

# INTERNATIONAL CLASSIFICATION OF PRIMARY CARE (ICPC)

ICPC-1: 1987, ICPC-2: 1998,  
ICPC-2-E: 2000, ICPC-2-R: 2005

## NOTE

This ICPC Tutorial has been developed by Henk Lamberts and Inge Okkes.

We have used some slides/ideas from presentations by Dr. Bob Bernstein (University of Ottawa, Canada), and Dr. Jean Karl Soler (Attard, Malta).

It is recommended to view the Tutorial in the presentation mode.

1.

# GENERAL INTRODUCTION

A classification is the ordering principle of a defined domain

ICPC  
orders the domain  
of primary care  
(family medicine)...

.. and allows the coding of encounters in an episode of  
care structure

An encounter - the professional interchange between patient and FP - is, in ICPC, characterized by three elements...

1. patient's reason(s) for encounter (RFE): why has s/he come?
2. FP's diagnosis/es: what's the patient's problem?
3. process: what is done?



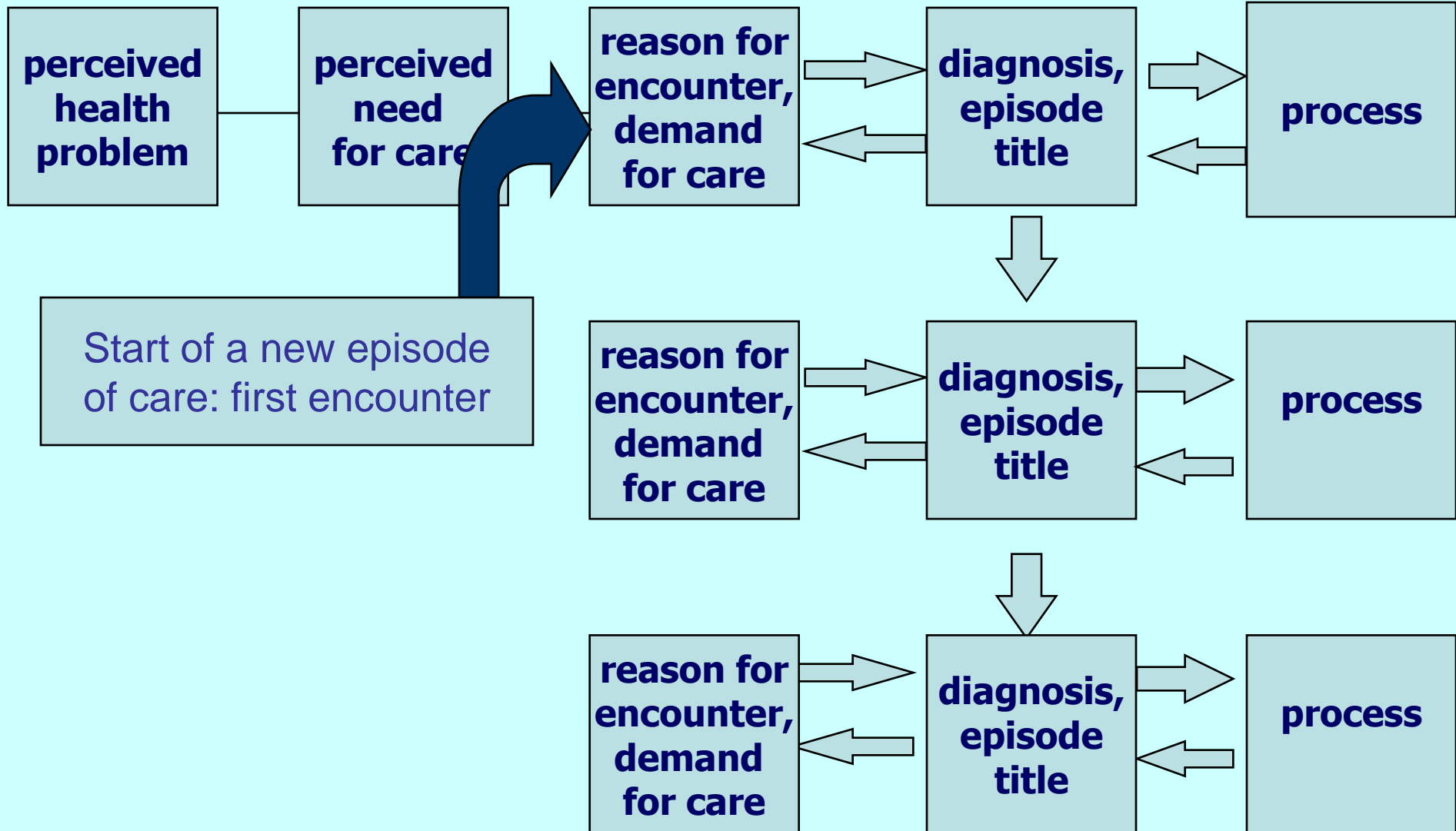
An episode of care is a health problem from its first presentation to a health care provider until (and including) the last encounter for it

At an encounter,  
more than 1 episode of care  
may be dealt with, e.g.  
diabetes and hypertension...

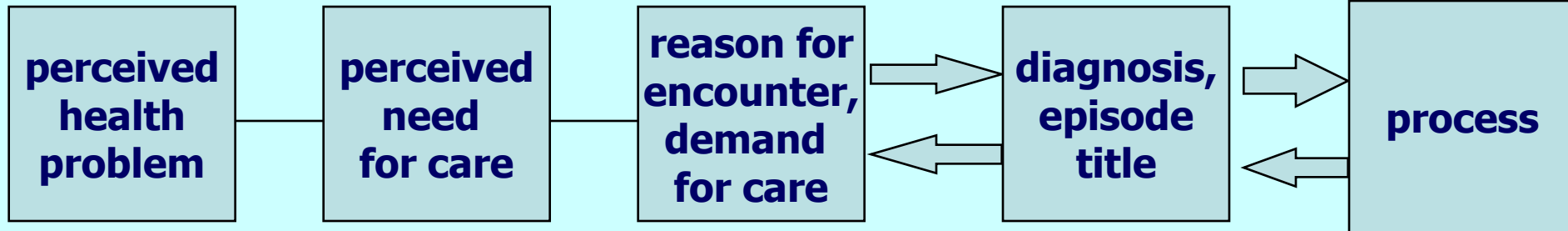
..in such a case, diabetes and hypertension are the two sub-encounters in that encounter

An episode of care can be dealt with in a single encounter, or extend over a long period of time, with any number of encounters

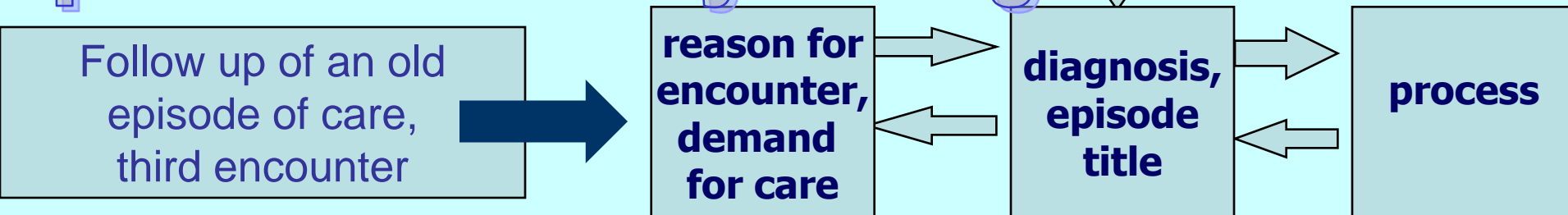
# EPISODE OF CARE



# EPISODE OF CARE



Episode title may change over time!



# Episode of care, example

1st  
encounter

RFE  
**'I'm feeling  
tired'**

Diagnosis  
**tiredness**

Process  
**Hb**

2nd  
encounter

RFE  
**'what's the  
test result?'**

Diagnosis  
**iron deficiency  
anemia**

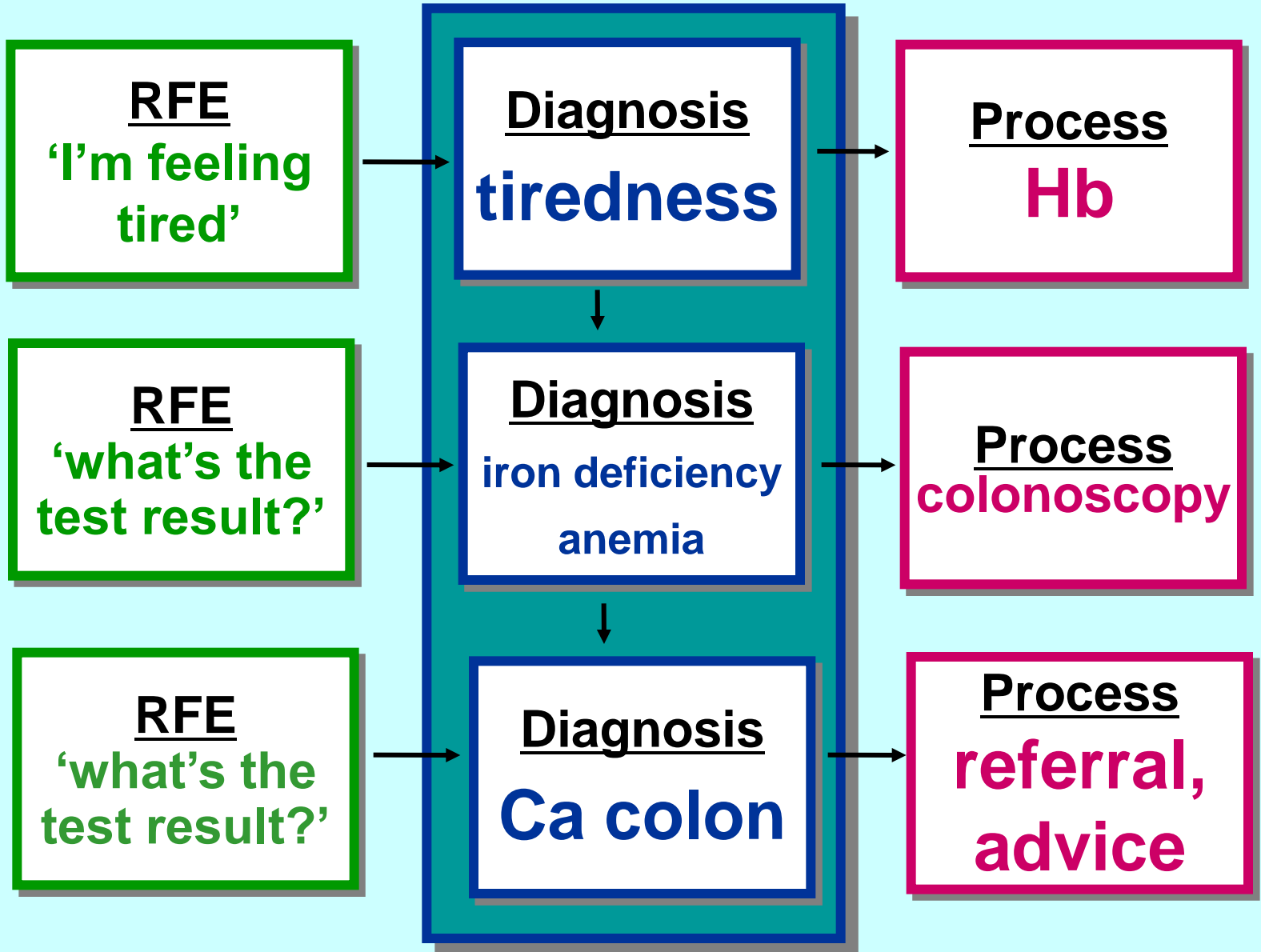
Process  
**colonoscopy**

3rd  
encounter

RFE  
**'what's the  
test result?'**

Diagnosis  
**Ca colon**

Process  
**referral,  
advice**



# ICPC structure

- bi-axial
- one axis: 17 chapters with an alpha code based on body systems/problem areas
- second axis: 7 identical components, with rubrics bearing a two-digit numeric code



