Performing and Documenting Level of Exam

- One to five bullets: Problem Focused
- Six to eleven bullets: Expanded Problem Focused
- Twelve or more bullets: Detailed

At least one bullet in each box with an unshaded border AND every bullet in each box with a shaded border.

**Problem Focused**

- Cardiovascular
- Gastrointestinal (Abdomen)
- Neurological/Psychiatric
- Respiratory
- Constitutional

**Expanded Problem Focused**

- Cardiovascular
- Gastrointestinal (Abdomen)
- Neurological/Psychiatric
- Respiratory
- Constitutional

**Detailed**

- Cardiovascular
- Gastrointestinal (Abdomen)
- Neurological/Psychiatric
- Respiratory
- Constitutional

**Comprehensive**

- Cardiovascular
- Gastrointestinal (Abdomen)
- Neurological/Psychiatric
- Respiratory
- Constitutional

**System/Body Area**

- **Specialty Exam:** Cardiovascular

Refer to data section (table below) in order to quantify. After reviewing the medical record documentation, identify the level of examination. Circle the level of examination within the appropriate grid in Section 5 (Page 3).

<table>
<thead>
<tr>
<th>System/Body Area</th>
<th>Elements of Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eyes</strong></td>
<td>Inspection of conjunctivae and lids (e.g., xanthelasma)</td>
</tr>
<tr>
<td><strong>Ears, Nose, Mouth and Throat</strong></td>
<td>Inspection of teeth, gums and palate</td>
</tr>
<tr>
<td></td>
<td>Inspection of oral mucosa with notation of presence of pallor or cyanosis</td>
</tr>
<tr>
<td><strong>Neck</strong></td>
<td>Examination of jugular veins (e.g., distension; a, v or cannon a waves)</td>
</tr>
<tr>
<td></td>
<td>Examination of thyroid (e.g., enlargement, tenderness, mass)</td>
</tr>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td>Examination of the back with notation of kyphosis or scoliosis</td>
</tr>
<tr>
<td></td>
<td>Examination of gait with notation of ability to undergo exercise testing and/or participation in exercise programs</td>
</tr>
<tr>
<td></td>
<td>Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements</td>
</tr>
<tr>
<td><strong>Extremities</strong></td>
<td>Inspection and palpation of digits and nails (e.g., clubbing, cyanosis, inflammation, petechiae, ischemia, infections, Osler’s nodes)</td>
</tr>
<tr>
<td><strong>Skin</strong></td>
<td>Inspection and/or palpation of skin and subcutaneous tissue (e.g., stasis dermatitis, ulcers, scars, xanthomas)</td>
</tr>
</tbody>
</table>

**Elements of Examination**

- Palpation of heart (e.g., location, size and forcefulness of the point of maximal impact; thrills; palpable S3 or S4)
- Auscultation of heart including sounds, abnormal sounds and murmurs
- Measurement of blood pressure in two or more extremities when indicated (e.g., aortic dissection, coarctation)
- Examination of:
  - Carotid arteries (e.g., waveform, pulse amplitude, bruits, apical-carotid delay)
  - Abdominal aorta (e.g., size, bruits)
  - Femoral arteries (e.g., pulse amplitude, bruits)
  - Pedal pulses (e.g., pulse amplitude)
  - Extremities for peripheral edema and/or varicosities

- Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff)
- General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)

- Examination of abdomen with notation of presence of masses or tenderness
- Examination of liver and spleen
- Obtain stool sample for occult blood from patients who are being considered for thrombolytic or anticoagulant therapy

- Brief assessment of mental status including:
  - Orientation to time, place and person
  - Mood and affect (e.g., depression, anxiety, agitation)

- Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement)
- Auscultation of lungs (e.g., breath sounds, adventitious sounds, rubs)

**Constitutional**

- Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff)
- General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)

Note: The chest (breasts), head/face, lymphatic and genitourinary body systems/body areas are not considered integral parts of this specialty exam.

(Enter the number of circled bullets in the boxes below. Then circle the appropriate level of care.)

**EXAM**

- **One to Five Bullets**
- **Six to Eleven Bullets**
- **Twelve or more Bullets**

**Answer the following two questions. If both answers are "yes," the appropriate level of exam is comprehensive.**

- Was at least one bullet documented in each unshaded box? [ ] Yes [ ] No
- Was each bullet in each shaded box documented? [ ] Yes [ ] No

**Problem Focused**

- Expanded Problem Focused
- Detailed
- Comprehensive