



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT: PROBLEM LIST/PATIENT SUMMARY SHEETS**

**POLICY NO. 392**

<b>CATEGORY:</b> Health Information Management	<b>EFFECTIVE DATE:</b> 12/04
<b>POLICY CONTACT:</b> Charles Onunkwo	<b>UPDATE/REVISION DATE:</b> 8/21
<b>REVIEWED BY COMMITTEE(S):</b>	

**PURPOSE:**

To provide guidance on initiating and maintaining the patient problem list. The problem list compiles all past and current patient problems, including social, psychological, and medical problems, in one location. At a glance, providers can determine which problems are active or resolved and formulate treatment plans accordingly. Additionally, the problem list serves as a communication tool and aids in the evaluation and treatment decision when the patient is referred to a specialty physician for care.

**POLICY:**

Patients receiving continuing care in the acute and ambulatory settings are required to have a problem list as part of the medical record. The problem list is intended to promote continuity of care over time and among providers for the patient.

All clinic patients shall have a problem list initiated and maintained by the third visit. For inpatients treated for chronic or critical conditions, problems shall be entered onto the problem list upon discharge. The problem list shall include:

1. All significant past and current medical conditions, including social, psychological, and medical problems.
2. All significant operational/invasive procedures.
3. Medication allergies/adverse reactions.
4. Current chronic medications.

The problem list shall be maintained electronically in the hospital's Electronic Health Record (ORCHID).

**PROCEDURE:**

**A. Problem Lists**


1. All clinic patients will have a problem list initiated and maintained by the third visit. For patients treated for chronic or critical conditions, problems shall be entered onto the problem list upon discharge.
2. All providers should review the problem list, add problems, and enter updates as appropriate.
3. Primary care providers have ultimate responsibility for maintaining an accurate problem list.
4. To maintain usefulness of the problem list, problems shall be entered in a timely manner – at the

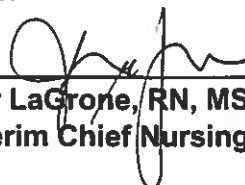
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**APPROVED BY:**

  
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conclusion of outpatient encounters or upon discharge for inpatient hospitalizations.

5. All problems will be listed as active until a licensed independent practitioner changes the problem to "resolved".
6. Only providers will be allowed to enter or edit designated problems or diagnoses onto the patient problem list.
7. Abbreviations shall not to be used in the problem list to ensure clear communication among all disciplines.