# ICPC CHAPTERS



- A General and unspecified
- B Blood/bloodforming organs, lymphatics (spleen, bone marrow)
- D Digestive
- F Eye (Focal)
- H Ear (Hearing)
- K Circulatory
- L Musculoskeletal (Locomotion)
- N Neurological
- P Psychological
- R Respiratory
- S Skin
- T Endocrine, metabolic and nutritional (Thyroid)
- U Urological
- W Pregnancy, child bearing, family planning (Women)
- X Female genital (X-chromosome)
- Y Male genital (Y-chromosome)
- Z Social problems

# ICPC COMPONENTS

(standard, if possible, for all chapters)



- |   |       |
|---|-------|
| 1. Symptoms and complaints                  | 1-29  |
| 2. Diagnostic and preventive procedures     | 30-49 |
| 3. Treatment procedures, medication         | 50-59 |
| 4. Test results                             | 60-61 |
| 5. Administrative                           | 62    |
| 6. Referral and other reasons for encounter | 63-69 |
| 7. Diseases:                                | 70-99 |
| - infectious diseases                       |       |
| - neoplasms                                 |       |
| - injuries                                  |       |
| - congenital anomalies                      |       |
| - other specific diseases                   |       |

Chapters and components  
together form a 'chessboard'..

Auto



## Structure of ICPC: chapters and components

\ Chapters	A	B	D	F	H	K	L	N	P	R	S	T	U	W	X	Y	Z
Components																	
1.Symptoms and complaints																	
2.Diagnostic, screening prevention																	
3.Treatment procedures, medication																	
4.Test results																	
5.Administration																	
6.Other																	
7.Diagnoses, diseases																	

## Chapter List:

- A. General
- B. Blood, blood formi
- D. Digestive
- F. Eye
- H. Ear
- K. Circulatory
- L. Musculoskel
- N. Neurologica
- P. Psychologic
- R. Respiratory
- S. Skin
- T. Metabolic, endocrine nutritional
- U. Urinary
- W. Pregnancy, child beari
- X. Female geni
- Y. Male genita
- Z. Social

An ICPC code always has an alpha for the chapter, and two digits for the rubric in the component, e.g.:

### Heartburn

Chapter D(digestive), symptom/complaint → component 1:  
D03

### Pneumonia

Chapter R(respiratory), disease → component 7: R81

ICPC provides separate codes for RFEs, diagnoses, and interventions that are frequent in primary care ( $\geq 1/1000$  ppy)...

...which is, for diagnoses, only a small proportion of all known diseases...

# Distribution of prevalences

per 1000 patients per year

Prevalence	Number of diagnoses
$> 5$	150
1-5	250
0.1-1	1500
0.01-0.1	2000
$< 0.01$	4000



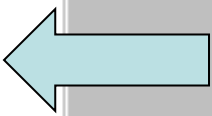
In ICPC, entities without a separate code are included in rag-bag rubrics at the end of each (sub)section, where the diseases included in that rag-bag are listed..

e.g. S99: other skin disease....



PickList S99

CODE	S99	Component:	<input type="checkbox"/>	ICPC2?	<input type="checkbox"/> Yes
TEXT	SKIN DISEASE OTHER				
SHORT	SKIN DISEASE OTHER				
ICD-10:	L10, L11, L12, L13, L14, L26, L28, L30.2, L30.5, L41, L43, L44, L45, L51, L52, L53.0, L53.1, L53.2, L53.3, L53.8, L54, L60.2, L60.3, L60.9, L71, L72.0, L72.2, L72.9, L72.9, L72.9, L72.1, L72.9				
INCL	dermatitis artefacta, discoid lupus erythematosus, erythema multiforme, erythema nodosum, granuloma, granuloma annulare, hyperkeratosis, keloid, keratoacanthoma, lichen planus, neurodermatitis, onychogryphosis, rosacea, rhinophyma, scar,				
EXCL					
CRITERIA					
CONSIDER					
NOTE					



more text upon scro

ICPC orders the domain of  
primary care...

....but has insufficient granularity to  
document all individual patients' diagnoses

# SYMPTOMS

$n \approx 100$

$n \approx 600$

# DIAGNOSES

$n \approx 300$

$n \approx 13.000$

ICPC2

>1/1000 PPY

ICD10

<1/1000 PPY

For hierarchical expansion of ICPC, ICD-10 is recommended; the ICPC2-ICD10 Thesaurus on this CD-ROM allows...

easy, semi-automatic double coding  
by the simultaneous use of:

- ICPC-2 as an ordering principle (based on the high prevalence of common diagnoses in family practice),
- and of ICD-10 as a nomenclature (based on the wide range of 'known' diagnoses)

2.

THE CONTENT OF ICPC IN  
MORE DETAIL

# CODING WITH ICPC

- is easy because of its substantial mnemonic quality: the chapter's alpha refers to the body system (S: Skin), and components and order of rubrics are, as far as possible, the same in all chapters;
- first select the chapter: what body system or problem area?
- next the component (symptom? disease? intervention?)
- next the rubric



# EPIISODE OF CARE: A CORE CONCEPT IN ICPC

- a health problem from its first presentation to a health care provider until the completion of the last encounter for it
- the unit of assessment of ICPC coded data: an individual patient's problem followed over time

# EPIISODE OF CARE: ELEMENTS

- the patient's Reason(s) for Encounter (RFEs):
  - should be recognizable by the patient as an acceptable description of his/her demand for care
- the FP's diagnosis:
  - gives the name to the episode of care
  - qualified as new or old, and certain or uncertain
- process: the interventions that occur

# REASON FOR ENCOUNTER (RFE)

.....is a true primary care concept, since primary care is RFE driven rather than diagnosis driven..

# CODING THE RFE (1)

Most importantly: it is the PATIENT'S statement, clarified by the FP. For coding RFE(s), all ICPC codes may be used. An RFE may be a:

- Symptom/complaint (headache, tiredness, feeling depressed, fear of cancer): 1st component of each chapter;
- Disease (diabetes, mumps): 7th component of each chapter (except chapter Z);
- Request for an intervention (BP, prescription, test results, administrative procedure): 2nd-6th components of each chapter.

# CODING THE RFE (2)

- The RFE should be agreed upon by patient and FP, and the code should be as close as possible to the original statement by the patient (or his/her representative, e.g. parent);
- All RFEs should be coded, regardless of the stage of the encounter at which it is presented;
- Inclusion criteria are **NOT TO BE USED** when coding RFEs.

# CODING THE RFE (3)

First, choose the chapter:

is the RFE linked to a digestive problem? → D

...to a social problem? → Z

...to a skin problem? → S

# CODING THE RFE (4)

Next: choose a  
component..

# CODING THE RFE (5)

## **Component 1: Symptoms and Complaints**

- is the most frequently used component in coding RFEs;
- generally, -01 refers to pain (e.g., H01, ear pain);
- specific by chapter (nausea D09, red eye F02);
- four standard codes in 1st component of each chapter:
  - -26 fear of cancer;
  - -27 fear of another disease;
  - -28 limited function/disability;
  - -29 other symptoms/complaints (rag-bag rubric).



# CODING THE RFE (6)

## **Component 2: Diagnostic, screening and preventive procedures**

- to be used for RFEs that are a request for such an intervention: e.g., -35: 'I want a urine test';
- often, the FP will have to clarify the reason for the request in order to be able to select the alpha for the chapter. If a patient wants a urine test because of diabetes, the code is T35; if s/he thinks to have a cystitis, the code is U35.

# CODING THE RFE (7)

## **Component 3: Treatment procedures, medication**

- to be used for RFEs that are a request for such an intervention: e.g., -50: 'I want medication';
- often, the FP will have to clarify the reason for the request in order to be able to select the alpha for the chapter. If a patient wants (repeat) medication because of hypertension, the code is K50; for sinusitis, the code is R50.

# CODING THE RFE (8)

## Component 4: Test results

- to be used if a patient specifically requests the results of a test, e.g., ‘what came out of the X-ray of my stomach?’ (D60);
- if a patient seeks further information on the underlying problem, consider using the additional code -45 (health education, advice).

# CODING THE RFE (9)

## **Component 5: Administrative**

- for examinations and administrative procedures required by a third party, insurance forms, discussions regarding the transfer of records, certificates, etc.

# CODING THE RFE (10)

## Component 6: Referrals and other RFEs

- for a request for referral to another primary care provider (-66) or specialist/hospital (-67);
- if a patient states as RFE that someone else sent him/her (-65);
- use -64 for the FP's initiative to start or follow up an episode of care (see for more on this: Glossary, initiative of the FP).

# CODING THE RFE (11)

## Component 7: Diseases

- use a code from this component if a patient states the RFE as e.g., ‘I am here because of my asthma’ (R96), ‘my hypertension’ (K86), or ‘my diabetes’ (T90);
- note: do this regardless of whether or not the diagnosis is correct; e.g., when the patient states ‘I came for my migraine’, use the code for migraine (N89), even if you know it is, in fact, tension headache.

# CODING THE DIAGNOSIS (1)

- the diagnosis reflects the FP's assessment of the patient's health problem;
- it may be selected from the 1st component (a symptom diagnosis) or from the 7th component (a disease diagnosis); components 2-6 cannot be used for coding a diagnosis;
- coding should occur at the highest level of the FP's diagnostic certainty;
- rubrics in component 1 and 7 often have criteria (inclusion and exclusion terms, criteria, and 'consider'). Considering the criteria can be helpful in deciding for, or against, a code.

# CODING THE DIAGNOSIS (2)

In ICPC, localization takes precedence over aetiology. When coding a condition that because of its nature could be coded in more than one chapter (e.g.trauma), the most appropriate chapter should be used. Chapter A (general) is mainly to be used in case of an unspecified site, or if the disease affects more than two body systems.



# CODING THE DIAGNOSIS (3)

The inclusion criteria in ICPC contain the minimum requirements for that diagnosis. Criteria are NOT meant as a diagnostic tool, but rather as a tool to assign the correct code. The next three slides show examples of criteria in ICPC...



PickList

P76

CODE P76 Component: P76 ICPC2? Yes

TEXT DEPRESSIVE DISORDER

SHORT DEPRESSIVE DISORDER

ICD-10: F32, F33, F34.1, F34.8, F34.9, F38, F39, F41.2, F53.0

INCL depressive neurosis/psychosis, mixed anxiety and depression,  
reactive depression, puerperal/postnatal depression

EXCL acute stress reaction P02

CRITERIA fundamental disturbance in affect and mood towards depression  
Mood, energy and activity are simultaneously lowered, together  
with an impaired capacity for enjoyment, interest and  
concentration. Sleep and appetite are usually disturbed and self-

CONSIDER feeling depressed P03

NOTE

more text upon scrolling..



PickList

K86

CODE  Component:  ICPC2?

