

දුරකථන } 2698475  
தொலைபேசி } 2698490  
Telephone } 2698507

ෆැක්ස් } 2692913  
பெக்ஸ் } 2694860  
Fax }

විද්‍යුත් තැපෑල }  
மின்னஞ்சல் முகவரி } postmaster@health.gov.lk  
E-mail }

වෙබ් අඩවිය }  
,ணையத்தளம் } www.health.gov.lk  
Website }



සුවසිරිපාය  
சுவசிரிபாய  
SUWASIRIPAYA

මගේ අංකය }  
எனது இல }  
My Number }

ඔබේ අංකය }  
உமது இல }  
Your Number }

දිනය }  
திகதி }  
Date }

HQSH/01/2022

27 / 08/2022

සෞඛ්‍ය අමාත්‍යාංශය  
சுகாதார அமைச்சு  
Ministry of Health

Deputy Director General NHSL-Colombo, Deputy Director General NH-Kandy,  
All Directors of Specialized Hospitals, Teaching Hospitals, Provincial & District General Hospitals,  
All Provincial Directors and Regional Directors of Health Services,  
All Medical Superintendents of Base Hospitals,  
All Medical Officers in Charge of Divisional Hospitals,

**Guidelines for proper maintenance of the Bed Head Ticket**

In the Sri Lankan context, the Bed Head Ticket (BHT) is the main medical record used in inward care and management of patients. It carries important information about the patient including the admission data, history, clinical findings, investigations, diagnosis and treatment, etc. It is also a legal document which can be challenged in a court of law.

Therefore, it is of utmost value to maintain the BHT properly to ensure prompt and quality patient care while minimizing medical errors. Proper maintenance of BHT will also safeguard the healthcare providers if they have to face any litigation issues.

However, it has been observed that during certain instances, the BHT is not properly maintained. This has led to lapses in providing optimal care and achieving favorable outcomes.

As an initiative of improving the current status of maintaining the BHT, guidelines have been developed for its proper maintenance (attached as annex 1), in consultation with relevant stakeholders including medical administrators, representatives from Professional Colleges and the Institute of Forensic Medicine & Toxicology.

All heads of the institutions are hereby requested to instruct all relevant officers to adhere to the aforementioned guidelines and to ensure their compliance with the guidelines.

  
Dr. Asela Gunawardena  
Director General of Health Services

**Dr. ASELA GUNAWARDENA**  
Director General of Health Services  
Ministry of Health  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

*Copies:*

Additional Secretary (Medical Services)  
Additional Secretary (Public Health Services)  
All Deputy Directors General  
All Directors of Special Campaigns and Units

## **Guidelines for proper maintenance of the Bed Head Ticket**

### **Maintaining the Front page (Admission sheet):**

The admission sheet of the BHT has been updated recently to include important information regarding the admission of the patient. Please note the following:

- Fill all the relevant cages legibly and accurately.
- Document the allergy status of the patient (if any) in red.
- Mention the blood group in red.
- Always clearly write the principal diagnosis (if available) of the patient.

### **Maintaining the Continuation sheets:**

- Number all pages in the chronological order, at the top right-hand corner of the page.
- All pages have to be intact.
- If there are subfolders (e.g. for investigation forms), number them also in the chronological order.
- Mention the name of the patient (surname with initials), ward number (setting) and BHT number at the top of each page.
- Maintain separate subsections in the BHT for entries of different categories of staff who are authorized to make entries and are involved in care of the patients regularly (e.g. records of nursing officers).

### **Documentation of individual entries:**

- Make an entry each time the patient is seen by a healthcare professional who is authorized to make entries in the BHT.
- Make all entries without undue delay.
- Make the entries in the chronological order in which they occurred.
- The person making the entry needs to always clearly write his/ her name and the designation and place the signature at the end of the entry.
- Always clearly mention the date (in day/month/year format - dd/mm/yyyy) and the time (in 24-hour clock format or in 12-hour clock format with am/pm) of making the entry, at the beginning of the entry.

- Every entry has to identify (by name and designation), the most senior healthcare professional present (who is responsible for decision making) at the time the entry is made (i.e. during a ward round with the consultant, it has to be the consultant's name).
- Record all communications regarding the patient, including communications via the telephone, in the BHT.
- If the person making the entry in the BHT is different from the person giving the instruction/ making the decision (e.g. instructions given over the phone, a junior doctor recording the observations/ instructions of a consultant), it is important that he/she repeat back the instruction written in the BHT to the person giving the instruction and confirm it as correct.
- Do not leave undue space in between entries, and do not leave any blank pages in between. If there is any unused blank space in between entries, cut it off with a single line.
- All entries must be accurate to the knowledge of the person making the entry.
- Clarity and legibility of the entries have to be ensured.
- Use blue or black ink for making entries except for special entries (e.g. allergies, blood group, IV drugs, etc. in red).
- Make sure all diagrams are clear and labelled properly.
- Avoid abbreviations (except for standard abbreviations).
- Always document action taken for an identified problem.
- Document the care plan as comprehensively as possible.
- Clearly document consent taken for treatment/ procedures.
- It is important that the following aspects are documented as comprehensively as possible:
  - relevant history and examination findings (both normal and abnormal).
  - in medico-legal cases, it is useful that the injuries and the alcohol status are documented.
  - differential diagnosis whenever possible
  - decisions made and actions agreed upon
  - if relevant, information given to patients, including the different treatment options and risks explained during taking the consent for procedures/ treatment
  - if relevant, the patient's concerns, preferences and expressed wishes (this is important if the patient subsequently loses the capacity to make decisions)
  - investigations and referrals made
  - drugs and other treatment prescribed, and advice given
  - procedures and other management done
- Prescribe medications using their generic name at every possible instance.

- In case of a transfer of care within the hospital, record the name of the new responsible consultant and the date and time of the transfer.
- If there is a need to make any change to an already documented record (deletion or amendment), it has to be done by striking the error through with one line so that the original entry is still legible. The corrected entry has to be written alongside with the date, time, name and signature of the person making the necessary change. The original entry must not be permanently erased by using white correction fluid, scribbling out or writing over the original, nor must the particular BHT sheets be removed.
- If there is a request from a patient/ guardian to change the name of the patient already mentioned in the BHT due to some reason, it should be carried out after obtaining a letter from the patient/ guardian requesting the name change, along with proof of identity. The change should also be done in all the relevant documents e.g. admission register.

**The responsibility of entries in the Bed Head Ticket:**

- All staff placing entries in the BHT are responsible for the content, accuracy and the clarity of their entries.
- All staff who supervise authorized staff in training (i.e. House Officers) are overall responsible for the entries written by the staff under their supervision.

**Provision of supports for improvement in maintenance of Bed Head Ticket:**

- It is necessary to identify and support the training needs of all relevant staff, regarding the proper maintenance of the BHT.
- Random checks of the BHT for completeness and accuracy by the clinician (medical team leader) will help to maintain the proper documentation in the BHTs of the relevant ward.
- Conducting regular audits will help in identifying the causes and contributory factors for poor maintenance of BHT and for making necessary improvements.