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PC.10.1.17 Provisional diagnosis.

- PC.10.2 The most responsible physician ensures all patients under his care have a complete medical assessment with all diagnostic tests and referrals as required to reach a final diagnosis.
  - PC.10.3 Medical assessment is performed by the most responsible physician or a member of the team who is qualified by license, certification, and experience.
  - PC.10.4 Diagnostic tests (e.g., laboratory and radiology) are available as indicated by the hospital's scope of service and the professional standards of care.
  - PC.10.5 Diagnostic tests (e.g., laboratory and radiology) are appropriately and timely ordered to aid in reaching a final diagnosis.
  - PC.10.6 The medical assessment is documented in the patient's medical record.
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**Standard Intent:**

The patient's initial medical assessment must cover all essential basic elements such as those mentioned in the substandard 10.1.1 through 10.1.17. In addition, an appropriately ordered diagnostic tests (laboratory and radiology) must be documented and available in the patient's file. It is the responsibility of a qualified and licensed physician under the supervision of the most responsible physician.

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**PC.11 Nursing assessment is completed and documented for each patient.**

- PC.11.1 The nursing assessment is performed by a staff nurse.
  - PC.11.2 The nursing assessment identifies the patient's nursing needs.
  - PC.11.3 The nursing assessment must be timely and complete.
  - PC.11.4 The nursing assessment is documented in the patient's medical record.
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**Standard Intent:**

Nursing assessments are primary to the initiation of care and may also identify a need for other assessments. The Nursing assessments are conducted by individuals qualified as registered nurse. The Nursing assessments must be completed and documented in patient's file in timely manner. Please identify timely.

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**PC.12 Additional and specialized assessments are performed for identified patient groups.**

- PC.12.1 There are criteria implemented to identify patient groups who need additional or specialized assessments.
- PC.12.2 Additional assessment includes, but is not limited to, the following categories:
  - PC.12.2.1 Patients in severe or chronic pain.
  - PC.12.2.2 Children.
  - PC.12.2.3 Frail and elderly.
  - PC.12.2.4 Suspected victims of abuse, neglect, and domestic violence.
  - PC.12.2.5 Drug abuse.
  - PC.12.2.6 Psychiatric disorders.



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PC.12.2.7 Women in labor.

PC.12.2.8 Terminally ill and dying patients.

PC.12.3 Specialized assessment includes patients with dental, hearing, eye or speech defects.

PC.12.4 When additional or specialized assessments are required, they are completed and documented in the patient's medical record.

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**Standard Intent:**

The information gathered at the initial medical and/or nursing assessment, may indicate that the needs further or more in-depth assessment such as dental, hearing, vision and/or specialized additional assessment in some categories of patients. These assessments must be completed and documented in patient's file.

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**PC.13 The hospital has a process to manage patients of suspected abuse, neglect, or domestic violence.**

PC.13.1 The hospital has a policy and procedure that defines the initial screening criteria and subsequent assessment of cases subjected to abuse, neglect, or domestic violence.

PC.13.2 The screening criteria are developed by qualified individuals.

PC.13.3 The policy defines the staff members responsible for assessment and management of such cases in accordance with the applicable laws and regulations.

PC.13.4 Staff members are aware of the relevant laws and regulations and are educated about managing cases of abuse and neglect.

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**Standard Intent:**

The assessment of patients subjected to abuse, neglect, or domestic violence are shaped by the culture of the patient population. These assessments are not intended to be proactive case-finding processes. Rather, the assessment of those patients responds to their needs and condition in a culturally acceptable and confidential manner. The assessment process is modified to be consistent with local laws and regulations and professional standards related to such populations and situations and to involve the family when appropriate or necessary.

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**PC.14 Patients are assessed, reassessed, and managed for pain.**

PC.14.1 The hospital addresses pain (acute/chronic) assessment and management as a patient's right.

PC.14.2 The hospital implements a policy that clearly defines:

PC.14.2.1 Requirements for a comprehensive pain assessment and management.

PC.14.2.2 Frequency of pain re-assessment.