



**Medical Guidelines for Peacekeeping Operations
Medical Support Unit / LSD / OMS
Medical Records in Peacekeeping Operations**

REVISION 0
13/05/2003

**OFFICE OF MISSION SUPPORT
DEPARTMENT OF PEACEKEEPING OPERATIONS**

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United Nations Headquarters
New York, New York, 10017 USA

These guidelines are concerned with recording, verifying and storing individual medical records in military and civilian medical facilities in UN peacekeeping operations in a way that maintains the integrity of patients.

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PREFACE

The primary object of these guidelines is to state the legal aspects of medical recording to facilitate that records maintain the integrity of patients as a correct rendition of the history, diagnostic procedures, medical decisions and treatment relating to the treatment of individual patients.



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ACRONYMS AND DEFINITIONS

CMO	Chief Medical Officer. The medical officer representing the Chief of Administration
COE	Contingent Owned Equipment, Equipment owned by a providing nation and reimbursed by the mission.
DPKO	Department of Peacekeeping Operations
MSD	Medical Services Division, the division in Office of Human Resource Management that defines policies for individual peacekeepers.
SMO	Senior Medical Officer, The Medical Officer in charge of a medical facility
TCC	Troop Contributing Country
UNOE	United Nations Owned Equipment



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Introduction

1. The Level 1, 2 and 3 medical facilities in United Nations peacekeeping missions share the responsibility for a continuous medical system for diagnosis, treatment and emergencies, available to all UN personnel, uniformed as well as civilian, in the Mission area. To achieve optimal treatment of patients moving between facilities, a uniform standard for medical records must be applied.
2. As the UN is ultimately responsible for all medical services offered by UN owned (UNOE) clinics and hospital level facilities, it is important that all records are according to medico-legal requirements.
3. The intention of these Guidelines is define a minimum common standard applicable in all United Nations peacekeeping missions. The Guidelines are in agreement with standards stated by Medical Services Division (MSD).

RESPONSIBILITIES

4. It is the responsibility of the Mission Chief Medical Officer (CMO) that all Medical Officers responsible for any primary care or hospital level facility know and follow the Guidelines, and to follow up on its implementation.
5. It is the responsibility of the **Senior Medical Officer (SMO) of a medical facility** to implement the Guidelines; keeping in mind that this is a minimum requirement and that National regulations exceeding this must be followed.
6. In case of non-compliance the CMO shall notify the facility in writing with a copy to the National Contingent Commander (NCC).

PROCEDURES

Language

7. In TCC primary care facilities medical records can be written in the national language or the official language of the Mission. Records pertaining to personnel not part of the contingent providing the facility must be kept in the official Mission language or English.
8. In hospital level facilities medical records must be written in the official language of the mission or English. The national language of the providing TCC can be used for internal notes and instructions.



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9. All communications (electronic as well as hard copy) between medical facilities, whether between same-level or to higher level, must be in the official mission language or English.

Drugs

10. In primary care facilities drugs given to contingent members may be described by trade name or generic name. In records pertaining to other personnel the generic name must be added if trade name is used.
11. In hospital level facilities drugs must be described with generic names. In internal notes and instructions trade names may be used alongside the generic name.

Record content

12. All medical records must contain at least the following information:
 - 12.1. Patient's name, date of birth, nationality, UN-id number.
 - 12.2. Presenting complaint with history.
 - 12.3. Clinical findings.
 - 12.4. Additional findings (Imaging, laboratory, biochemistry)
 - 12.5. Evaluation and tentative diagnosis.
 - 12.6. Treatment (Procedures, drugs).
 - 12.7. Suggested follow up
 - 12.8. Identification of responsible Medical Officer

Medical communications between units/to higher level

13. Except in communications between national same-level facilities, inter unit medical communication must be in the official Mission language or English.
14. Inter unit communication shall be verified in writing!
15. A referral note, with all facts as in the previous paragraph as well as the reason for referral, must follow all patients referred to another medical facility for care.



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16. A release record must follow all patients released from inpatient care. The record should be in a sealed envelope and addressed to the contingent SMO for troops or the CMO for all others. Relevant facts as stated in the previous paragraph must be stated.
 17. An evaluation record from the examining specialist must follow all patients referred for outpatient specialist evaluation. The record should be in a sealed envelope and addressed to the referring Medical Officer. All relevant facts as stated in paragraph 12 above must be stated.

EVACUATIONS/TRANSPORT BETWEEN LEVELS

18. Requests for casualty collection from a site of accident/disease must be requested to an authority representing the Chief of Administration in the appropriate area. The request may be verbal, but should preferably be verified later by a written report from the requisitioner.
19. Evacuation / transport between levels in missions must always be requested in writing to an authority representing the Chief of Administration. The request must contain exact medical information (As stated in paragraph 12 above), and must be communicated with due respect for the integrity of the patient.
20. In evacuations out of mission the request, with content as above, goes to Medical Services Division UN-HQ.

RECORD RETENTION

21. Individual records of patients treated are the shared property of the patient and the responsible provider of the service.
22. Due to the need for a medical continuum, records must be kept in the Mission by the provider of medical services for at least 12 months after the discharge of a patient.
23. A providing TCC may bring the records back to their own nation, but leave complete copies with the new provider.



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24. A TCC may be reimbursed troop costs for one person for a period of 12 months to remain in the mission area to maintain the records and give copies of relevant records to the new provider. The new provider shall be responsible for providing quarter and support equivalent to that of the hospital staff, and the person shall be seen as part of the hospital staff.
 25. After 12 months all records may be taken out of the mission at UN cost, but the providing nation must keep the records available for a period of at least 25 years.
 26. No UNOE-primary care or UNOE/COE hospital level record may be taken out of the mission without a copy being sent to the Medical Services Division UNHQ.



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Attachment: