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The International Classification of Diseases, 10th Revision (ICD-10) serves as a crucial tool in the global healthcare landscape, providing a standardized system for diagnosing and categorizing diseases. Among its many sections, the codes related to infectious diseases are of particular significance due to their direct impact on public health management, surveillance, and research. Recent changes in ICD-10 codes for infectious diseases reflect ongoing efforts to keep pace with evolving medical knowledge and emerging health threats.

Healthcare facilities benefit from reduced hiring timelines with staffing services **medical staffing insurance** contract.

One of the primary drivers behind updates to ICD-10 codes is the emergence of new infectious diseases and the re-emergence of existing ones. The COVID-19 pandemic underscored this need acutely, leading to the rapid introduction of specific codes like U07.1 for COVID-19-related diagnoses. Such additions facilitate more accurate data collection and analysis, helping healthcare providers track disease spread and outcomes effectively.

Beyond adding new entries, recent updates also refine existing codes to improve specificity and accuracy. For instance, distinctions between different strains or subtypes of viruses can lead to more precise coding. This granularity is essential for epidemiological studies that inform public health strategies and resource allocation.

In addition to these modifications driven by acute needs, there is an ongoing effort to address long-standing challenges within infectious disease coding guidelines. One example is enhancing codes related to antimicrobial resistance (AMR). As AMR continues to pose a significant threat globally, having robust coding mechanisms that capture resistance patterns can aid in monitoring trends and developing targeted interventions.

Furthermore, revisions often extend beyond merely adding or adjusting numerical codes—they encompass updating guidelines on how diagnoses should be recorded based on current clinical practices. This includes integrating insights from recent research findings into documentation standards. By doing so, ICD-10 not only becomes a more accurate tool but also aligns itself with contemporary medical understanding.

These changes underscore the dynamic nature of ICD-10 as it adapts to an ever-changing healthcare environment. They illustrate how coding systems must evolve alongside advancements in science and technology while responding proactively to immediate global health challenges.

Ultimately, updates in ICD-10 codes for infectious diseases enhance our ability to detect patterns early on-be it outbreaks or shifts in pathogen behavior-and respond effectively through informed policy-making and clinical practice adjustments. As we continue navigating complex landscapes shaped by both novel pathogens and familiar foes revisited under new guises, maintaining an up-to-date classification system remains integral not only for individual patient care but also for safeguarding community health at large levels worldwide.

The COVID-19 pandemic has profoundly impacted global health systems, necessitating rapid and ongoing adaptations in medical practices, policies, and guidelines. One critical area affected by the pandemic is the coding of infectious diseases, which has undergone significant updates to accommodate the nuances of COVID-19 diagnosis, treatment, and reporting. These updates are essential for accurate data collection, analysis, and reimbursement processes.

Infectious disease coding serves as a foundational element in healthcare documentation. It ensures that healthcare providers accurately convey patient diagnoses and treatments to insurance companies and regulatory bodies. With the emergence of COVID-19 as a novel virus with unique clinical features, existing coding frameworks required substantial revisions to capture the complexity of this disease effectively.

One of the key updates in infectious disease coding guidelines related to COVID-19 was the introduction of specific codes for confirmed cases. Early in the pandemic, distinguishing between suspected and confirmed cases was challenging due to limited testing capabilities. As testing became more widespread and reliable, new coding guidelines were implemented to ensure that confirmed cases were accurately recorded in health records.

Moreover, these updates addressed complications associated with COVID-19. The virus not only affects respiratory function but also has systemic implications that can lead to conditions like acute respiratory distress syndrome (ARDS), multi-organ failure, or secondary infections. To address these complexities, additional codes were introduced to document such complications explicitly.

Another significant update involved post-COVID conditions often referred to as "long COVID" or post-acute sequelae of SARS-CoV-2 infection (PASC). Recognizing the prolonged impact on patients' health beyond acute infection was vital for both clinical management and research purposes. Consequently, new codes were developed to identify patients experiencing long-term effects from their initial COVID-19 infection.