TEXT

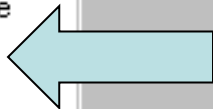
SHORT

ICD-10:

INCL

EXCL

CRITERIA



more text upon scrolling

CONSIDER

NOTE



PickList

R78

CODE  Component:  ICPC2? TEXT SHORT ICD-10: INCL EXCL CRITERIA CONSIDER 

NOTE

# CODING THE DIAGNOSIS (4)

First, choose the chapter:

is it a digestive problem? → D

is it a social problem? → Z

is it a skin problem? → S

# CODING THE DIAGNOSIS (5)

Next: choose a  
component..

# CODING THE DIAGNOSIS (6)

## Component 1: Symptoms and Complaints

- a symptom/complaint diagnosis sometimes reflects the highest specificity for the time being (e.g. in a patient first presenting with headache, abdominal complaints, feeling tired); the diagnosis may or may not, over time, be modified into a 7th component diagnosis.

# CODING THE DIAGNOSIS (7)

## Component 7: Diseases

- generally, rubrics in component 7 are ordered as follows:
  - infectious diseases
  - neoplasms
  - injuries
  - congenital anomalies
  - other specific diseases
- Chapter Z (social problems) has, for obvious reasons, no 7th component



# CODING THE DIAGNOSIS (8)

## Component 7: Diseases

- note the following important codes:
  - A97: in case a patient presents with a question or symptom leading to the diagnosis 'no disease';
  - A98: prevention.
- these codes are essential, since they preclude patients' inclusion in a rubric indicating a problem/disease.  
In the EFP data base, A97 and A98 have been combined into code A97 (no disease/prevention).

# CODING PROCESS (1)

- For coding interventions (process), components 2, 3, 5 and 6 (except rubrics -63, -64, -65, and -69) can be used;
- ICPC's potential to code interventions (process) is limited; rubrics are broad and general;
- 4th and 5th digits might be added for more specificity, according to national needs.

# CODING PROCESS (2)

again, first choose the chapter (usually the same as for the diagnosis), and next the component...

# CODING PROCESS (3)

- Component 2 for diagnostic, preventive and screening procedures (including immunizations, education, counseling);
- Component 3 for medication and treatment procedures;
- Component 5 for administrative procedures;
- Component 6 for referrals:
  - -66 other provider/therapist/social worker (may be extended: -66.1 nurse, -66.2 psychotherapist, -66.3 social worker, etc.)
  - -67 specialist (may be extended: -67.1 internist, -67.2 cardiologist, -67.3 surgeon, etc);
  - -68 other referrals.

# CODING PROCESS (4)

- -31 is a partial examination of a specific organ system or function: e.g., K31, measuring blood pressure. If more than 2 body systems are included, the code should be A31;
- -30 refers to a complete examination according to the consensus of local professionals on the standard of care. It may be a complete examination of a body system (e.g., for the eye, F30), or a complete general examination (A30).

# CODING PROCESS (5)

- the following examinations are to be coded as -31 or (included in) -30:
  - inspection, palpation, percussion, auscultation;
  - visual acuity and fundoscopy
  - otoscopy
  - vibration sense (tuning fork examination)
  - vestibular function (excluding calorimetric tests)
  - digital rectal and vaginal examination
  - vaginal speculum examination
  - blood pressure recording
  - indirect laryngoscopy
  - height/weight
- all other examinations are to be included in other rubrics

# CODING EXERCISE 1: RFE

	<i>Chapter</i>	<i>Code</i>
Feeling sad	?	?
Diarrhoea	?	?
Fear of colon cancer	?	?
'How is your migraine?'	?	?
Request X-ray ankle	?	?

# RFE: FEELING SAD

	<i>Chapter</i>	<i>Code</i>
Feeling sad	P - psych	P03
Diarrhoea		
Fear of colon cancer		
`how is your migraine?'		
Request X-ray ankle		



# RFE: DIARRHOEA

	<i>Chapter</i>	<i>Code</i>
Feeling sad	P - psych	P03
Diarrhoea	D - digestive	D11
Fear of colon cancer		
`how is your migraine?'		
Request X-ray ankle		

# RFE: FEAR OF COLON CANCER

	<i>Chapter</i>	<i>Code</i>
Feeling sad	P - psych	P03
Diarrhoea	D - digestive	D11
Fear of colon cancer	D - digestive	D26
`how is your migraine?'		
Request X-ray ankle		

# RFE: FP'S INITIATIVE (CHAPTER N)

	<i>Chapter</i>	<i>Code</i>
Feeling sad	P - psych	P03
Diarrhoea	D - digestive	D11
Fear of colon cancer	D - digestive	D26
`how is your migraine?'	N - neurol	N64
Request X-ray ankle		

# RFE: REQUEST X-RAY ANKLE

	<i>Chapter</i>	<i>Code</i>
Feeling sad	P - psych	P03
Diarrhoea	D - digestive	D11
Fear of colon cancer	D - digestive	D26
'how is your migraine?'	N - neurol	N64
Request X-ray ankle	L - musc	L41

# CODING EXERCISE 2: DIAGNOSIS

	<i>Chapter</i>	<i>Code</i>
measles	?	?
lump breast (female)	?	?
ca breast (female)	?	?
marital problems	?	?

# DIAGNOSIS: MEASLES

	<i>Chapter</i>	<i>Code</i>
measles	A - general	A71
lump breast (female)		
ca breast (female)		
marital problems		

# DIAGNOSIS: LUMP IN BREAST (FEMALE)

	<i>Chapter</i>	<i>Code</i>
measles	A - general	A71
lump breast (female)	X - female	X19
ca breast (female)		
marital problems		

# DIAGNOSIS: BREAST CANCER (FEMALE)

	<i>Chapter</i>	<i>Code</i>
measles	A - general	A71
lump breast (female)	X - female	X19
ca breast (female)	X - female	X76
marital problems		



# DIAGNOSIS: MARITAL PROBLEMS

	<i>Chapter</i>	<i>Code</i>
measles	A - general	A71
lump breast (female)	X - female	X19
ca breast (female)	X - female	X76
marital problems	Z - social	Z12

# CODING EXERCISE 3: PROCESS

	<i>Chapter</i>	<i>Code</i>
prescription psoriasis	?	?
removal ear wax	?	?
discussion marital problems	?	?
referral to nurse	?	?

# PROCESS: PRESCRIPTION PSORIASIS

	<i>Chapter</i>	<i>Code</i>
prescription psoriasis	S - skin	S50
removal ear wax		
discussion marital problems		
referral to nurse		

# PROCESS: REMOVAL EAR WAX

	<i>Chapter</i>	<i>Code</i>
prescription psoriasis	S - skin	S50
removal ear wax	H - hearing	H51
discussion marital problems		
referral to nurse		

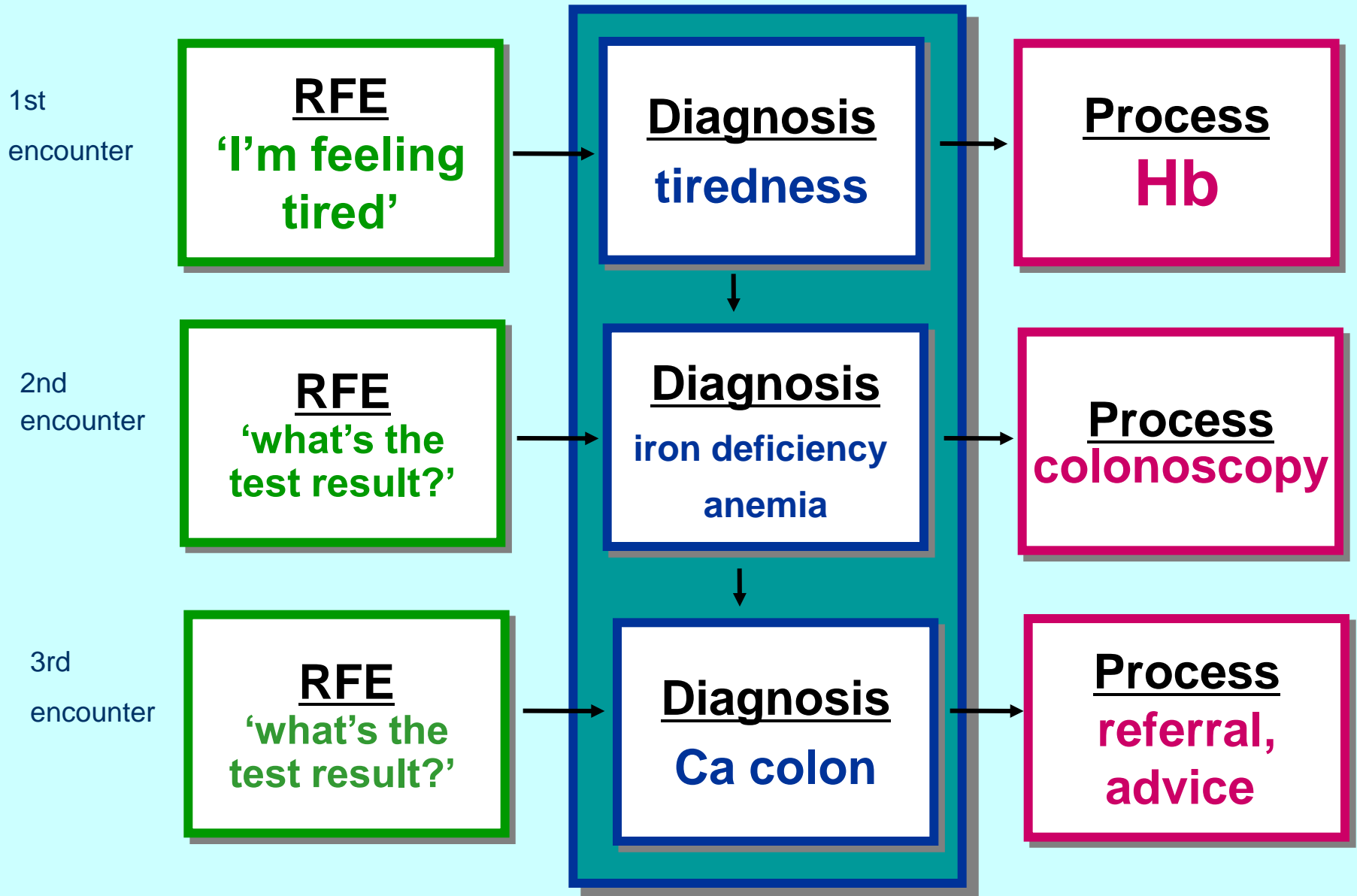
# PROCESS: DISCUSSION OF MARITAL PROBLEMS

	<i>Chapter</i>	<i>Code</i>
prescription psoriasis	S - skin	S50
removal ear wax	H - hearing	H51
discussion marital problems	Z - social	Z45
referral to nurse		

# REFERRAL TO NURSE AS PROCESS

	<i>Chapter</i>	<i>Code</i>
prescription psoriasis	S - skin	S50
removal ear wax	H - hearing	H51
discussion marital problems	Z - social	Z45
referral to nurse		-66.1

# CODING EXERCISE 4: EPISODE OF CARE



# RFE: TIREDNESS

1st  
encounter

RFE  
'I'm feeling  
tired' A04

Diagnosis  
tiredness

Process  
Hb

2nd  
encounter

RFE  
'what's the  
test result?'

