


QUALITY WORK INSTRUCTIONAL MANUAL	 HALCYON MARINE HEALTHCARE SYSTEMS	DOCUMENT NO. QWI 5.0	EFFECTIVITY DATE: September 19, 2019
		PREPARED BY: Marilar F. De Guzman, MD QAM	REVISION NO.: 3 APPROVED BY: Glennnda E. Canlas, MD Medical Director
SUBJECT: WORK INSTRUCTIONAL FOR EXAMINING PATIENTS			

1.0 PURPOSE


1. The purpose of vital signs and history taking is to gather the baseline data of our patients that will help the Physical Examining Doctor to assess the general physical health of a person, give clues to possible diseases and identify the existence of an acute medical problem.
2. The purpose of physical examination is to verify gross significant findings on our patients that will coincide with their declared medical history, inclusive of past and present medical history.

2.0 DEFINITIONS AND ACRONYMS

1. BMI – body mass index
2. VS – vital signs
3. Impacted cerumen AU, AS, AD – ears are filled with wax obscuring view of tympanic membrane; AU- both ears, AS-left ear, AD-right ear
4. LASIK – laser-assisted in situ keratomileusis, a laser eye surgery that changes the shape of the cornea to eliminate the need for eyeglasses
5. Pterygium – is a growth of the conjunctiva or mucous membrane that covers the white part of your eye over the cornea
6. Heart murmurs – sounds during your heartbeat cycle — such as whooshing or swishing - made by turbulent blood in or near your heart. ... A normal heartbeat makes two sounds like "lubb-dupp" (sometimes described as "lub-DUP"), which are the sounds of your heart valves closing.
7. Undescended testicle – also known as (cryptorchidism) is a testicle that hasn't moved into its proper position in the bag of skin hanging below the penis (scrotum) before birth.

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8. Pilonidal sinus – is a small hole or tunnel in the skin. It may fill with fluid or pus, causing the formation of a cyst or abscess. It occurs in the cleft at the top of the buttocks.
9. Polydactyly – a condition in which a person or animal has more than five fingers or toes on one, or on each, hand or foot.
10. DRE – digital rectal examination
11. TM – tympanic membrane or eardrum
12. Blood pressure - is the measurement of the pressure of the blood in an artery.
13. Height - the measurement from head to foot.
14. Weight - a body's relative mass or the heaviness of a person
15. Vital Signs – this is the baseline measurement of the patient which include the Blood Pressure, Height and Weight.
16. Personal Declaration Form – it is a hard copy form given to all patients for them to declare any medical history they have.
17. Disclaimer and Waiver Form – it is a form given to all patients to certify that all information provided by them are true and correct, and which the result can be shared to their agency.
18. Prehypertension Form – it is a form given to a patient whose Blood pressure falls beyond the normal range, which is 120/80.
19. American P&I form – also called the American Club Medical History Questionnaire, given to all American P&I package patient, for them to declare any medical history they have.
20. Danish form – also called the Danish Maritime Authority Form, given to all Flag Danish patient, for them to declare any medical history they have.
21. Malta form – a form given to all Flag Malta patient, for them to declare any medical history they have.
22. MCA form – also called the Maritime Coastguard Agency, it is given to all MCA flag patient as a consent that they will be examined by the MCA doctor and shared their result to the MCA.

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23. UKOOA form – also known as United Kingdom Offshore Operators Association. It is presently called Oil & Gas UK (OGUK) given to all patient undergoing OGUK medical, for them to declare any medical history they have.
24. Qatargas form – it is a medical examination form given to all Qatargas patient, for them to declare any medical history they have.
25. Swedish form – a form given to all Swedish Club Package patient, for them to declare any medical history they have.
26. Standard form – a form given to all Standard Club Package patient, for them to declare any medical history they have.
27. Japan form – a form given to all Japan Club Package patient, for them to declare any medical history they have.
28. West of England form – a form given to all West of England Club Package patient, for them to declare any medical history they have.
29. Shipowners form – a form given to all Shipowners Package patient, for them to declare any medical history they have.
30. Hypertension – also known as high blood pressure (HBP), is a medical condition in which the blood pressure in the arteries is persistently elevated - 130/90.
31. Diabetes Mellitus – commonly known as diabetes, is a group of metabolic disorders characterized by high blood sugar levels over a prolonged period.
32. Impaired glucose tolerance/Impaired fasting glucose – is a type of prediabetes, in which a person's blood sugar levels are higher than normal but not high enough to be classified as diabetes.
33. Hyperuricemia – is an elevated uric acid level in the blood.
34. Dyslipidemia – is an abnormal amount of lipids (e.g. triglycerides, cholesterol and/or fat phospholipids) in the blood.
35. Hepatitis – is an inflammation of the liver in which can be classified into different types – A, B, C, E.