Furthermore, vaccination efforts against COVID-19 have been pivotal in controlling its spread globally. Updated coding guidelines incorporated specific codes for documenting adverse reactions following immunization-ranging from mild side effects like fever or fatigue-to more severe reactions requiring medical intervention.

These advancements highlight an enduring commitment within healthcare systems worldwide: adapting swiftly yet accurately amid evolving challenges posed by pandemics such as COVID-19 is crucial not only for individual patient care but also for public health surveillance at large-scale levels

In conclusion,it is clear that updating infectious disease-coding guidelines during times when rapid changes occur due largely unforeseen events like pandemics requires agility combined with precision; this ensures comprehensive data capture while supporting informed decision-making across sectors involved directly or indirectly managing its impacts Whether it pertains developing novel diagnoses capturing potential vaccine-related incidents every adjustment made reflects broader efforts aimed ultimately ensuring better outcomes those affected while aiding policymakers researchers shaping future responses similar crises

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Key Changes and Additions to the Latest ICD-10-CM Code Set

In recent years, the global health community has faced an ever-evolving landscape of infectious diseases, prompting necessary modifications in reporting guidelines. These changes aim to enhance accuracy, efficiency, and responsiveness in tracking emerging diseases. As we delve into the updates to infectious disease coding guidelines, it becomes evident that these modifications are not merely administrative adjustments but pivotal enhancements that have broad implications for public health.

The outbreak of new infectious diseases such as COVID-19 has highlighted the critical need for precise and agile reporting systems. Traditional coding structures often struggled to keep pace with the rapid emergence and evolution of such pathogens. The updated guidelines address these challenges by introducing more dynamic coding frameworks that accommodate new diseases swiftly. This means health professionals can report cases with greater specificity and timeliness, enabling quicker responses from public health authorities.

Central to these updates is the adoption of a more flexible classification system. Previously, many coding frameworks were rigid, making it difficult to incorporate newly identified diseases or variants without significant delays. The updated guidelines now incorporate a system that allows for provisional codes which can be quickly activated or modified as new information about a disease becomes available. This adaptability ensures that healthcare providers can maintain accurate records even in rapidly changing situations.

Moreover, these updated guidelines emphasize interoperability between different health information systems globally. With infectious diseases knowing no borders, it's crucial that data collected in one country can seamlessly integrate with global databases. By standardizing codes across different jurisdictions and promoting international collaboration, these updates facilitate more effective tracking and management of disease outbreaks worldwide.

Another important aspect of the modifications is enhancing data granularity. The updated guidelines encourage detailed reporting on various dimensions of a disease case-such as severity levels, transmission vectors, and demographic factors-providing richer datasets for epidemiological analysis. This enriched data is invaluable for researchers developing targeted interventions and policymakers crafting informed public health strategies.

Furthermore, training and support systems for healthcare professionals have been strengthened under these new guidelines. Recognizing that accurate coding depends on well-informed personnel, comprehensive educational programs have been established to ensure consistent understanding and application of the revised codes across diverse medical settings.

Overall, the modifications in reporting guidelines for emerging diseases signify a proactive approach towards managing infectious threats in our interconnected world. They reflect an understanding that timely access to precise information is crucial not only for immediate response efforts but also for long-term planning and prevention strategies.

By aligning coding practices with contemporary needs while fostering global cooperation and enhancing data richness, these updates represent a significant step forward in our collective ability to protect public health against current and future infectious challenges.



Impact of Updates on Healthcare Providers and Coders

The landscape of medical billing and reimbursement is perpetually evolving, driven by updates in coding guidelines that aim to reflect advances in medical understanding and practices. Among these, the updates to infectious disease coding guidelines play a pivotal role, particularly as the global healthcare system grapples with emerging diseases and shifting epidemiological patterns. The impact of these updated guidelines on medical billing and reimbursement is profound, influencing how healthcare providers document services, how payers allocate funds, and ultimately how patients receive care.