Diagnosis  
iron deficiency  
anemia

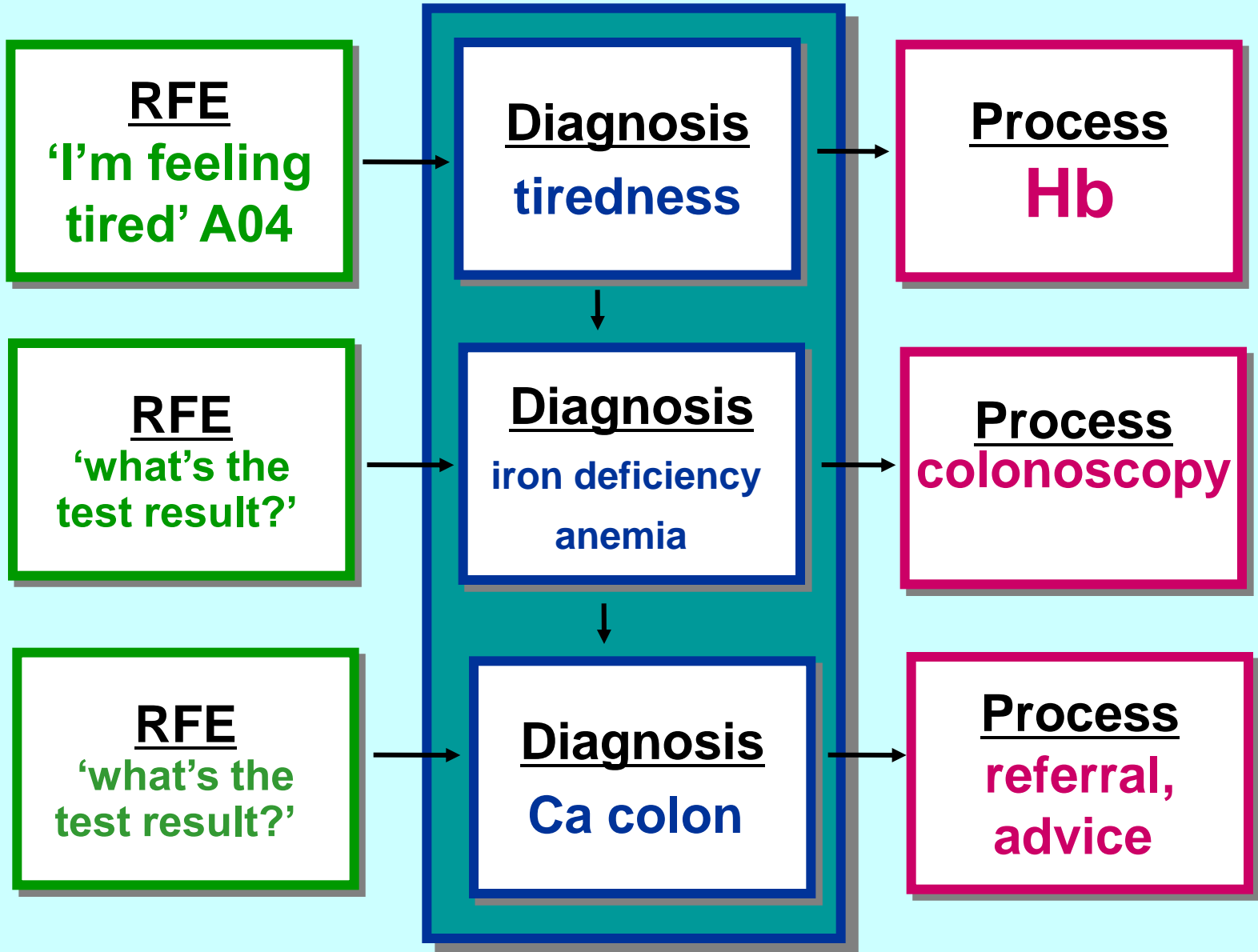
Process  
colonoscopy

3rd  
encounter

RFE  
'what's the  
test result?'