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36. Isolated hyperthyroidism/Hyperthyroidism – occurs when your thyroid gland produces too much of the hormone thyroxine
37. Hypothyroidism – means that the thyroid gland can't make enough thyroid hormone
38. Iron deficiency Anemia – a condition in which blood lacks adequate healthy red blood cells
39. Thalassemia Trait – inherited blood disorder characterized by less hemoglobin and fewer red blood cells in your body than normal
40. Pulmonary Tuberculosis – is defined as an active infection of the lungs
41. Latent Pulmonary Tuberculosis – someone who are infected with the TB bacteria but do not have signs of active TB disease and do not feel ill.
42. Asthma – is a condition in which your airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing and shortness of breath.
43. Allergic rhinitis – also known as hay fever, is a type of inflammation in the nose which occurs when the immune system overreacts to allergens in the air.
44. Peritonsillar Abscess – is a bacterial infection that usually begins as a complication of untreated strep throat or tonsillitis. It generally involves a pus-filled pocket that forms near one of your tonsils
45. Tonsillopharyngitis – acute infection of the pharynx, palatine tonsils, or both
46. Nephrolithiasis – a stone in the kidney (or lower down in the urinary tract)
47. ESWL – Extracorporeal shock wave lithotripsy (ESWL) uses shock waves to break the kidney stone into small pieces that can more easily travel through the urinary tract and pass from the body.
48. Chickenpox – is a highly contagious disease caused by the varicella-zoster virus (VZV). It can cause an itchy, blister-like rash. The rash appears first on the chest, back, and face, and then spreads over the entire body.
49. Measles – is a childhood infection caused by the rubeola virus

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50. Mumps – is a contagious disease that is caused by a virus. It typically starts with a few days of fever, headache, muscle aches, tiredness, and loss of appetite. Then most people will have swelling of their salivary glands. This is what causes the puffy cheeks and a tender, swollen jaw.

51. Dengue fever – fever is a mosquito-borne disease that occurs in tropical and subtropical areas of the world. Mild dengue fever causes a high fever, rash, and muscle and joint pain

52. Typhoid fever – is a bacterial infection that can lead to a high fever, diarrhea, and vomiting.

53. Laparoscopic Cholecystectomy – removal of gallbladder making only five small incisions into the abdomen using a laparoscope - a narrow tube with a camera

54. Open Cholecystectomy – gallbladder removal is surgery to remove the gallbladder via a single, large open incision in the abdomen.

55. Hemorrhoidectomy – surgery to remove hemorrhoids

56. Herniorrhaphy – refers to the surgical repair of a hernia, in which a surgeon repairs the weakness in your abdominal wall

57. Appendectomy – is the surgical removal of the appendix

58. Exploratory Laparotomy – is a surgical operation where the abdomen is opened and the abdominal organs examined for injury or disease

59. Tonsillectomy – is a surgical procedure during which a surgeon removes the palatine tonsils from the top of a person's throat.


60. Laminectomy – a surgical operation to remove the back of one or more vertebrae, usually to give access to the spinal cord or to relieve pressure on nerves.

61. Discectomy – surgical removal of the whole or a part of an intervertebral disc.

62. Open Reduction and Internal Fixation – is a type of surgery used to fix broken bones - can be done with screws, plates, rods, or pins that are used to hold the broken bone together.

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63. Closed Reduction – is a procedure to set (reduce) a broken bone without cutting the skin open. The broken bone is put back in place, which allows it to grow back together.

64. Amputation – is the removal of a limb by trauma, medical illness, or surgery

65. Nephrolithotomy – is a procedure used to remove kidney stones from the body when they can't pass on their own. A scope is inserted through a small incision in your back to remove kidney stones.

66. Varicocelelectomy – is a surgery performed to remove those enlarged veins. The procedure is done to restore proper blood flow to your reproductive organs

67. Tympanoplasty – is the surgical operation performed for the reconstruction of the eardrum (tympanic membrane) and/or the small bones of the middle ear (ossicles).

68. Coronary Artery Bypass Surgery – is a type of surgery that improves blood flow to the heart.

69. Pterygium – is a growth of the conjunctiva or mucous membrane that covers the white part of your eye over the cornea.

