



Policy/Procedure No. xxx-x
Originator: Dept / Clinical
Effective Date: 10/24/2013,
Revise Date: 04/23/2015

**Santa Rosa Community Health Centers  
POLICY / PROCEDURE**

**Medical Assistants Rooming Patients/ vital signs**

**I. PURPOSE**

Standardize the way all Medical Assistants are doing pre-visit planning and rooming patients.

**II. POLICY**

Medical assistants are responsible to perform pre-visit planning and initiating pre- visit huddle with providers. All Medical Assistants will obtain and document all the necessary information when rooming patients.

**III. PROCEDURE**

1. Before the shift begins the MA will obtain a schedule for the provider they are assigned to with that day. Use the schedule for making notes
2. Find 5-10 minutes to meet with your provider in the first half hour of the shift
3. Make sure labs / imaging, and consult notes are available
4. Obtain any ER, Inpatient hospital notes if applicable
5. Look through the patients CDSS/ HPI to anticipate if the patient is due for any Immunizations or labs
6. Each site may make additions to the essential elements of this procedure

MAs will ask all red questions and fill in all answers in the eCW templates.



**Santa Rosa  
COMMUNITY  
HEALTH**  
All of us. For all of you.

Policy/Procedure No. xxx-x

Originator: Dept / Clinical

Effective Date: 10/24/2013,

Revise Date: 04/23/2015

**Santa Rosa Community Health Centers  
POLICY / PROCEDURE**

**Medical Assistants Rooming Patients/ vital signs**

<b>Pediatrics</b>		
Visit Type	Age	Vitals/Labs
Every Visit  Select Chief Complaint from Browse Option  Select Chief Complaint associated folder in HPI  Merge appropriate template (Well Child or appropriate acute issue)	0-18 years	<input type="checkbox"/> Print CAIR report <input type="checkbox"/> WT <input type="checkbox"/> Height <input type="checkbox"/> Temp <input type="checkbox"/> verify allergies (check if none or no changes) <input type="checkbox"/> BP (2 years and up) <input type="checkbox"/> Ask if any forms need to filled out <input type="checkbox"/> Put medications on the counter
Every Visit  Select Chief Complaint from Browse Option  Merge appropriate template	12 and 18 years	Every Visit <input type="checkbox"/> WT <input type="checkbox"/> height <input type="checkbox"/> temp <input type="checkbox"/> BP <input type="checkbox"/> LMP (women) <input type="checkbox"/> bc method (men and women) <input type="checkbox"/> Verify allergies <input type="checkbox"/> Print med list if >4 meds Annual <input type="checkbox"/> Urine for STD testing (15 -25 y.o.) <input type="checkbox"/> depression and tobacco/alcohol screening <input type="checkbox"/> A1C If BMI >24.9
Well Child Visit	0-2 year olds	<input type="checkbox"/> Naked WT <input type="checkbox"/> head circumference <input type="checkbox"/> Height (if able to stand)
Well Child Visits	3-18 year olds	<input type="checkbox"/> UA <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> LMP (females 12 and over)
Acute Pediatric visit	0-18 year olds	<input type="checkbox"/> Pulse ox <input type="checkbox"/> If sore throat,



Santa Rosa  
COMMUNITY  
HEALTH  
All of us. For all of you.

Policy/Procedure No. xxx-x

Originator: Dept / Clinical

Effective Date: 10/24/2013,

Revise Date: 04/23/2015

**Santa Rosa Community Health Centers  
POLICY / PROCEDURE**

**Medical Assistants Rooming Patients/ vital signs**

		<ul style="list-style-type: none"> <li>○ have unopened strep test in the room</li> <li>○ have label available in the room</li> </ul>
<b>ADULTS</b>		
Every Visit Select Chief Complaint from Browse Option  Select Chief Complaint associated folder in HPI  Merge appropriate template	12 and above	Every Visit <input type="checkbox"/> WT <input type="checkbox"/> height <input type="checkbox"/> temp <input type="checkbox"/> BP <input type="checkbox"/> Lmp (women) <input type="checkbox"/> bc method (men and women) <input type="checkbox"/> Verify allergies <input type="checkbox"/> Print med list if >4 meds <input type="checkbox"/> Ask if any forms to be filled out <input type="checkbox"/> Put medications out on the counter Annual <input type="checkbox"/> urine for STD testing (15 -25 y.o.) <input type="checkbox"/> depression and tobacco/alcohol screening <input type="checkbox"/> A1C If BMI >24.9 <input type="checkbox"/> HIV 1 in lifetime
Diabetic (patients) Visits	All ages	<input type="checkbox"/> Every visit: Blood Glucose <input type="checkbox"/> Every 3 mo: A1C <input type="checkbox"/> Annual: MF foot exam
Asthma (patients) visits	5 and up	<input type="checkbox"/> Peak Flow x3 (record highest score first) <input type="checkbox"/> Pulse <input type="checkbox"/> O2 sat.
OB Initial Visit	All ages	<input type="checkbox"/> U/A <input type="checkbox"/> A1c (if not done within last 3 months) <input type="checkbox"/> Questions on OB physical flow sheet: vitals and last pap <input type="checkbox"/> EDD tab: Imp <input type="checkbox"/> Form A: previous pregnancies, menstrual history <input type="checkbox"/> US available in room <input type="checkbox"/> Doppler <input type="checkbox"/> Referral forms as indicated
OB visits	All ages	<input type="checkbox"/> U/A



Policy/Procedure No. xxx-x
Originator: Dept / Clinical
Effective Date: 10/24/2013,
Revise Date: 04/23/2015

**Santa Rosa Community Health Centers  
POLICY / PROCEDURE**

**Medical Assistants Rooming Patients/ vital signs**

		<input type="checkbox"/> Doppler
WWE	All ages	<input type="checkbox"/> Collect urine clean/ dirty (as ordered by provider) <input type="checkbox"/> Set up PAP <input type="checkbox"/> hemocult or FIT over 50
Painful urination	12 and up	<input type="checkbox"/> collect dirty and clean urine
Female (patients) Visits acute Include GYN issues	12 and up	<input type="checkbox"/> collect dirty and clean urine <input type="checkbox"/> set room up for pelvic exam
Well male checks	All ages	<input type="checkbox"/> hemocult or FIT over 50
DMV PE Select providers only	All ages	<input type="checkbox"/> Snellen <input type="checkbox"/> Ishihari <input type="checkbox"/> UA (long stick) <input type="checkbox"/> MA to fill out vitals & Demographic sections of form.

<hr/> Director of Nursing	<hr/> Chief Medical Officer
---------------------------	-----------------------------