

SAMPLE
NURSE PRACTITIONER
QI Meeting Form

**QUALITY IMPROVEMENT PROCESS – DOCUMENTATION FOR MEETINGS
SHALL INCLUDE:**

1. CLINICAL ISSUES DISCUSSED (practice relevant clinical issues):

56-year old male with known HF involving both ventricles admitted with shortness of breath and jaundice with elevated alkaline phosphatase (250), direct bilirubin (4.8), and GGT (162) was found on presentation. No nausea, vomiting or history of alcohol abuse. Treatment interventions discussed:

- Shortness of breath: Secondary to acute HF decompensation and significantly improved with diuresis.
- Jaudince: Abdominal ultrasound demonstrated gallstones in the gallbladder with no biliary dilation. Liver echo texture was normal.

2. PROGRESS TOWARD IMPROVING OUTCOMES:

Initially, the elevated liver enzymes were considered obstructive in nature. Subsequently, based on ultrasound, it was thought to be congestive. Plan was to continue to diurese and discharge once stabilized. Outpatient recommendations: follow-up LFT's in 4-6 weeks and if still elevated, obtain viral hepatitis serologies.

3. RECOMMENDATIONS (IF ANY) FOR CHANGES IN TREATMENT PLAN:

Hospital day #7: Enzymes remain evaluated. GI consult was obtained for more definitive exclusion of obstructive jaundice with MRCP and laboratory studies including viral hepatitis serologies, iron studies, thyroid-stimulating hormone, antinuclear antibodies, and antimitochondrial antibodies.

Nurse Practitioner Signature

Date

Primary Supervising Physician Signature

Date