70. Lipoma – is a lump under the skin that occurs due to an overgrowth of fat cells.

71. Abscess – is a painful collection of pus, usually caused by a bacterial infection.

72. Carbuncle – is a red, swollen, and painful cluster of boils that are connected to each other under the skin.

73. Wound debridement – medical removal of dead, damaged, or infected tissue to improve the healing potential of the remaining healthy tissue.


74. Color Vision Deficiency – is the inability to distinguish certain shades of color.

75. Gravidity – the number of times that a woman has been pregnant

76. Parity – the number of times that she has given birth to a fetus with a gestational age of 24 weeks or more, regardless of whether the child was born alive or was stillborn.

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77. Normal spontaneous delivery – or vaginal delivery is the birth of offspring (babies in humans) in mammals through the vagina
78. caesarean section – also known as C-section, or caesarean delivery, is the use of surgery to deliver babies
79. Dental extraction – is the removal of teeth.
80. Repatriation – the return of someone to their own country.
81. Furunculosis – an infection of the pilosebaceous unit that occurs at sites of friction, such as the inner aspects of the thighs and buttocks.

3.0 TOOLS AND EQUIPMENTS


1. Mounted Diagnostic Set
2. Weighing scale w/ Stadiometer
3. Mounted BP apparatus
4. Tape Measure
5. Gloves and N95 Mask
6. Lubricating Jelly
7. Stethoscope
8. Ear thermometer

4.0 WORK INSTRUCTION FOR EXAMINING PATIENTS

1. Receive the patient, introduce yourself and offer the patient a seat.
2. Verify the identity of the patient based on the obtained ticket. Check the ID, picture and name on the database.
3. Advise the patient to sign in the PE logbook and forms. Ensure to issue the appropriate forms and numbers of copies for patient's completion. Check the correctness of entries with signature and date.

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4. Encode the vital signs and history taking and record it on the Patient's logbook.
 5. Instruct the patient to wait for their number to appear on the monitor for queuing on other tests in the waiting area.
- Note: Rush cases must be prioritized based on the endorsement and identify rush cases through "NS" marking on the ticket, which stands for Need Status.
6. Advise the patient that once all tests are done on the Ground floor, he should proceed to the 3rd floor and have his ticket activated again. Then, he must wait for his number on the waiting area for other tests, including physical examination to be done by the PE Doctor.
 7. Once the queue number is called, the patient will submit his/her ticket on the PE Doctor.
 8. The PE Doctor will advise the patient to hang his/her HMHS ID outside the door knob.
 9. The PE Doctor will verify patient's identity based on the ticket and checks his PEME number in the database.
 10. The PE Doctor will introduce himself/herself to the patient before proceeding with Medical History and Physical Examination.
- Note: Always ask the patient's consent in case when there is more than one (1) PE Doctor in the PE room.
11. Encode the results in the database.
 - a. Click start, then Mozilla Firefox or Google Chrome.
 - b. Search and click <https://inet4.halcyonmarine.com.ph>: Type the username and password, then click Log In.
 - c. Click Diagnostic at the top of the web page.
 - d. Select PE 1 to 5 to search for a patient
 - e. Click the time.
 - f. Click serve.
 - g. Click edit history.

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- h. Encode/ verify history taking.
12. Do a complete examination of the patient.
Note:
 - a. If abnormal, note the results with a description and attach photos if necessary;
 - Note the suggestion for referral to a specialist.
 - b. If with minor medical conditions, give treatment to patients.
13. Encode the results of findings.
 - a. Click edit Physical Examination
 - b. Encode results
 - c. Click save then done
14. PROCEDURE FOR UPLOADING PHOTOS OF SIGNIFICANT FINDINGS OF PATIENT:
 - a. Take a picture of actual findings on patients. (I.e. mass/cyst, varicose veins, lesions, hernia and other pertinent findings.)
 - b. List the name of the patient, PEME number and image number taken for renaming of photos.
 - c. Entrust the camera to the CSO/History Nurse to be forwarded to the MIS personnel for uploading of pictures.
 - d. Once uploaded by MIS personnel, the PE Doctors should recheck patient's PE window, if the picture was properly uploaded and renamed.
15. The PE Doctor will collect forms accomplished by the patient.
16. Endorse the patient to the guard, if all tests are completed, otherwise, advise the patient to wait for their number to appear on the monitor for the next examination.
17. Click next to receive a new patient for PE.
18. The History Nurse to collate the necessary forms from the PE Doctor at the end of the day. All collected and checked forms will be submitted to the Documentation Unit. The Documentation Officer in-charge will counter sign on the log book as an acknowledgment.