Infectious disease coding is a critical component of the International Classification of Diseases (ICD) system, which standardizes codes for diagnosing and treating conditions across the globe. Recent updates to these guidelines have been necessitated by new infectious threats such as COVID-19, antimicrobial resistance challenges, and re-emerging diseases like tuberculosis. These changes aim to improve specificity in diagnosis coding, enhance tracking of disease prevalence, and facilitate better patient management.

One significant impact of updated infectious disease coding guidelines is on the precision of medical billing. Accurate coding ensures that healthcare providers are appropriately compensated for their services. Updated codes help avoid errors in billing that can lead to financial losses for healthcare facilities or claims denials from insurance companies. For instance, more detailed codes can differentiate between different strains or stages of an infection, ensuring that treatments are billed correctly according to their complexity.

The influence on reimbursement processes is equally notable. Payers rely heavily on accurate coding to determine coverage levels and payment amounts. With updated guidelines providing more precise descriptions of infectious diseases, insurance companies can make more informed decisions regarding reimbursements. This precision reduces disputes over claims and facilitates smoother transactions between providers and payers.

Moreover, these updates contribute significantly to public health data collection efforts. Enhanced accuracy in code reporting enables better tracking of infectious disease trends at both national and international levels. This data is crucial for public health officials when allocating resources during outbreaks or planning long-term interventions against endemic diseases.

For patients, the ripple effects of improved billing accuracy mean fewer surprises related to out-of-pocket expenses or denied claims due to incorrect coding. As a result, they experience less financial stress associated with navigating their healthcare journeys.

However, adapting to new coding requirements poses its own challenges for healthcare practitioners who must stay abreast of changes through continuous education and training initiatives. Additionally, electronic health record systems require regular updates to integrate new codes seamlessly into practice workflows without disrupting patient care delivery.

In conclusion, while updating infectious disease coding guidelines presents logistical hurdles for practitioners initially adjusting their documentation practices; the broader implications hold substantial benefits across the healthcare spectrum—from ensuring fair provider compensation through precise billing processes—to aiding insurers' decision-making capabilities—and enhancing overall population health monitoring efforts globally—all contributing toward a more efficient healthcare system responsive enough not only towards current but also future epidemiological challenges ahead.

Strategies for Staying Informed About Code Changes

In the rapidly evolving realm of healthcare, staying abreast of new guidelines and updates is a critical task for all professionals involved. For coders, this task is particularly pressing as they are responsible for translating complex medical information into standardized codes that are essential for patient care management, billing, and epidemiological tracking. The recent updates to infectious disease coding guidelines underscore the necessity for comprehensive training and access to resources that can help coders adapt swiftly and effectively.

Understanding infectious diseases has always been integral to public health, but in the wake of global events such as pandemics, its importance has been magnified. These updates aim to incorporate new scientific findings and ensure accurate representation of diseases in medical records. For coders, this means not only learning new codes but also understanding the nuances these changes bring about in clinical documentation.

Training sessions play a crucial role in equipping coders with the necessary knowledge and skills. These workshops or seminars often involve detailed explanations of new codes, case

studies demonstrating their application, and discussions on best practices for ensuring accuracy. In some instances, virtual training platforms have become invaluable by providing flexible access to courses tailored specifically to these updates. This adaptability is crucial for coders who must juggle ongoing responsibilities while enhancing their expertise.

Moreover, access to resources like updated coding manuals, online databases, and professional forums cannot be overstated. Coding manuals serve as foundational texts that outline precisely how each condition should be documented according to the latest standards. Online databases provide an interactive platform where coders can search for specific diseases or conditions and see how they align with new guidelines. Professional forums offer a collaborative environment where coders can share insights, ask questions, and discuss challenges with peers across the globe.

Beyond traditional methods of learning and collaboration, technology-driven solutions are increasingly being utilized. Artificial intelligence tools that assist in code selection or verify accuracy against current standards are becoming more prevalent. These tools not only enhance efficiency but also reduce errors significantly by cross-referencing real-time data against updated guidelines.