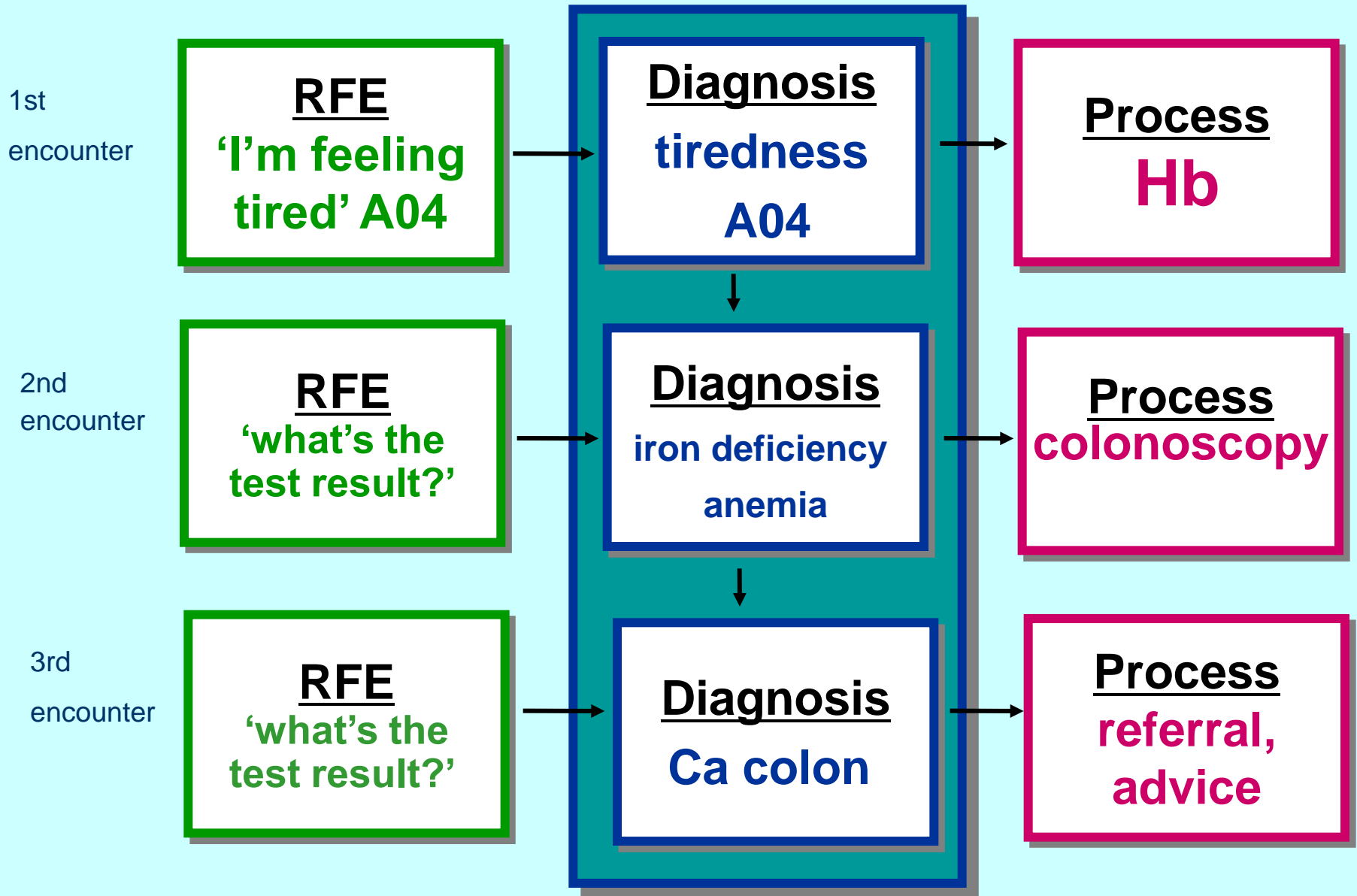
Diagnosis  
Ca colon

Process  
referral,  
advice





# (SYMPTOM)DIAGNOSIS: TIREDNESS



# PROCESS: Hb TEST

1st  
encounter

RFE  
**'I'm feeling  
tired' A04**

Diagnosis  
**tiredness  
A04**

Process  
**Hb A34**

2nd  
encounter

RFE  
**'what's the  
test result?'**

Diagnosis  
**iron deficiency  
anemia**

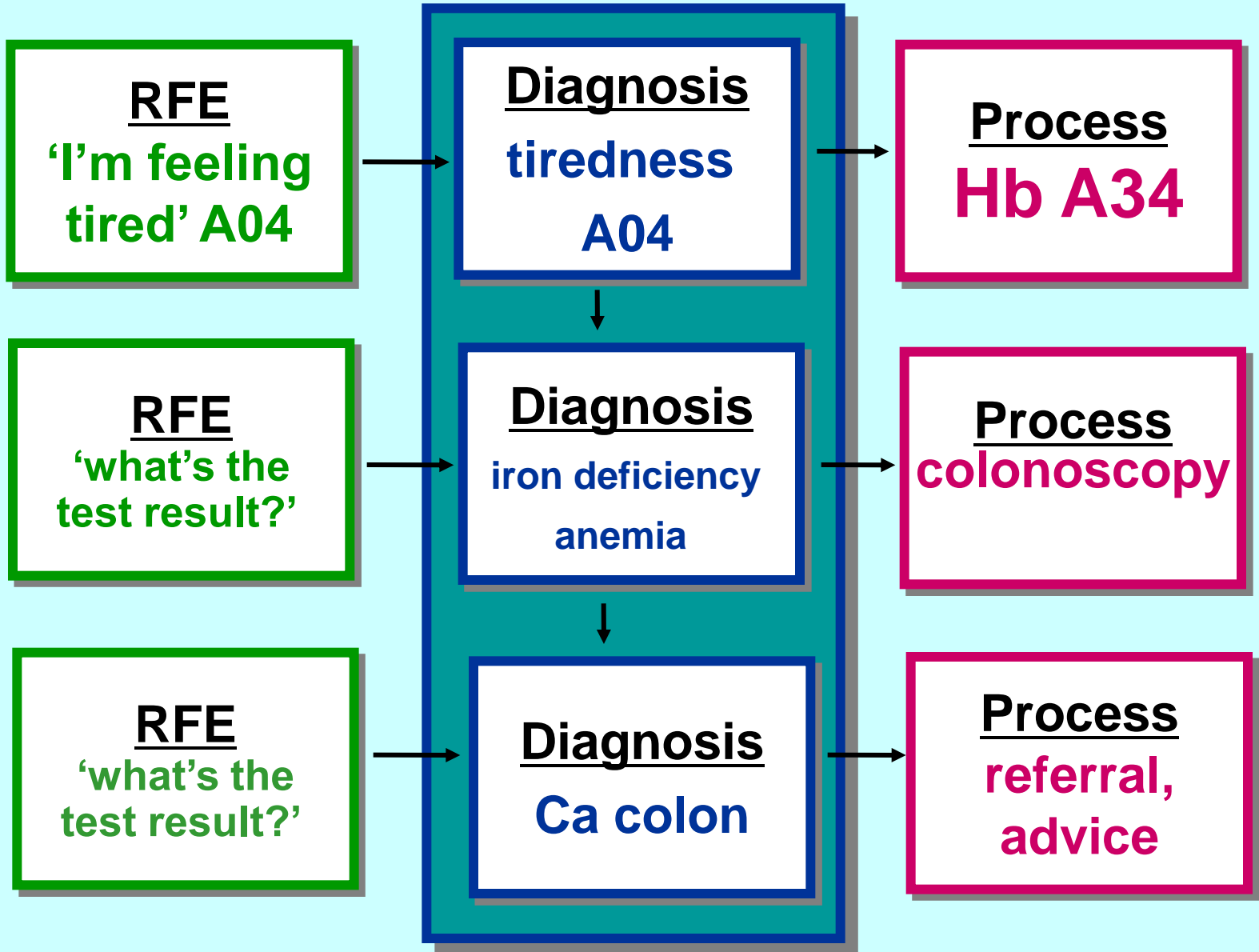
Process  
**colonoscopy**

3rd  
encounter

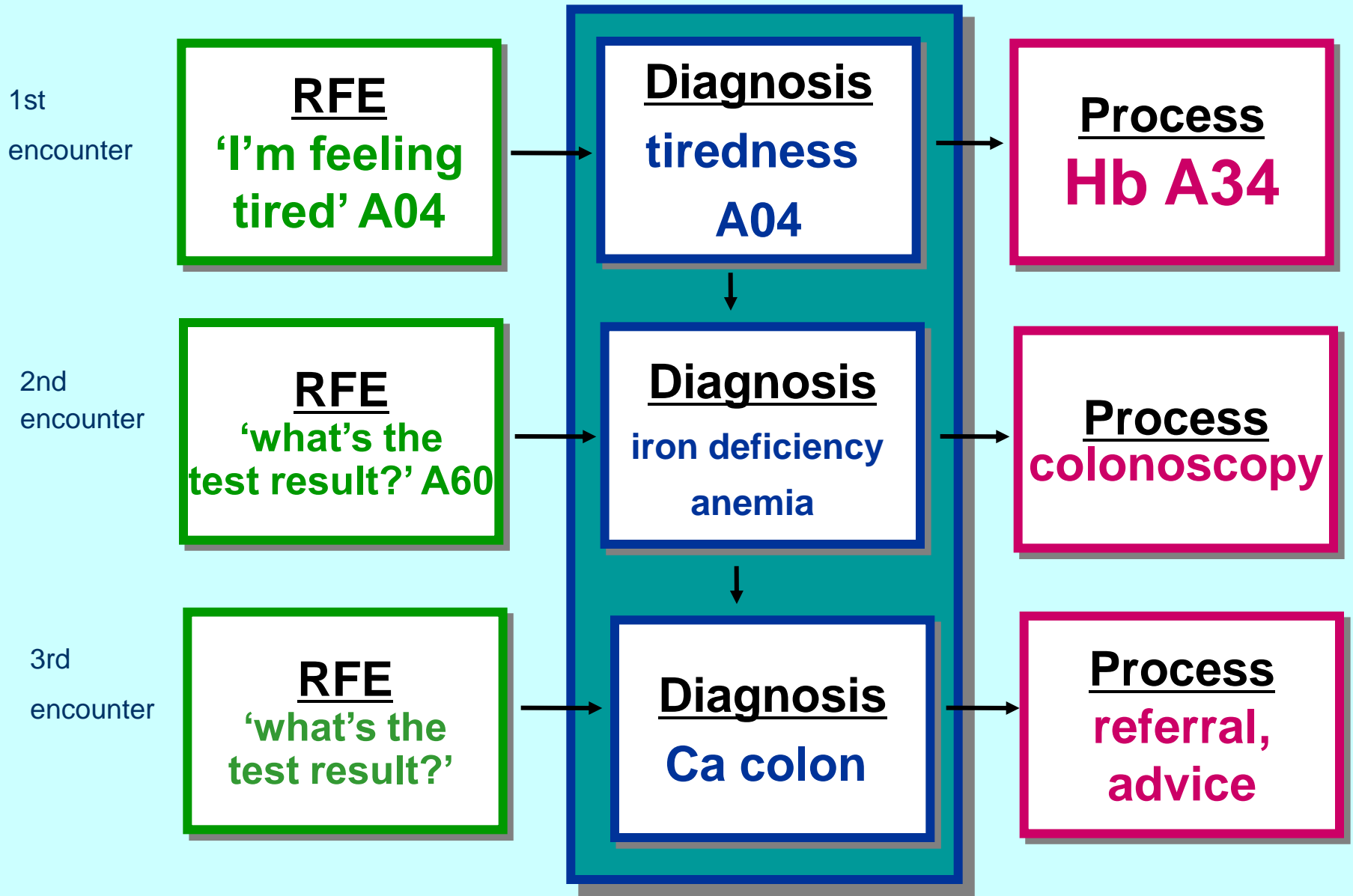
RFE  
**'what's the  
test result?'**

Diagnosis  
**Ca colon**

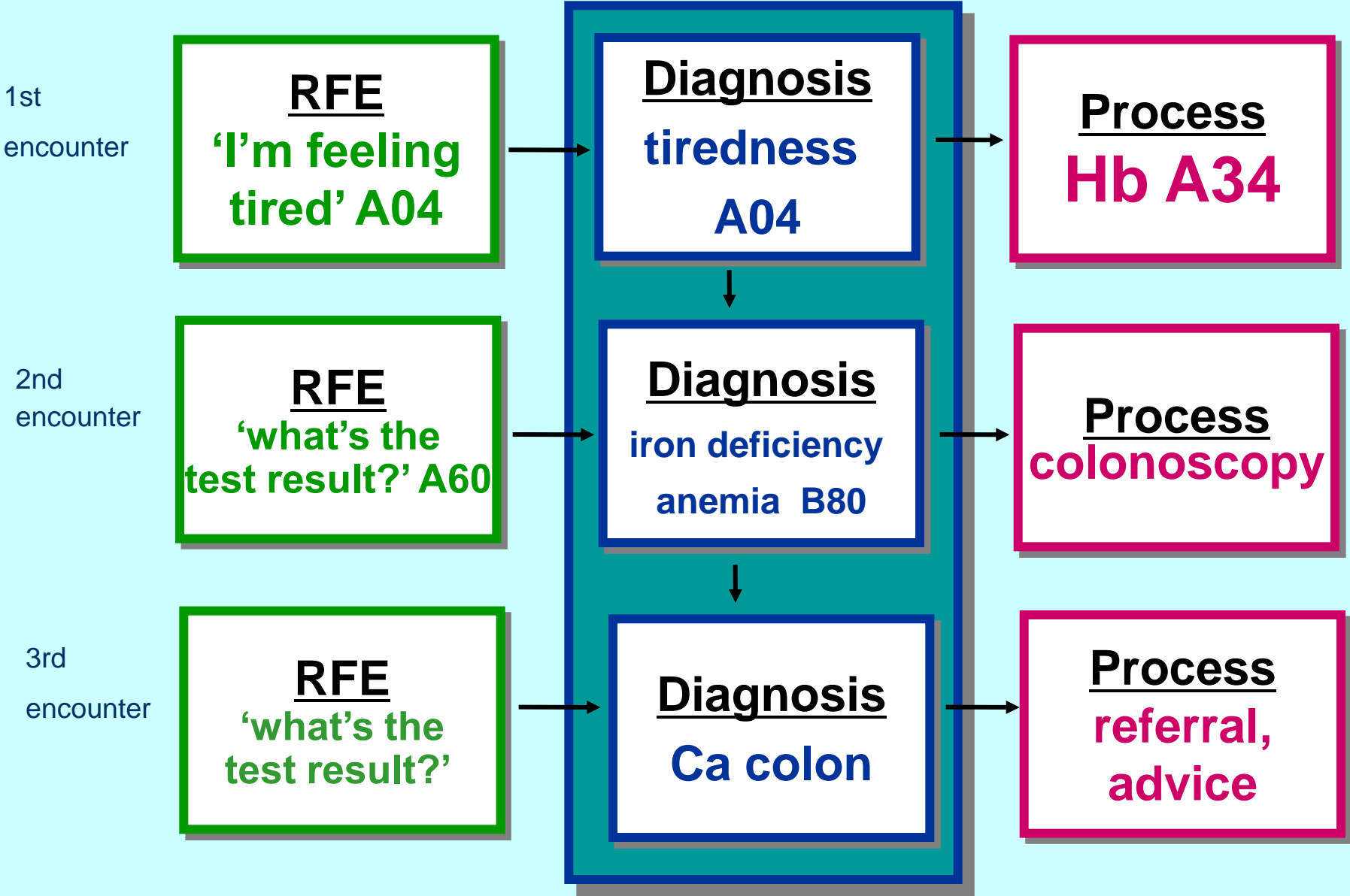
Process  
**referral,  
advice**



# RFE: REQUEST TEST RESULT



# NEW DIAGNOSIS: IRON DEFICIENCY ANEMIA



# PROCESS: COLONOSCOPY

1st  
encounter

RFE  
**'I'm feeling  
tired' A04**

Diagnosis  
**tiredness  
A04**

Process  
**Hb A34**

2nd  
encounter

RFE  
**'what's the  
test result?' A60**

Diagnosis  
**iron deficiency  
anemia B82**

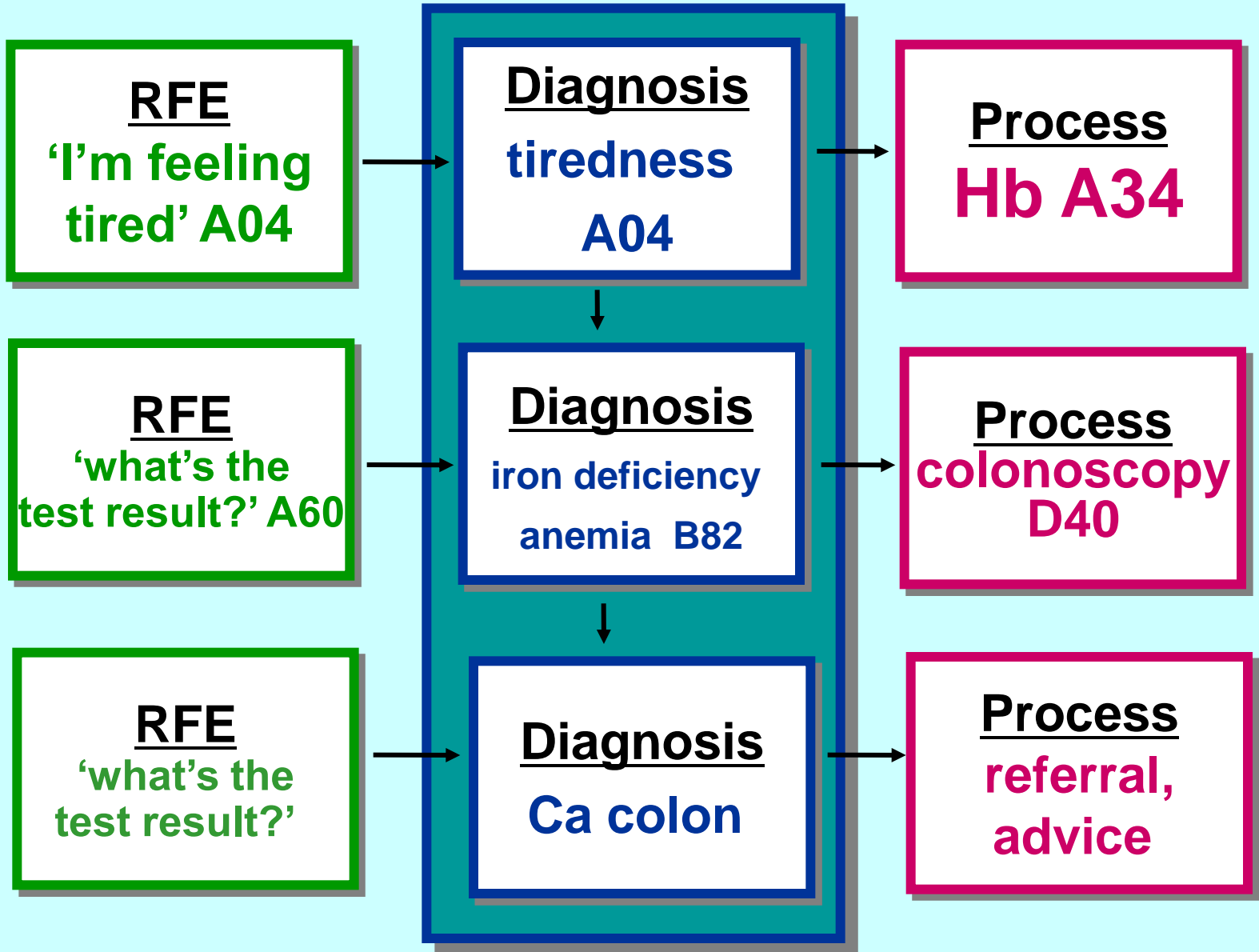
Process  
**colonoscopy  
D40**

3rd  
encounter

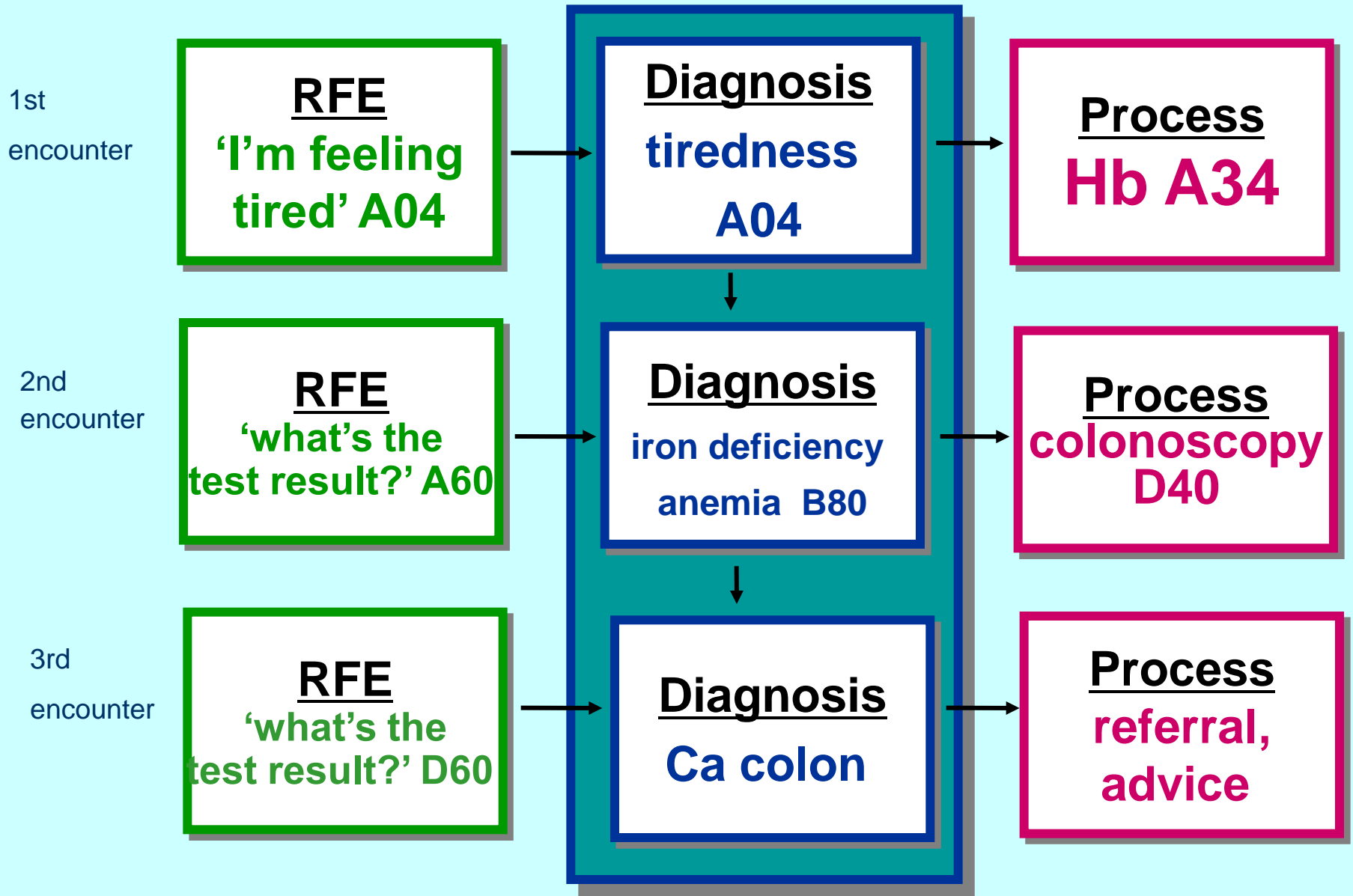
RFE  
**'what's the  
test result?'**

Diagnosis  
**Ca colon**

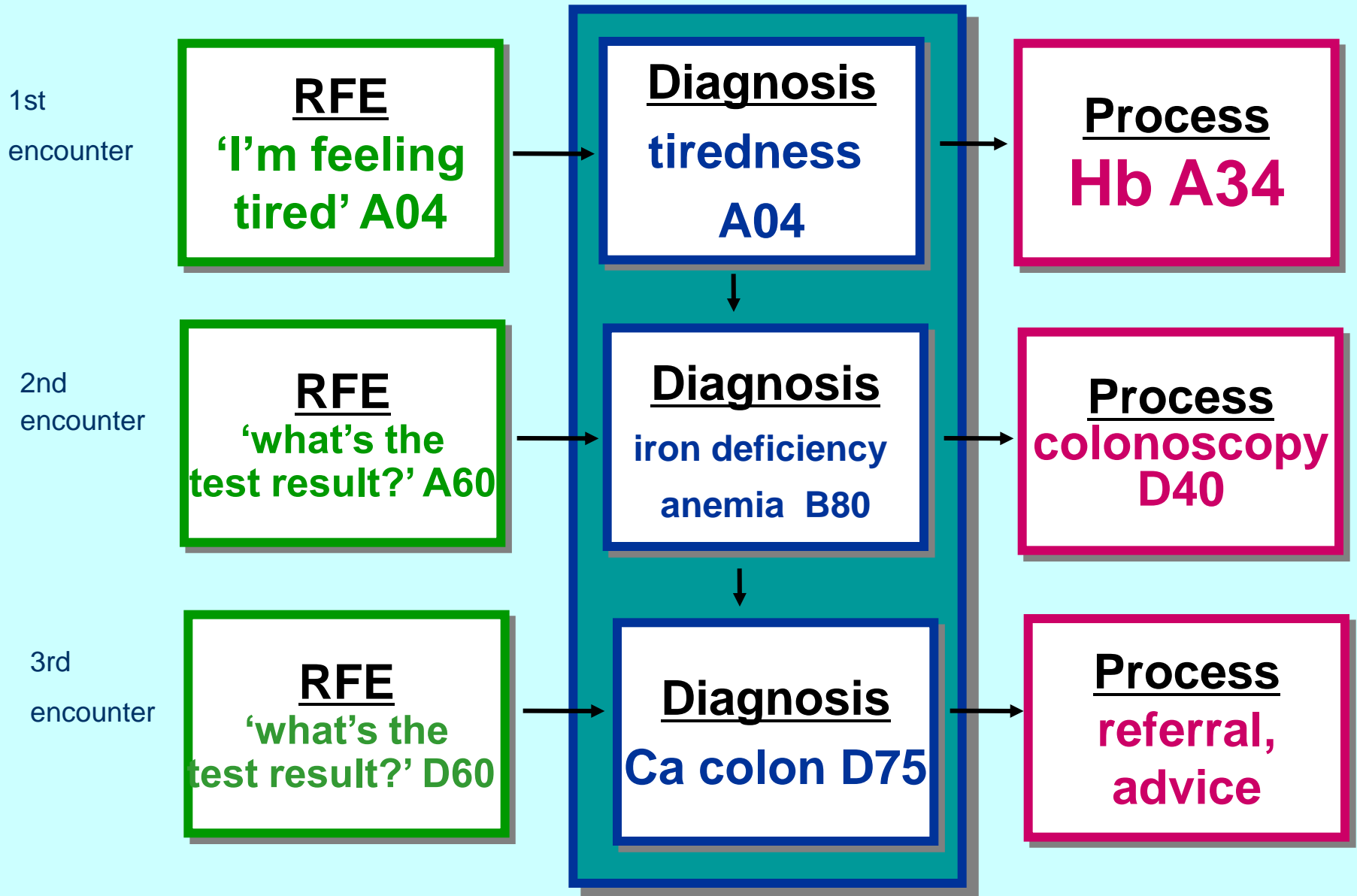
Process  
**referral,  
advice**



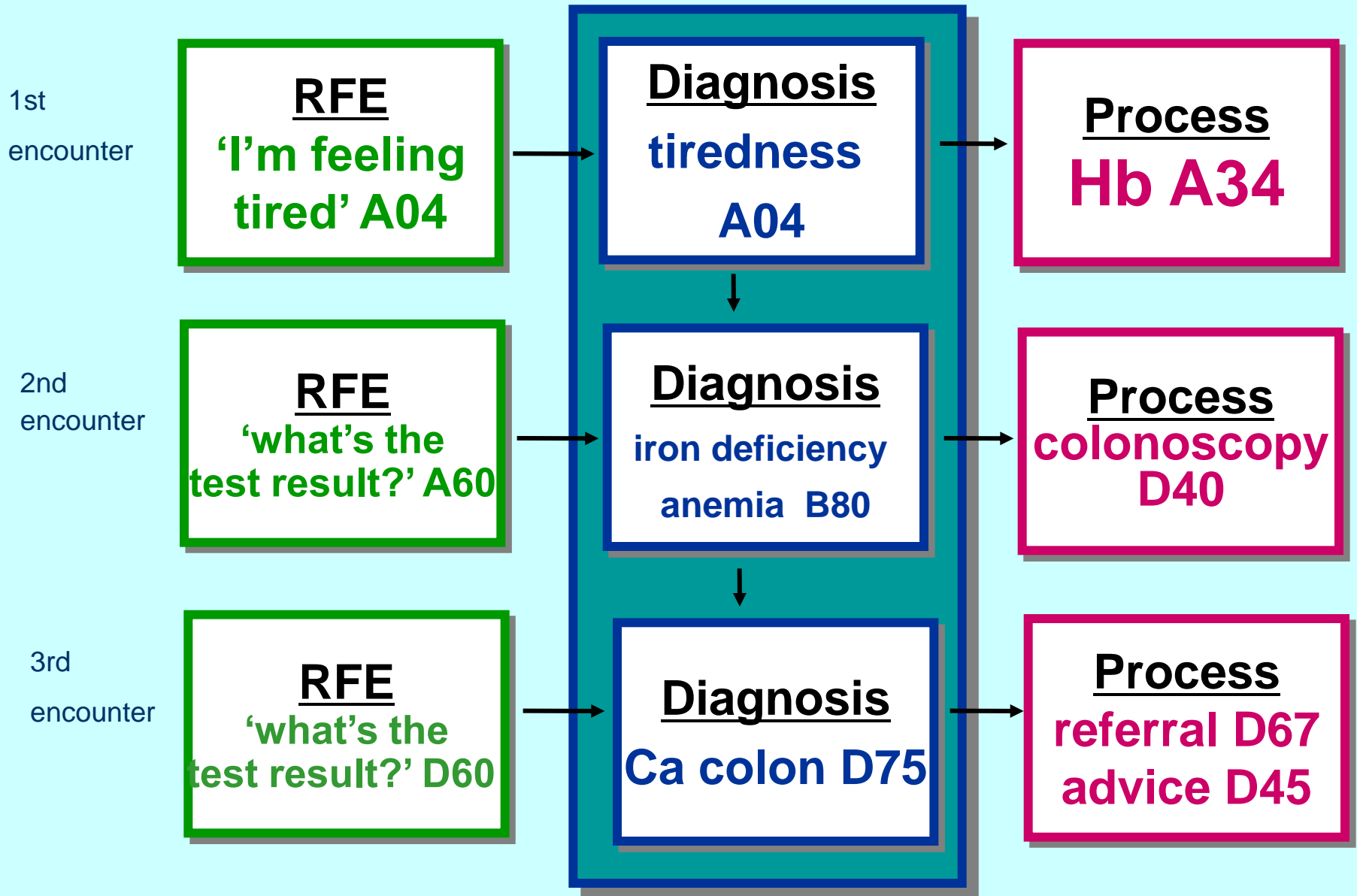
# RFE: REQUEST TEST RESULT



# NEW DIAGNOSIS: COLON CANCER



# PROCESS: REFERRAL AND ADVICE



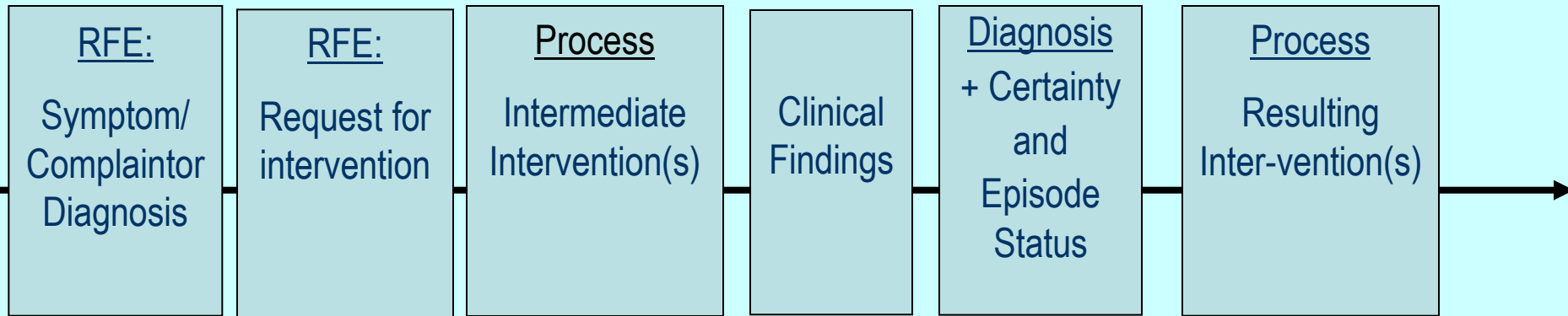