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5.0 WORK INSTRUCTION FOR HISTORY AND VITAL SIGNS TAKING

A. SCREENING AND NEW PATIENTS


1. Receive the patient, introduce yourself and offer the patient a seat.
Note: In case of manual queuing, coordinate with the CSO to instruct the patient to stay in the waiting area.
2. Verify the identity of patient for history taking and vital signs through the obtained ticket. Check ID, picture and name on the database.
3. Advise the patient to place his/her jewelries and other valuables inside the patient's bag.
4. Explain the procedure to the patient and instruct to remove external clothing for the purpose of obtaining height and weight.
Note: Indicate in the patient's database if the patient refuses
5. Get the BP of the patient on the left and right arm.
6. Encode the results to the system and record it on the logbook for backup.
 - a. Click start, then click Mozilla Firefox or Google Chrome.
 - b. Search and click <https://inet4.halcyonmarine.com.ph>: Type the username and password, then click log in.
 - c. Click Diagnostics at the top of the web page.
 - d. Select SPIROMETRY 1 to 2 to search for a patient.
 - e. Click the time.
 - f. Click Vital Signs.
 - g. Encode the vital signs.

B. PROCEDURE FOR DIGITAL SIGNING

- Note: Digital Signing is done for all patients. History Nurse ensures the quality of the signature.
- a. Open Topaz SigPlus Demonstration.

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- b. The toolbar will appear on screen.
- c. Click Properties → Display → Pen Width (5) → Image → Pen Width (5) → File Format (4) → Apply → OK → Start
- d. Has the patient sign on the digital pad (hooked on the computer) using the digital pen.
- e. Have the patient check the signature if complete, including dots and lines.
- f. Save the document → JPEG → save
- g. Click the history module → click browse → patient's digital signature → enter digital sign → click add attachment → signature appears below the history remarks.
6. Distribute the correct and appropriate forms, disclaimer and waiver and number of copies.
7. In cases wherein there is a high volume of patients, history nurse will assist PE doctors. The nurses conducts interview of the patient's medical history prior PE.

6.0 PROCEDURE FOR PATIENTS WITH SPECIAL FORMS (AP&I, MALTA, DANISH, SWEDISH, MSC, MCA, UKOOA FORM)

1. The Receiving Front Desk Personnel must note on the ticket if the patient is required to fill in the form.
2. The History nurses check the notation aside from other Special Instruction. After checking, a marking of "PEMD" will be written on the right side of the ticket, for PE Doctor's traceability that special forms were checked.
3. After checking of vital signs, the nurse in charge of history taking must provide and explain the required forms needed by the patient's company. The History nurse must advise the patient to accomplish the forms.
4. Advise the patient to proceed to the waiting area for their next queue.

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5. Prior to PE examination of patient on the 3rd floor, the PE Doctor must check the ticket for "PEMD" notation. If found, ask the form and check if the information details answered by the patient are matched with the patient's record in the system.

6. The PE Doctors will instruct the patient to return the Special Form to the History Taking Room 9.

7. The History nurse will encircle the notation Special Form and put their initials on the Ticket/Follow-up Form, this procedure serves as a guide to the Lobby Reception or Follow up Reception personnel that the special forms are accomplished and submitted. All special forms will be submitted to the Documentation Unit.

8. The Documentation Officer in-charge must counter sign on the logbook as an acknowledgment.

7.0 PROCEDURE FOR COLLECTING, SCANNING AND DISPOSAL OF PERSONAL DECLARATION AND PATIENT DECLARATION FOR PRE- HYPERTENSION

1. Personal declaration and Patient Declaration for Pre - Hypertension are collected at the end of the shift from the PE Doctors.

2. History nurse will scan the Personal Declaration and Patient Declaration for Pre-Hypertension forms within the day.

3. Scanned Personal Declaration and Patient Declaration for Pre- Hypertension forms will be uploaded to the patient's folder in Google drive.


4. It will be given to the Utility for shredding after a month.

8.0 PROCEDURE FOR COMPLETION OF PERSONAL DECLARATION FORM

1. The patient from the Guard will proceed directly to History Taking Unit (Room 9, Ground Floor) for complying and accomplishing of Personal Declaration Form.

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2. The History nurse will check the Follow-up Instruction and History of the patient.
3. The History nurse will provide and explain the information that needs to input in Personal Declaration Form.
4. After the patient filled up the form, the History nurse will collect and check all the entries written by the patient.
5. After that, the nurse in charge of history taking will scan the Personal Declaration Form.
6. Scanned Personal Declaration Form will be uploaded to the patient's folder in Google drive.
7. The History nurse will note "RECEIVED PERSONAL DECLARATION FORM" in follow-up Instruction and inform the Processing unit through Skype.

