Medical record

- Diagnostic yield of intraoperative frozen sections obtained through robot-assisted stereotactic biopsy of brain lesions
- Global, regional, and national burden of older adults peripheral nervous system tumors (1990-2021): a systematic analysis of incidence, dalys, and deaths with projections to 2050
- Anesthetic and perioperative management of pregnant patients undergoing neurosurgery: a case series from a single center in Morocco (2017-2024)
- Treatment outcome in elderly traumatic brain injury patients at a Level 2 trauma care facility in a low-middle income country
- Risk factors for the development of hydrocephalus in traumatic brain injury: a systematic review and meta-analysis
- Lipid peroxidation metabolites as biomarkers in patients with aneurysmal subarachnoid hemorrhage and cerebral vasospasm or delayed cerebral ischemia: a systematic review
- Sacral fracture risk after stereotactic spinal radiosurgery: a multi-institution, retrospective analysis
- Use of carotid web angioarchitecture in stratification of stroke risk

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A medical record is simply a record of a patient's health and medical history. Depending on the level or need of care a patient has, records may vary, but all medical records will contain some common information.

The practice of medicine is advanced by self-reflection and a desire to improve the care of patients through the refinement of procedures and medical regimens. The first systematic record-keeping tool used for improving care was utilized in the late 1800s according to archived records of Cushing and Codman [1)]

Between 2013 and 2020, there were 68 wrong-site closed claims cases. The mean age of the patients was 55.7 (standard deviation 16.21) years, and 51.5% were female. The services most frequently responsible for these were Orthopedic (35.3%), Neurosurgery (22.1%), and Urology (8.8%). The most common types of procedures were spine and intervertebral disc surgery (22.1%), arthroscopy (14.7%), and surgery on muscles/tendons (11.8%). The severity of claims was higher in the inpatient setting compared to the ambulatory setting. The most common alleged injuries included the need for additional surgery (45.6%), pain (33.8%), mobility dysfunction (10.3%), worsened injury (8.8%), death (7.4%), and total loss (7.4%). The top contributing factors to wrong-site surgery were failure to follow policy/protocol (83.8%) and failure to review the medical records (41.2%). The mean closed claim value was $136,452.84, and 60.3% of cases were settled.

The risk of wrong-site surgeries is increased with spine surgeries, likely due to unique technical challenges. Further research is required to identify effective methods of prevention of these events [2)]

Electronic health record

see Electronic health record.

1)
Sundararaman LV, Desai SP. The Anesthesia Records of Harvey Cushing and Ernest Codman. Anesth Analg. 2018 Jan;126(1):322-329. doi: 10.1213/ANE.0000000000002576. PMID: 29099433.
2)
Tan J, Ross JM, Wright D, Pimentel MPT, Urman RD. A Contemporary Analysis of Closed Claims Related to Wrong-Site Surgery. Jt Comm J Qual Patient Saf. 2023 Feb 11:S1553-7250(23)00053-3. doi: 10.1016/j.jcjq.2023.02.002. Epub ahead of print. PMID: 36925434.