DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Sep 2001

IN REPLY REFER TO

BUMEDNOTE 6150
BUMED-241
1 Sep 2000

BUMED NOTICE 6150

From: Chief, Bureau of Medicine and Surgery

Subj: GUIDANCE FOR COMPLETING ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET (DD 2766)

Ref: (a) BUMED letter 6000, Ser 24/98U24006 of 7 Jul 98, Adult Preventive and Chronic Care Flowsheet for Implementation of Put Prevention into Practice (PPIP) (NOTAL)
(b) Put Prevention into Practice (PPIP) Implementation Manual (NOTAL)
(c) Manual of the Medical Department, Article 16-23

1. Purpose. To provide guidance on the completion of the Adult Preventive and Chronic Care Flowsheet (DD 2766). The DD 2766 functions as the summary health form documenting Navy Medicine's proactive delivery of preventive care within our facilities. The policies in this notice supplement the guidance provided in references (a) and (b). Our goal is to avoid duplication of efforts by manually transcribing information tracked in other electronic media.

2. Background. Reference (a) provided initial guidance for completion of the DD 2766. This notice further clarifies the processes for documentation on the DD 2766. In instances where there is conflicting guidance, the policies in this notice supersede reference (b). This notice also supersedes the requirement established via reference (c) for the top-most form on the left-hand side of outpatient records to be the Summary of Care Form, NAVMED 6150/20. The DD 2766 replaced the NAVMED 6150/20 in 1998, for adult patients.

3. Policy. Documentation on the DD 2766 should be done as a result of a face-to-face patient encounter, incorporating both historical information from the medical record and from the patient themselves. It must not be done solely as a medical record review, since the information held within the Military Treatment Facility (MTF) record may not be the sole source of medical information. The DD 2766 is not a tool to be used only by the privileged providers at the command. All levels of

providers (physicians, nurses, nurse practitioners, physicians assistant, independent duty corpsmen and support staff) should begin documentation with a clinical encounter. Local policies are in place which support progressive implementation of the PPIP program at commands. Incorporating the completion of the DD 2766 into that process is reasonable as a component of a preventive visit or initial intake into the MTF. Support staff may initiate the patient interview and data verification, updating those sections (i.e., diagnosis, medications, medical history, surgeries, family history, laboratory results retrieval, and counseling issues, etc.) determined to be within their scope of practice and training.

4. Responsibility. All addressees shall become familiar with the information provided in this notice. Additional information regarding documentation on the DD 2766 is provided.

a. Section 1 - Allergies: Document both medication and environmental allergies. Ensure true allergies (not side effects) are documented.

b. Section 2 - Chronic Illness: List current chronic medical conditions, and any significant past illnesses.

c. Section 3 - Medications: List current medications (prescriptions, over-the-counter, herbs, supplements, and ergogenic agents) to include frequency and dose. If an automated system is used to generate this section, ensure non-prescription items are added.

d. Section 4 - Hospitalizations/Surgeries: List hospitalizations and all surgeries in chronological order.

e. Section 5 - Preventive counseling: Date, age, and topic are intended to be filled in at the annual health or preventive needs assessment (e.g., TRICARE Prime enrollment, annual health evaluation, or when health risk assessment is completed and the patient is counseled). Place the letter associated with the type of counseling given in the corresponding square (e.g., "F" for Fitness). This is NOT to be used at every visit. Counseling occurring during routine visits is documented on the SF 600 at the time of that encounter. The counseling block is

not intended to take the place of documentation on the SF 600, or assumed to be an official referral for further education at community based services. This section will require updates as health behaviors and status change.

f. Section 6 - Family History: Specify the types of illness or disease for family members including age and cause of death, if pertinent. The empty block provides space for documentation of more expansive family history.

g. Section 7 - Screening Exams: Fill in the date in the frequency field when the study is done or the patient counseled, and pencil in the next suggested interval. Document results: "N" if normal, "X" if abnormal, "R" if refused, or "N/A" if not applicable. The DD 2766 reflects frequencies based upon the TRICARE Standard Benefit package and exceeds evidence-based recommendations established by the US Preventive Services Task Force. If frequent screening is indicated, pencil the recommended frequency in the next column as a visual reminder. Actual results are to be written on the SF 600. Update the DD 2766 each time preventive care is ordered, performed, or when results are returned. Results of past screening exams may be entered retrospectively at the health care team's discretion.