9.0 PROCEDURE FOR COMPLYING OF PERSONAL DECLARATION FORM

1. Personal Declaration Forms are collected at the end of the shift from the PE Doctors.
2. The History Nurse will check the total number of Personal Declaration Form and number of patients facilitated by PE Doctors.
3. If the Personal Declaration Forms and number of patients facilitated by PE Doctors is not tally, the History Nurse will note "TO COMPLY PERSONAL DECLARATION" in the Follow-up Instruction.
4. The History Nurse will scan all Personal Declaration forms.
5. Scanned Personal Declaration Forms will be uploaded to the patient's folder in Google drive.
6. Hard copy will be shred daily by History Nurse.

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10.0 CONTINGENCY PLAN IN CASE OF A POWER OUTAGE/ SYSTEM DOWNTIME


1. The History Nurse must call the patients from the waiting area.
2. Records the Vital Signs results on the Logbook.
3. Interviews the patient in their medical history prior to physical exam.
4. The History Nurse must also provide the Personal Declaration, Disclaimer and Waiver, and all special forms like MALTA, DANISH, AP&I, UKOOA, MCA, MSC, SWEDISH, STANDARD to be filled up by the patient. The forms must be explained properly to the patient before endorsement.
5. The PE Doctors must be provided with a controlled form to fill in the history and physical examination of patients. The form has the same outline as with the system.
6. The PE Doctors must record a thorough history taking of the patient on the PE and family medical history form, which includes the following:
 - a. Patient's name and signature
 - b. Complete physical examination, vital signs and BP
 - c. Necessary measurements
 - d. Normal and abnormal findings
 - e. Photos for significant findings

Note: Photos must be saved in the camera for uploading when system/electricity is up.
7. PEMD in charge must affix signature on the end page of the form.
8. Vital signs, history and PE results will be encoded by the History nurses when the system is already functioning.

11.0 PROCEDURE FOR PATIENTS WITH JAPAN P&I, STANDARD, SHIPOWNERS, WEST OF ENGLAND FORMS

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1. The History Nurse will indicate notation on the Ticket or Follow-up form of the patient with regards to the type of special forms based on the Company and Medical Package. In this manner, PE Doctors will be able to check the required forms easily aside from confirming the Special Instruction in the patient's database.

2. The History Nurse will provide and explain the required forms that the patient needs to fill up as per request by their Company. The type of forms are All Standard, Japan P&I, Shipowners, and West of England Package.

Note: PE Doctors should be aware of the different special forms (Japan P&I, Standard, Shipowners, West of England) requested by the Company.

3. Prior Physical Examination procedure, the PE Doctors shall check the special forms required from the patient and collects the form.

4. He/She then verifies information written by the patient during physical examination and check all the entries written by the patient. The Data written by patient on the forms should correspond with the information from the history and physical exam.

5. After verifying the information on the form and confirming correctness of entries, the PE Doctor shall affix his/her signature on the form. Then instructs the patient to return the Special form to History Taking Room 9.


6. The History Nurse will encircle the noted special form and affixed their initials on the Ticket/Follow up form (for comeback patient), so the person in charge in the Lobby Reception or Follow up Receptionist can confirm that the special form was already accomplished and submitted to the concerned unit.

7. The History Nurse will encode the PEME #, Name, Company, Form, Date Given and Date Received in Monitoring system on Google drive.

8. In case the patient did not return on the following day, the history nurse coordinates with the PEME Account Specialist to communicate the patient with his/ her pending via call or mobile phone messaging (SMS).

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12.0 PROCEDURE FOR THE CARE AND SAFETY OF INSTRUMENTS AND SUPPLIES AT PE UNIT

1. History nurse assigned at the third floor inspects PE room before a PE doctor goes home in the afternoon. The nurse checks that all instruments such as stethoscope and ear thermometer are not defective and kept inside the pedestal.
2. All medical supplies including logbook are kept and locked at the pedestal at the end of the day.
3. Each PEMD has a copy of pedestal key and locks her pedestal at the end of the day after the history nurse has checked it. PEMDs bring home her/his own key and responsible to open her own pedestal the next day.
4. Once pedestal is locked the nurse will ask PEMD to sign daily the logbook, stating that his assigned PE room and pedestal has been checked to be completed with supplies and instruments.
5. Also the nurse checks daily all PE rooms that the mounted diagnostics sets and sphygmomanometer and weighing scale are all functioning by confirming with the assigned PEMD for the PE room.
6. Sphygmomanometer and ear thermometer issued to each PEMD should come with an accountability form, signed; and PEMD is given a duplicate copy of the said form.

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