The importance of these training programs and resources extends beyond mere compliance; they empower coders to contribute meaningfully to patient safety and care quality. By ensuring precise documentation of infectious diseases through accurate coding, healthcare systems can better track disease patterns, allocate resources effectively during outbreaks or epidemics, and support research efforts aimed at improving public health outcomes.

In conclusion, as infectious disease coding guidelines continue to evolve with advancements in medical science and changes in global health landscapes, it is imperative that coders receive robust training supported by comprehensive resources. Such initiatives not only enhance individual proficiency but also fortify the larger healthcare system's ability to respond adeptly to present challenges while anticipating future needs.



Challenges and Solutions in Adapting to New Codes

Implementing revised codes in the realm of infectious disease coding guidelines is a complex endeavor that presents both challenges and considerations. The healthcare industry relies heavily on precise coding to ensure accurate diagnosis, treatment, billing, and epidemiological tracking. As diseases evolve and new pathogens emerge, so too must our coding systems adapt to reflect these changes. However, updating these codes is not without its hurdles.

One primary challenge in implementing revised codes is ensuring comprehensive training for medical professionals. Coders, clinicians, and administrative staff need to be adept at using the updated guidelines to maintain accuracy and consistency across medical records. This requires extensive training programs that can be costly and time-consuming. Furthermore, there is often resistance to change within organizations; individuals accustomed to longstanding practices may find it difficult to transition smoothly to new systems.

Another significant challenge is the integration of updated codes into existing electronic health record (EHR) systems. EHR vendors must update their software solutions promptly to accommodate the new coding structures, which can lead to temporary disruptions in healthcare facilities' operations. Any delays or errors during this transition period can result in incorrect billing or gaps in patient care.

Moreover, consistent communication among stakeholders is crucial when updating infectious disease coding guidelines. This includes collaboration between governmental health agencies, professional societies, healthcare institutions, and insurance providers. Each entity plays a role in ensuring that the revisions are practical and beneficial for all parties involved. Miscommunication or lack of coordination can lead to discrepancies in how diseases are documented and reported.

In addition to these logistical challenges, there are ethical considerations as well. For instance, as more specific codes are developed for certain conditions or populations, there is a risk of stigmatization or privacy breaches if sensitive health information becomes too easily identifiable through coding patterns.

Despite these challenges, revising infectious disease coding guidelines also offers significant benefits that necessitate careful consideration during implementation. Enhanced specificity in codes allows for improved data collection and analysis at local, national, and global levels—a critical aspect of monitoring disease outbreaks and trends effectively.

Furthermore, updated codes facilitate better patient outcomes by enabling more tailored treatments based on precise diagnostic information. They also improve reimbursement accuracy from insurers since claims submitted with correct codes reduce instances of claim denials or audits due to inaccuracies.

In conclusion, while implementing revised infectious disease coding guidelines poses several challenges-ranging from training needs to system integration issues-the potential advantages highlight its importance within modern healthcare systems. By addressing these obstacles thoughtfully through collaboration among stakeholders and investment in education resources for medical personnel alongside technology upgrades; we stand poised not only enhance public health surveillance but also elevate standards care delivery efficiency overall across diverse clinical settings globally over time ahead ultimately benefiting society collectively long term future prospects alike today tomorrow beyond indefinitely evermore thereafter henceforth et cetera ad infinitum unequivocally indubitably incontestably perpetually eternally endemically perennially continually persistently incessantly unceasingly interminably inexorably permanently immutably steadfastly resolutely unwaveringly unswervingly indefatigably doggedly tenaciously staunchly steadfast unfaltering unflinching unyielding ironclad irrevocably irreversibly irrefragably inviolable unimpeachable unimpeachably infallibly incontrovertibly irrefutably indisputably undeniably assuredly conclusively decisively finally authoritatively convincingly persuasively compellingly compelling authoritative definitive conclusive categorical unequivocal explicit express positive certain clear sure firm solid sound substantiated confirmed corroborated verified validated attested authenticated certified guaranteed warranted pledged

About health

This article is about the human condition. For other uses, see **Health (disambiguation)**.

