

PRACTICE PEARLS

Cutting costs by cutting swabs

Many family physicians use a cotton swab to apply a freezing agent when treating warts and other skin lesions. The most common swabs have either a solid tube, which I find to be of little use, or a hollow tube, which cost \$1 apiece from some medical supply companies. I just bought 500 hollow cotton swabs for \$1 at a local dollar store and cut them in half. That's 1,000 tubes for \$1 – and we wonder why the cost of medical care is so high.

Michael Niziol, MD
Dryden, N.Y.

Tetanus shot? The phone's for you

I work primarily in urgent care and frequently have to administer tetanus boosters. It is the rare patient who remembers when he or she last had a tetanus booster, let alone if it included pertussis. Nearly everyone has a cell phone if not a smartphone, though, and is accustomed to using it to remember appointments, contacts, tasks, and the like. Now when I administer a Td or Tdap booster, I suggest that the patient add a contact named "Tetanus" in his or her cell phone directory and, instead of a phone number, input the date of administration. Hopefully, my patients can avoid an unnecessary shot and charge the next time they present somewhere with an injury.

Tomm Vander Horst, MD
Wheat Ridge, Colo.

"A" is for asthma

When trying to assess over the phone whether a preschool- or school-age child with asthma needs to be seen immediately, I ask the parent to put the child on the phone to recite

Q&A

Dealing with patient records lost in a fire

Q My medical practice was destroyed by fire, including copies of my patients' medical records. What should I do?

A Following a disaster, the first step is to assess the damage to your practice and see what medical records you can salvage, if any.

You can also try to reconstruct at least some of the information through other means:

- Reprint any documents that you have saved on any databases or back-up servers.
- Retranscribe documents from the dictation system.
- Obtain copies of patient records from other facilities or hospitals if you have another health care system you interact with frequently.

If you are unable to reconstruct all of the patient's medical record, you should create a new record as follows:

- Document the date.
- Document the type of information that was lost and the

event precipitating the loss of the medical record.

- Document what and how information was reconstructed, if appropriate.

- Validate this entry into the medical record according to your practice policy.

When other facilities request copies of the medical record that was destroyed, include a copy of the entry documenting the loss of that information.

Finally, create and retain a record of the disaster event and a list of patient records affected, with recovery efforts documented. This will allow for easy retrieval of general information regarding the disaster if any legal or accreditation issues arise in the future.

Renaë Moch, MBA, CMPE
Director of Public Health
Bismarck, N.D.

the ABCs. If the child can't get past "C" before taking a breath, then the decision is clear. If the child makes it all the way through, however, I feel more comfortable recommending home care, at least initially, with the obvious cautions about when to call back or seek care. It seems to work

much better than asking either parent or child to rate the severity of the attack. I have also inadvertently diagnosed mild dementia in elderly patients using this approach.

Andrea Gordon, MD
Malden, Mass.

FPM

WE WANT TO HEAR FROM YOU

Practice Pearls presents readers' advice on practice operations and patient care, along with tips drawn from the literature. Send us your best pearl (250 words or less), and you'll earn \$25 if we publish it. We also welcome questions for our Q&A section. Send pearls, questions, and comments to fpm@afpf.org, or add your comments to the article at <http://www.afpf.org/fpm/2013/0700/p32.html>.