions that have an impact on future medical care.

Problem List Management (Etiquette):

1. Clinicians in inpatient settings should actively manage the Problem List. ***Providers*** include physicians, nurse practitioners and physician assistants. ***Clinicians*** include providers, nurses, pharmacists, respiratory therapists, nutritionists, physical therapies, occupational therapists and speech therapists.
    a. **Non-provider clinician** may add medical diagnoses that have been made and documented in Health Link by a provider, or communicated directly from a provider to a non-provider clinician, e.g. acute myocardial infarction, drug overdose, torn rotator cuff, exacerbation of COPD.
    b. Problems specifying social issues, e.g. caregiver burden, financial difficulties, homelessness may be added even without prior chart documentation.
    c. Therapists may add a unifying medical problem in their domain but should avoid adding multiple diagnoses that are all related to the same underlying problem (e.g. Spasticity should not be added as a problem separate from Spastic Cerebral Palsy).

2. **Inpatient clinicians** should add to and update the problem list as follows:

    a. The provider who writes the **admission note** should *reconcile* the problem list. This ideally should be done on the day of admission, but must be done within 24 hours of admission.
    b. The provider who **discharges** the patient should *reconcile* the problem list. (After discharge, patients will be able to view the problem list on MyChart, and they will expect it to be accurate.)
    c. Clinicians who give **daily care** to a patient or who **consult** on a patient should add problems to the list as they are identified and refine, delete or resolve problems as appropriate during the admission.

3. **The Problem List should include only problems that have *current (or potential future) clinical importance* or may require repeated visits. Self-limited problems should be avoided on the Problem List. Problems specific to an inpatient stay should be *resolved* on discharge if no ongoing follow-up care for the problem is necessary**
4. When abstracting history, clinically important problems that are not actively managed or monitored should be added to the **Past Medical History (PMH)**, but not the Problem List (PL). An example of this would be a femur fracture sustained several years ago, but clinically resolved. A femur fracture actively being managed (e.g. an X-ray of the femur ordered or pain medication or physical therapy ordered) should be on **both** Problem List and Past Medical History.

Often overlooked are many problems that are **actively managed or monitored**, but clinicians fail to think of them that way. It is frequently noted that patients are given insulin for their pre-existing diabetes but will not have diabetes on their problem list. The same is often seen for hypertension medications. Any medication that is prescribed in the hospital represents a condition that should be on the problem list, and any tests or consultation that are ordered with respect to any condition beyond the reason for admission should also have all relevant corresponding diagnoses on the problem list.

5. New problems should be added to the Problem List by a clinician making a diagnosis or **reviewing outside documentation** of a problem. Clinicians should also add any currently active problems that are missing from the Problem List.
6. Surgical procedures may be included in the overview note of the corresponding problem. (For example, total hip replacement would be listed under DJD.). Surgical procedures should also be listed in the Past Surgical History (PSH). In acute situations, a surgical problem may be listed on the Problem List and then resolved following surgical correction of the problem and completion of post operative care. (For example, an ACL tear is a problem that should be resolved at completion of rehabilitation.) Post-operative care length may vary with the procedure performed. **Significant post-surgical states** such as *Presence of Liver Transplant* or *Heart Valve Replacement* should be included permanently as problems.
7. Problems can be *resolved, deleted or refined* while on the Problem List.
    - **Resolved**: A problem is no longer active and may be removed from the Problem List for that reason. (e.g. Pneumonia)
    - **Deleted**: A problem was entered in error or as a duplicate.
    - **Refined**: The entry on the Problem List has been changed to be more specific.
8. Inactive problems should be moved to the PMH or PSH (if appropriate) and *resolved* in the Problem List.
9. Any clinician may and should ***refine* the problem** to the most specific diagnosis based on best clinical judgment. (For example, an initial diagnosis of *chest pain* listed may be changed to *coronary artery disease* when diagnosed by cardiac catheterization.)
10. A brief note in the ***Overview Section*** should be used to provide highlights, status of workup, or additional key information for each problem.
    a. Recommendations:
        - Background on the problem can be recorded first in the Overview section.
        - Updates can be added to the problem in reverse chronologic order under the background information.
        - Remove information no longer relevant to problem.
        - Time-sensitive information should include date stamp. The “td” dot phrase is recommended.
11. Users may record individual **“encounter based” updates** to each problem in addition to the overview note. These updates can then easily be pulled into the daily progress note.