Health has a variety of definitions, which have been used for different purposes over time. In general, it refers to physical and emotional **well-being**, especially that associated with normal functioning of the **human body**, absent of **disease**, **pain** (including **mental pain**), or **injury**.

Health can be promoted by encouraging healthful activities, such as regular **physical exercise** and adequate sleep,^[1] and by reducing or avoiding unhealthful activities or situations, such as **smoking** or excessive **stress**. Some factors affecting health are due to **individual choices**, such as whether to engage in a high-risk behavior, while others are due to **structural** causes, such as whether the society is arranged in a way that makes it easier or harder for people to get necessary healthcare services. Still, other

factors are beyond both individual and group choices, such as **genetic disorders**.

History

[edit]

World Health

Organization's definition

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Source: "**Constitution**".
World Health Organization
. Retrieved 25 September
2024.

The meaning of health has evolved over time. In keeping with the **biomedical** perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by **disease**. An example of such a definition of health is: "a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with **physical, biological, psychological, and social stress**".^[2] Then, in 1948, in a radical departure from previous definitions, the **World Health Organization** (WHO) proposed a definition that aimed higher, linking health to **well-being**, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity".^[3] Although this definition was welcomed by some as being innovative, it was also criticized for being vague and excessively broad and was not construed as measurable. For a long time, it was set aside as an impractical ideal, with most discussions of health returning to the practicality of the biomedical model.^[4]

Just as there was a shift from viewing disease as a state to thinking of it as a process, the same shift happened in definitions of health. Again, the WHO played a leading role when it fostered the development of the health promotion movement in the 1980s. This brought in a new conception of health, not as a state, but in dynamic terms of resiliency, in other

words, as "a resource for living". In 1984, WHO revised the definition of health defined it as "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities."^[5] Thus, health referred to the ability to maintain **homeostasis** and recover from adverse events. Mental, intellectual, emotional and social health referred to a person's ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and **independent living**.^[4] This opens up many possibilities for health to be taught, strengthened and learned.

Since the late 1970s, the federal **Healthy People** Program has been a visible component of the United States' approach to improving population health.^[6] In each decade, a new version of Healthy People is issued,^[7] featuring updated goals and identifying topic areas and quantifiable objectives for health improvement during the succeeding ten years, with assessment at that point of progress or lack thereof. Progress has been limited to many objectives, leading to concerns about the effectiveness of Healthy People in shaping outcomes in the context of a decentralized and uncoordinated US health system. Healthy People 2020 gives more prominence to health promotion and preventive approaches and adds a substantive focus on the importance of addressing social determinants of health. A new expanded digital interface facilitates use and dissemination rather than bulky printed books as produced in the past. The impact of these changes to Healthy People will be determined in the coming years.^[8]

Systematic activities to prevent or cure health problems and promote good health in humans are undertaken by **health care providers**. Applications with regard to animal health are covered by the **veterinary sciences**. The term "healthy" is also widely used in the context of many types of non-living organizations and their impacts for the benefit of humans, such as in the sense of **healthy communities, healthy cities** or **healthy environments**. In addition to **health care** interventions and a person's surroundings, a number of other factors are known to influence the health status of individuals. These are referred to as the "determinants of health", which include the individual's background, lifestyle, economic status, social conditions and spirituality; Studies have shown that high levels of stress can affect human health.^[9]

In the first decade of the 21st century, the conceptualization of health as an ability opened the door for self-assessments to become the main indicators to judge the performance of efforts aimed at improving human health.^[10] It also created the opportunity for every person to feel healthy, even in the presence of **multiple chronic diseases** or a terminal condition, and for the re-examination of determinants of health (away from the traditional approach that focuses on the reduction of the prevalence of diseases).^[11]

Determinants

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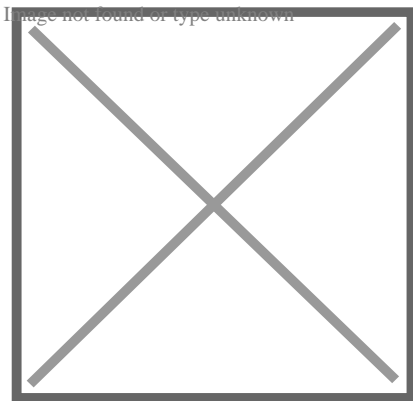
See also: **Social determinants of health** and **Risk factor**

In general, the context in which an individual lives is of great importance for both his health status and quality of life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of **health science**, but also through the efforts and intelligent **lifestyle** choices of the individual and society.