h. Section 8 - Occupational History: Document occupational monitoring programs, e.g., hearing conservation, radiation, asbestos, etc. Refer to DD 1556 as guidance when completing this section.

i. Section 9 - Immunizations: Disregard this section. Use the SF 601 until further notice, placing all copies of the SF 601 under the DD 2766.

j. Section 10 - Readiness: This section is to be completed by the command's plans, operations and medical intelligence personnel or other department responsible for medical readiness. If an automated system is used at the command to track readiness, place a current location. If this database is manually maintained, transcription onto the DD 2766 will be necessary until the automated version is available. If personnel are on limited duty or awaiting a physical evaluation board, the date should be entered in the section labeled

"Permanent Profile Change" (10.e). Disregard 10.e, 2 through 7. The optometry prescription is to be written directly below the "Glasses/Gas Mask" description block and revised as necessary. 10.i is to be used by the Primary Care Manager to document when an active duty member is cleared for participation in the Physical Readiness Testing Program. Clearance is presumed to be good for 1 year, unless medical conditions change. If waivers are granted, the granting date and expected reevaluation date are to be recorded. The automation of this form will allow MTFs to provide to line commands a roster of those personnel cleared, and those needing reevaluation before being cleared, for fitness testing.

k. Section 11 - Deployment: Disregard this section until further notice.

5. Forms. The DD 2766 is available through the Navy supply system, S/N 0102-LF-984-8400. The DD 2766C is available through the Navy supply system, S/N 0102-LF-984-9600. For pediatric use, NAVMED 6150/20 is available using S/N 0105-LF-017-9000.

R. A. NELSON

Distribution:
SNDL, C28G (BRDENCLINIC)
C28H (BRMEDCLINIC)
C31J (BRMEDCLINIC)
C34F (BRMEDCLINIC and NAVMEDCLINIC, LONDON DET)
C34G (BRDENCLINIC)
C58Q (BRDENCLINIC)
C58R (BRMEDCLINIC)
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FA47 (NAVHOSP)
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Distribution: (continued)

SNDL,	FC17	(NAVHOSP)
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	FF72	(NAVMEDCLINIC)
	FT108	(NAVHOSP)
	FT109	(NAVDENCEN)
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	FW3	(NAVHOSP)
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	A2A	(NAVY IG)
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	21A	(CINCs and COMUSNAVEUR)
	23A2	(COMNAVFORJAPAN and COMNAVMARIANAS only)
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	23B4	(COMIDEASTFOR)
	28C2	(COMNAVSURFGRU LONG BEACH only)
	28K1	(COMSUBGRU TWO only)
	42A1	(COMFAIRCARIB and COMFAIR KEFLAVIK)
	42A3	(COMFAIRMED)
	42B1	(COMNAVAVACT JAX only)
	42B2	(COMMATVAQWINGPAC and COMLATWINGPAC only)
	C31K	(NAVMEDADMINU)
	C52	(BUMED SHORE BASED DETACHMENTS)
	FA6	(NAS KEY WEST only)
	FA24	(COMNAVBASE CHARLESTON, GUANTANAMO BAY, PHILADELPHIA, and COMNAVREG MIDLANT NORFOLK only)
	FB28	(COMNAVREG PEARL HARBOR, SAN DIEGO, SEATTLE, COMNAVBASE SAN FRANCISCO only)
	FB50	(COMUSFAC)
	FC3	(COMNAVACT UK only)
	FF1	(COMNAVDIST)
	FF38	(USNA)
	FH	(BUMED COMMAND ACTIVITIES)
	FKM32	(FLTHOSPSUPPO)
	FT1	(CNET)
	FT2	(CNATRA)
	FT5	(CNTECHTRA)
	FT28	(NETC)
	FT31	(NTC GREAT LAKES and ORLANDO only)
	V3	(COMCABEAST)

Distribution: (continued)

SNDL,	V8	(CG MCRD PARRIS ISLAND only)
	V12	(MCCDC QUANTICO)
	V16	(CG MCB CAMP BUTLER, CAMP LEJEUNE, and CAMP PENDLETON only)
	V25	(CG MCAGCC)

Available at:
http://navymedicine.med.navy.mil/instructions/external/external.htm