Problem List vs. Past Medical History vs. Past Surgical History

The **Past Medical History (PMH) is a comprehensive catalog** of all significant active and historical medical problems. The Past Surgical History (PSH) documents all past procedures and surgeries. Every effort should be made to be specific and complete with relevant dates and comments when available. Significant active medical problems documented on the Problem List (PL) should also be documented in the Past Medical History.

It is not appropriate for the Past Medical History to include self-limited and temporary problems, symptoms, inconsequential problems, and remote historical problems without continued importance.

Active Medical Diagnoses should be recorded in both the Problem List and the Past Medical History sections. Therefore, there will be overlap between the two lists. Both lists do need to be maintained, because they are used in different ways:

- Many physicians use the Problem List for ongoing patient management, both inpatient and outpatient.
- **Billing requirements require documented review of the Past Medical History rather than the Problem List.**
- **Prior medical diagnoses are included only in Past Medical History and not the Problem List**.

Proper Location of Items

Location	*Active* Medical Diagnoses	*Prior* Medical Diagnoses	Surgical Procedures
Problem List	**YES**	NO	SOMETIMES 1. Major surgical procedures that require lifelong monitoring should be listed as problems. 2. During a hospitalization, a surgery (e.g. s/p appendectomy) may be listed as a hospital problem. Typically this would be resolved at discharge or soon afterwards. 3. Otherwise, surgical procedures are not left on the problem list.
Past Medical History	**YES**	**YES**	NO
Past Surgical History	NO	NO	**YES**

Transfer of Items between Sections

Task	Tool #1	Optional Tool #2
PL to PMH	In the Problem List, right-click on the problem, and select *Add to Medical History.*	In the Problem List "Details" dialog box, click on the *File to History* button.
PMH to PL	Select the diagnosis in the PMH section. Then click on the *Add to Problem List* button.	
PL to Visit Diagnosis	Under Dx and Orders, copy a problem to the Diagnoses List by selecting the problem and clicking the left arrow.	
Visit Diagnosis to PL	Under Dx and Orders, copy the diagnosis to the Problem List by selecting the diagnosis and clicking on the right arrow.	
PL to PSH	There are no shortcut tools for moving items to/from the PSH section, because the Problem List vocabulary is *ICD-9* and the Past Surgical History vocabulary is *CPT*.	
PSH to PL		

Problem List (PL), Past Medical History (PMH), Past Surgical History (PSH)

Examples of *Appropriate* Problem List Entries

Problem Type	Example Entry
Chronic medical problems that require continued treatment, screening or monitoring.	• Diabetes types I & II • Glaucoma • Dyslipidemia • Hypertension • Insomnia
Recurring acute medical problems requiring evaluation or treatment	• Osteomyelitis • Paroxysmal atrial fibrillation
Any problem requiring the prescribing of scheduled or PRN medications chronically	• Chronic back pain • Chronic migraine headaches
Medical problems requiring laboratory testing for monitoring	• Atrial fibrillation (on anti-coagulation)
An acute symptom while under active evaluation for a diagnosis	• Unstable balance
Active or relapsing chemical dependency or abuse	• Alcohol Use Disorder • Tobacco Use Disorder
Family history (FHx) of disease if that conveys a significant health risk upon the patient	• FHx colon cancer
Positive screening tests that will impact on continuing care or disease risk	• Positive PPD • Elevated PSA

Examples of *Inappropriate* Problem List Entries

Problem Entry	Example	Proper Approach
Inactive or historical medical problems	• Health care associated pneumonia--should *not* remain on the Problem List (PL) after hospital discharge.	Transfer to Past Medical History (PMH) and resolve problem on the PL.
Inactive or historical completed surgeries	• Status post lumbar spinal fusion (could be placed temporarily on the problem list, but should not be permanently on the list)	Surgical procedures should be listed in the PSH. The procedure can also be listed in the Overview note for the medical problem corresponding to the surgical indication (eg Degenerative Disc Disease)
Minor, self-limited illnesses or complaints	• Acute urinary tract infection • Bronchitis	
Non-problems	• Physical exam • Encounter summation • Counseling	
Family history of limited or no significant health risk to the patient	• Lung cancer • Leukemia	
Screening study diagnosis	• Screening for breast cancer mammogram	
Symptoms, when a diagnosis exists.	• Chest pain (when attributable to coronary heart disease)	