

Add problem from ICPC

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Use the Problems module to record an encounter's diagnosis using the ICPC list. ICPC is an International Classification method for Primary Care encounters.

Alternatively, you can record a problem by manually entering it or selecting one from the existing or recent problems list. The method used is determined by the doctor or the practice's guidelines.

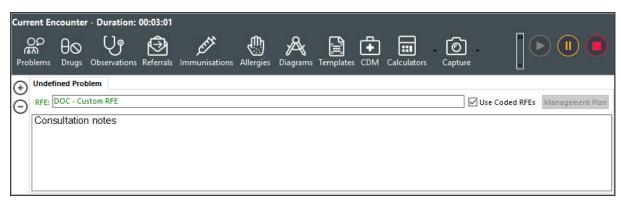
To add a problem from the ICPC list:

1. Start an encounter with the patient.

For a detailed explanation of how to do this, see the Start an encounter article.

When the encounter starts, the Current Encounter section will open and display the clinical modules.

2. Select **Problems** from the **Current Encounter** menu.



The **Define Problem/REF** screen will open (screenshot below).

- 3. In the Problems section, select Predictive Search (ICPS and Common) or ICPC Search.
 - For Predictive Search, enter the problem's name in the Filter Current List field to display the problems to choose from.
 - For ICPC Search, use the Keyword, Code and Chapter fields provided to display the problems to choose from.
- 4. Select the problem.
- 5. As an optional step, you can use the Extra Text field to add a note, for example, "left side" or "Head".
- 6. Select the **Select Problem** button (You can also double-click the problem).

This adds the problem to the tab above RFE that previously said **Undefined**.

To add additional problems, select the blue + icon on the top left and repeat the steps above.

Optional selections:

- Add to History adds the problem to the patient's history.
- Add to Common adds the problem to the practice's Common Problems list.
- Onset Date records when the problem started.

This is required for My Health Record Shared Health Summary uploads.

- Accurate To notes the approximation of the onset date.
- Criticality can be used to sort a patient's problems in Summary Views.

7. Select **Close** to save the problem.

When you select Refresh, the problem will appear in the patient's Summary Views > Problems tab.