3.

# THE USE OF ICPC IN THE TRANSITION PROJECT

# DATA ENTRY IN THE TRANSITION PROJECT

Note: documentation and coding is in conformity with the 'new encounter structure' as shown in figure 3 (p15), and described on pp 17-18 of ICPC-2-R



Repeated for each sub-  
encounter at an encounter

Repeated at each encounter for  
an episode of care

SOME SCREENS FROM  
THE WINDOWS VERSION OF  
TRANSHIS, THE EPR IN USE  
IN THE TRANSITION PROJECT..

# SELECTING A PATIENT..

(Mr. K.R.F.Bakerpraat, born 19-05-1926; real patient, name/address changed, date of birth changed (without changing age))

The screenshot shows a software window titled "Browse patient list". At the top, there is a menu bar with "File", "Note", "Frequencies", "Options", and "Planner". Below the menu is a toolbar with icons for "Problems", "Browse", "Medication", "Measurements", and "New". A search bar contains the text "baker" and a dropdown menu is set to "Listed".

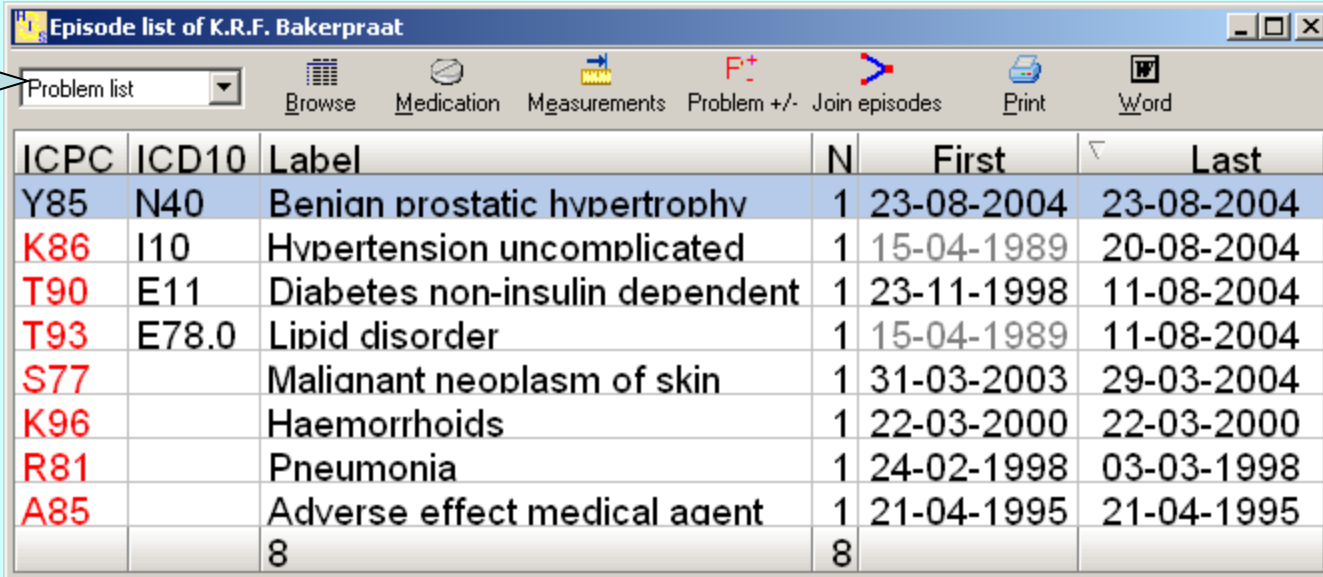
	Last name	First name	Birthdav. sex	PatNr	FamNr	Address	Place
1	Bakerpraat-Dekker	R.H.	21-12-1926. F	519	33	Kaststraat 104	Madurodam
2	Bakerpraat	K.R.F.	19-05-1926. M	518	33	Kaststraat 104	Madurodam

Below the list, there are tabs for "Patient", "Family", "Numbers", and "Alarm patient". The "Patient" tab is active, showing a detailed view of the selected patient:

