

A contraception record card for use in general practice

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SUMMARY. This paper describes a contraceptive record card and flow sheet. The aim of the card is to produce better surveillance of contraceptive care by promoting the collection and array of important information for clinical decision-making.

The purpose of this paper is to initiate the adoption of a standardized card for general use.

Introduction

Since 1975, and the introduction of free contraceptive advice within the British NHS, general practitioners may expect their patients to use this service with increased frequency (DHSS, 1973).

The growth of group practices, the use of rota systems, and the increased mobility of patients makes it ever more important for records to be clear and comprehensive (Woods, 1974). The value of good medical records and record-keeping is widely recognized (Cormack, 1970).

Although the Department of Health and Social Security (1975) has agreed to the introduction of the A4 folder for general practice, the prevailing economic climate prevents this. The card illustrated (Figures 1a and b) fits into the present record envelope, but could be adapted for use in an A4 record.

Collection of basic data

In developing this card, an attempt has been made to organize information on all the conditions about which enquiries should be made, and to leave space available for further relevant details to be recorded.

It is not intended that the card should be used solely for those taking an oral contraceptive. A comprehensive picture will be gained only if all those seeking contraceptive advice have the same basic information recorded.

Use of the card

The present size of record envelope inhibits the recording of a series of negative responses, after systematic enquiry and examination have been undertaken. This gives rise to two particular difficulties. First, the practitioner may reduce gradually the topics of preliminary assessment and, second, the absence of a record of negative responses may suggest at subsequent consultations that a proper history and examination have not been undertaken. Systematically completing such a card, however, erases these difficulties and ensures that important points are not neglected.

Design of the card for easy reference

When designing the card, the various details to be included were listed and a rough format evolved. A design artist was then asked for his professional opinion, and an experimental layout was suggested. A number of copies of this design were made and tested, and the need for some modifications became clear.

The front of the card (Figure 1a) is divided by vertical and horizontal lines and lettering. The card is intended for use over a six-year to nine-year period: less than this would diminish the value of a continuation record, and longer might result in the insidious erosion of the accuracy of the relevant basic data recorded at the initial consultation. The horizontal arrangement of the record makes more effective use of the space available by reducing the total number of lines and increasing their length.

Details of the initial consultation together with those of previous contraception, rubella immunization/infection, and significant positive responses from the reverse of the card, are recorded. The parameters of assessment for further advice on contraception are outlined below this and a blank column is made available for the inclusion of an additional parameter at the discretion of the individual practitioner. The details of the initial consultation placed above the continuing record make reference at future consultations simple.

[illegible]

Figure 1a. Front of contraception record card.

Figure 1b. Reverse of contraception record card.

PERSONAL/FAMILY HISTORY							
HEADACHE						SMOKES	
METABOLIC DISORDERS				HYPERTENSION			
THROMBOEMBOLISM				JAUNDICE			
BREAST PROBLEMS				VARICOSE VEINS			
OTHER ILLNESS							
MENSTRUAL HISTORY							
MENARCHE				CYCLE			
DYSMENORRHOEA				OTHER			
OBSTETRIC HISTORY							
DATE	SEX	WEIGHT	CLINICAL DETAILS				
CERVICAL SMEAR							
DATE							
CLASS							

The reverse of the card (Figure 1b) shows basic data. The wording and spacing have been arranged into a system. An attempt has been made, however, to create a versatile framework into which practitioners can fit those details of a patient's medical history which they consider more important.

The information on the reverse of the card is readily available also, but reference to it may not be necessary at each consultation.

The card should have a distinctive colour, and it should be possible to photocopy the record. Yellow would fulfil these conditions, and has the advantage of being a colour not used currently in the medical records.

Conclusion

There is much evidence available to show that it is possible to improve the standard of record-keeping in general practice (Kuenssberg, 1964; Munro and Ratoff, 1973). Only one other project concerned with special contraceptive records could be found when the published work on innovations in medical records was reviewed (Bull, 1973).

This contraception card is presented for constructive criticism with the hope that it will be suitably modified or adopted unchanged, and that subsequently, with the endorsement of the Royal College of General Practitioners, it will come into general use.

The real value of an accurate medical record is not disputed. The widespread use of such cards, when they are appropriate, should improve accuracy and, equally important, aid the communication of relevant information.

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	(£75 per week)	(£95 per week)

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