

PRACTICE ORGANISATION

A treatment card for patients

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The need for a card

Continuity of medical treatment in the days of rota systems and rotating junior hospital staff is becoming more difficult. In addition, the increasing risk of drug interactions makes it essential for details of a patient's treatment to be immediately available. Knowledge of a patient's history, allergies and blood group is useful. When treatment is changed between the time of referral to hospital and the time of consultation, or between two outpatient appointments it may be valuable for the examining doctor to know of these changes.

Hospital doctors become able to record a new treatment for a patient before the outpatient or discharge letter is dictated, typed, and posted to the general practitioner.

The Medic Alert Foundation³ produce a bracelet for some conditions to identify patients at risk; the British Diabetic Association provide an identity card for diabetics; the Association of the British Pharmaceutical Industry provides a card for patients taking mono-amine oxidase inhibitors and there is a card for anticoagulant treatment; the National Health Service provides a steroid treatment card; but there is no comprehensive treatment card for patients to carry although an experimental card has been used during the last five years in the National Health Service in Perth and in Renfrewshire.

Description of the card

Four years ago a comprehensive record card was introduced. Initially, duplicated foolscap sheets were used, carrying printed instructions to the patient. Space was provided for the patient's name and address and in table form: the date on which treatment started, the drug prescribed, the dose, the date treatment stopped, and comments.

However, it was found that these sheets quickly became tattered and torn so a more permanent record card was sought.

West (1967) in New Zealand, used a personal record card, and recommended that the design should be of pocket size. The Royal Netherlands Medical Association used a card kept in a transparent wallet.

PERSONAL TREATMENT RECORD
Name
Date of Birth.....
N.H.S. No.....
Address
.....
.....
General Practitioner:

Figure 1.
Front of card (2/3 natural size)

Blood Group.....
Rhesus Factor
Allergies
Past History:

Figure 2.
Back of card (2/3 natural size)

The new record card fits into the plastic wallet of the steroid cards and is made of 'astralux', with a glossy surface on one side and a plain surface on the other. The glossy surface wears well and will take the writing of a ball point pen without smearing. The patient's name, date of birth, National Health Service number, address, and the name of the general practitioner are on the front of the outside (Figure 1). The patient's blood group, rhesus factor, allergies and past history are on the back (Figure 2). The history can be given as a number using either the

Drug	Dose	Date Started	Date Stopped	Comments

Figure 3
Inside of open card (2/3 natural size)

International Classification of Diseases or the shortened classification of the Royal College of General Practitioners, if it is thought that the patient should not know. The inside of the card is kept solely for recording treatment; the form is the same as the original treatment sheets. The outer, shiny side of the record card is coloured yellow for ease of identification and as it is the colour used by the committee for adverse reaction reports. The cost of 2,000 cards was £14.

Use of the card

A card is issued whenever a patient is given any treatment. Completing the details, especially the past history, is itself useful. When the treatment details have filled the inside, the form is moved to a new card. Initially, it is time-consuming, but after practice the process becomes automatic. The patient presents his card whenever he sees a doctor or if he requires a repeat prescription (authorised by the doctor).

Should the patient be admitted to hospital in an emergency, he has an immediate record of his treatment, for any doctor to see. This avoids a search for the drug bottle or telephone call to the general practitioner.

Both patients and doctors must keep the records up to date and the cards must be produced on all occasions.

Discussion

I have about 700 patients using these cards. They are rarely lost but people in dirty jobs often leave them at home to keep them clean. The only criticisms made have been that the new cards are rather small and that my writing sometimes is not clear.

I suggest that consideration be given to providing such cards through the National Health Service.

Summary

A personal record card for the patient to carry outlining his drug treatment is described. Completion of the card is simple. Once familiar to practitioner and patient, much time can be saved and many misunderstandings avoided.

REFERENCES

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