Name	Bakerpraat. K.R.F.
First name	
Birthdav. sex	19-05-1926. Male
Insurance	
Listed since	15-04-1989

# ..THE PATIENT'S PROBLEM LIST

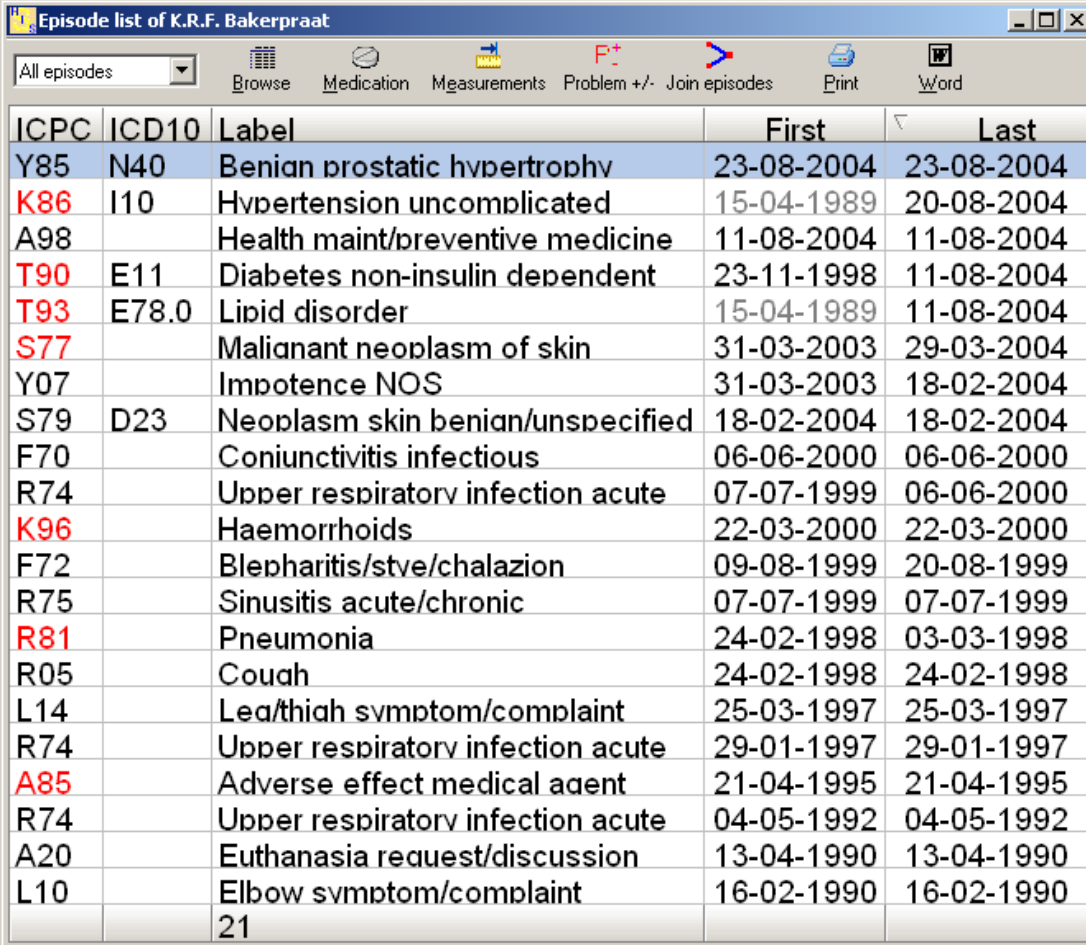
(8 episodes of care that are considered important; see Glossary: problem list)



ICPC	ICD10	Label	N	First	Last
Y85	N40	Benian prostatic hypertrophy	1	23-08-2004	23-08-2004
K86	I10	Hypertension uncomplicated	1	15-04-1989	20-08-2004
T90	E11	Diabetes non-insulin dependent	1	23-11-1998	11-08-2004
T93	E78.0	Lipid disorder	1	15-04-1989	11-08-2004
S77		Malignant neoplasm of skin	1	31-03-2003	29-03-2004
K96		Haemorrhoids	1	22-03-2000	22-03-2000
R81		Pneumonia	1	24-02-1998	03-03-1998
A85		Adverse effect medical agent	1	21-04-1995	21-04-1995
		8	8		

# THE PATIENT'S EPISODE LIST

(the patient's full episode list contains 21 episodes of care)



The screenshot shows a software window titled "Episode list of K.R.F. Bakerpraat". The window has a menu bar with "All episodes" and a toolbar with icons for "Browse", "Medication", "Measurements", "Problem +/-", "Join episodes", "Print", and "Word". Below the toolbar is a table with the following columns: ICPC, ICD10, Label, First, and Last. The table contains 21 rows of data, with some rows highlighted in blue. The last row of the table shows the number "21".

ICPC	ICD10	Label	First	Last
Y85	N40	Benign prostatic hypertrophy	23-08-2004	23-08-2004
K86	I10	Hypertension uncomplicated	15-04-1989	20-08-2004
A98		Health maint/preventive medicine	11-08-2004	11-08-2004
T90	E11	Diabetes non-insulin dependent	23-11-1998	11-08-2004
T93	E78.0	Lipid disorder	15-04-1989	11-08-2004
S77		Malignant neoplasm of skin	31-03-2003	29-03-2004
Y07		Impotence NOS	31-03-2003	18-02-2004
S79	D23	Neoplasm skin benign/unspecified	18-02-2004	18-02-2004
F70		Conjunctivitis infectious	06-06-2000	06-06-2000
R74		Upper respiratory infection acute	07-07-1999	06-06-2000
K96		Haemorrhoids	22-03-2000	22-03-2000
F72		Blepharitis/stye/chalazion	09-08-1999	20-08-1999
R75		Sinusitis acute/chronic	07-07-1999	07-07-1999
R81		Pneumonia	24-02-1998	03-03-1998
R05		Cough	24-02-1998	24-02-1998
L14		Leg/thigh symptom/complaint	25-03-1997	25-03-1997
R74		Upper respiratory infection acute	29-01-1997	29-01-1997
A85		Adverse effect medical agent	21-04-1995	21-04-1995
R74		Upper respiratory infection acute	04-05-1992	04-05-1992
A20		Euthanasia request/discussion	13-04-1990	13-04-1990
L10		Elbow symptom/complaint	16-02-1990	16-02-1990
		21		

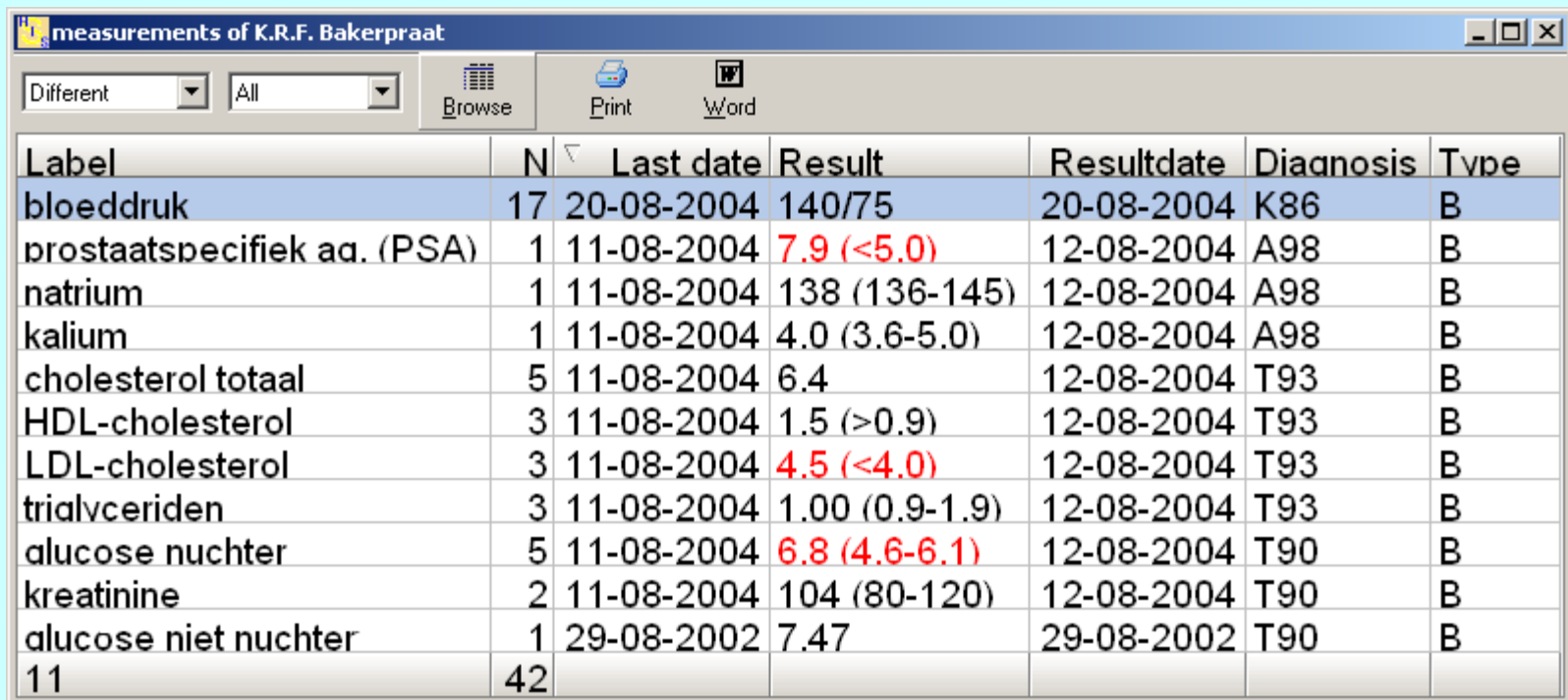
# THE PATIENT'S MEDICATION LIST

(this patient has had 111 prescriptions for 12 drugs)

Drugcode	Label	N	Last date	Quantity	Diagnosis	Prescription
K23	Amiloride comp 5/50ma tab	33	20-08-2004	45 st	K86	3xw
K15	Enalapril 5ma tablet	16	20-08-2004	90 st	K86	1xd/1t
K51	Atenolol 25ma tablet	25	20-08-2004	90 st	K86	1xd/1t
U09	Cialis 10ma tablet filmomh	2	18-02-2004	20 st	Y07	sn/1t/max/1/daa
F00	Fusidinezuur 10ma/a ooaael	2	06-06-2000	1 st	F70	2xd/1at\$oe
A03	Flucloxacilline 500ma caps	1	20-08-1999	30 st	F72	3xd/1c\$tm/inn
R33	Codeini phosphas 10ma tabl	2	07-07-1999	20 st	R74	3xd/1t\$an/2tt\$inn\$max/5tt/pd
A00	Doxycycline 100ma tablet	2	07-07-1999	8 st	R75	1e/d/1xd/2tt\$dna/1xd/1t\$ow
K13	Apresoline 25ma draaee	14	11-11-1998	7 st	K86	1xd/1t
K50	Propranolol 80ma tablet	9	31-07-1998	200 st	K86	2xd/ah/t/1xd/1t
K50	Propranolol hydrochloride	4	20-04-1998	500 a	K86	3xd/120ma
R33	Codeine hcl pch 10ma tab	1	03-03-1998	20 st	R81	sn/1t/max/5xd
	12	111				

# THE PATIENT'S TEST RESULTS

(this patient has had 42 measurements in 11 test types)



Label	N	Last date	Result	Resultdate	Diaagnosis	Type
bloeddruk	17	20-08-2004	140/75	20-08-2004	K86	B
prostaatspecifiek aa. (PSA)	1	11-08-2004	7.9 (<5.0)	12-08-2004	A98	B
natrium	1	11-08-2004	138 (136-145)	12-08-2004	A98	B
kalium	1	11-08-2004	4.0 (3.6-5.0)	12-08-2004	A98	B
cholesterol totaal	5	11-08-2004	6.4	12-08-2004	T93	B
HDL-cholesterol	3	11-08-2004	1.5 (>0.9)	12-08-2004	T93	B
LDL-cholesterol	3	11-08-2004	4.5 (<4.0)	12-08-2004	T93	B
triglyceriden	3	11-08-2004	1.00 (0.9-1.9)	12-08-2004	T93	B
glucose nuchter	5	11-08-2004	6.8 (4.6-6.1)	12-08-2004	T90	B
kreatinine	2	11-08-2004	104 (80-120)	12-08-2004	T90	B
glucose niet nuchter	1	29-08-2002	7.47	29-08-2002	T90	B
11	42					



# SUMMARY OF THIS PATIENT'S UTILIZATION OF FP CARE SINCE 1989

**Browse patient list**

File Note Frequencies Options Planner

Text: baker Search Listed Problems Browse Medication Measurements New

	Last name	First name	Birthdav. sex	PatNr	FamNr	Address	Place
1	Bakerpraat-Dekker	R.H.	21-12-1926. F	519	33	Kaststraat 104	Madurodam
2	Bakerpraat	K.R.F.	19-05-1926. M	518	33	Kaststraat 104	Madurodam

Patient Family Numbers Alarm patient

	Number	Average per year
Registration from 15-04-1989 until	15.8	
encounters	73	4.6
new episodes	19	1.2
old episodes	2	0.1
subencounters	102	6.5
referrals . consultation	3	0.2
medication	111	7.0
measurements	42	2.7

# THE FP NOW BROWSES ALL SUB-ENCOUNTERS FOR THE EPISODE OF CARE K86, UNCOMPLICATED HYPERTENSION, AND SELECTS THE ENCOUNTER DATED NOV 24, 2003

Browse subencounters of K.R.F. Bakerpraat with episode K86

Print Word Edit New

EncDate	EncType	Id	RFE cp.1.7	RFE cp.2-6	history	Interm.int.	Dia	ICD10	Diagn.label	Stat.	Cert.	Result.in
20-08-2004	PT	B		K31		K31	K86	I10	Hypertension uncomplicated	O	C	K50
14-05-2004	PT	B		K31		K31	K86	I10	Hypertension uncomplicated	O	C	K50
18-02-2004	E	G		K31		K31	K86	I10	Hypertension uncomplicated	O	C	K50
24-11-2003	E	B		K31		K31	K86	I10	Hypertension uncomplicated	O	C	K50
29-08-2003	E	G		K31		K31	K86	I10	Hypertension uncomplicated	O	C	K45
20-08-2003	E	B		K31		K31	K86	I10	Hypertension uncomplicated	O	C	K50
28-05-2003	E	B		K31		K31	K86	I10	Hypertension uncomplicated	O	C	K50
20-02-2003	E	B		K31		K31	K86		Hypertension uncomplicated	O	C	K50
25-11-2002	E	B		K31		K31	K86		Hypertension uncomplicated	O	C	K50
29-08-2002	E	B		K31		K31	K86		Hypertension uncomplicated	O	C	K50

Codes and labels

RFE	K31	Medical examin/health eval partial
Interm	K31	Medical examin/health eval partial
interm.	bloeddruk	190/90, 24-11-2003
Diaan	K86	I10 Hypertension uncomplicated
	Old	Certain
Result	K50	Medication/prescr/renewal/inject
medic	Amiloride	45 st. 3xw
	Enalapril 5ma	90 st. 1xd/1t

Note

# ..AND CHECKS ALL MEDICATION PRESCRIBED IN THAT EPISODE OF CARE..

Druacode	Label	N	Last date	Quantity	Diaagnosis	Prescription
K23	Amiloride comp 5/50ma tab	33	20-08-2004	45 st	K86	3xw
K15	Enalapril 5ma tablet	16	20-08-2004	90 st	K86	1xd/1t
K51	Atenolol 25ma tablet	25	20-08-2004	90 st	K86	1xd/1t
K13	Apresoline 25ma draaee	14	11-11-1998	7 st	K86	1xd/1t
K50	Propranolol 80ma tablet	9	31-07-1998	200 st	K86	2xd/ah/t/1xd/1t
K50	Propranolol hydrochloride	4	20-04-1998	500 a	K86	3xd/120ma
	6	101				

..END OF THE ICPC TUTORIAL..  
also check the Glossary for any  
questions you might have...