According to the **World Health Organization**, the main determinants of health include the social and **economic** environment, the physical environment, and the person's individual characteristics and behaviors.[12]

More specifically, key factors that have been found to influence whether people are healthy or unhealthy include the following:[12][13][14]

- **Education** and **literacy**
- Employment/working conditions
- Income and **social status**
- **Physical environments**
- **Social environments**
- **Social support** networks
- **Biology** and **genetics**
- **Culture**
- **Gender**
- **Health care services**
- Healthy **child development**
- Personal health practices and **coping skills**



Donald Henderson as part of the CDC's **smallpox** eradication team in 1966

An increasing number of studies and reports from different organizations and contexts examine the linkages between health and different factors, including lifestyles, environments, **health care organization** and **health policy**, one specific health policy brought into many countries in recent years was the introduction of the **sugar tax**.

Beverage taxes came into light with increasing concerns about obesity, particularly among youth. Sugar-sweetened beverages have become a target of anti-obesity initiatives with increasing evidence of their link to obesity.[15]—such as the 1974 **Lalonde report** from Canada;[14] the **Alameda County Study** in California;[16] and the series of **World Health Reports** of the World Health Organization, which focuses on **global health** issues including access to health care and improving **public health** outcomes, especially in **developing countries**. [17]

The concept of the "*health field*," as distinct from **medical care**, emerged from the Lalonde report from Canada. The report identified three interdependent fields as key determinants of an individual's health. These are:[14]

- Biomedical: all aspects of health, physical and mental, developed within the human body as influenced by genetic make-up.
- Environmental: all matters related to health external to the **human body** and over which the individual has little or no control;
- Lifestyle: the aggregation of personal decisions (i.e., over which the individual has control) that can be said to contribute to, or cause, illness or death;

The maintenance and promotion of health is achieved through different combination of physical, **mental**, and social well-being—a combination sometimes referred to as the "*health triangle*." [18] The WHO's 1986 **Ottawa Charter for Health Promotion** further stated that health is not just a state, but also "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities." [19]

Focusing more on lifestyle issues and their relationships with functional health, data from the **Alameda County Study** suggested that people can improve their health via **exercise**, enough **sleep**, spending time in nature, maintaining a healthy **body weight**, limiting **alcohol** use, and avoiding **smoking**. [20] Health and **illness** can co-exist, as even people with multiple chronic diseases or terminal illnesses can consider themselves healthy. [21]

If you want to learn about the health of a population, look at the air they breathe, the water they drink, and the places where they live. [22] [23]

—Hippocrates, the Father of Medicine, 5th

The environment is often cited as an important factor influencing the health status of individuals.

This includes characteristics of the **natural environment**, the **built environment** and the **social environment**. Factors such as clean **water** and **air**, adequate **housing**, and safe communities and **roads** all have been found to contribute to good health, especially to the health of infants and children.[12][24] Some studies have shown that a lack of **neighborhood** recreational spaces including natural environment leads to lower levels of personal satisfaction and higher levels of **obesity**, linked to lower overall health and well-being.[25] It has been demonstrated that increased time spent in natural environments is associated with improved self-reported health,[26] suggesting that the positive health benefits of natural space in urban neighborhoods should be taken into account in **public policy** and land use.

Genetics, or inherited traits from parents, also play a role in determining the health status of individuals and populations. This can encompass both the **predisposition** to certain diseases and health conditions, as well as the habits and behaviors individuals develop through the lifestyle of their **families**. For example, genetics may play a role in the manner in which people cope with **stress**, either mental, emotional or physical. For example, **obesity** is a significant problem in the **United States** that contributes to poor mental health and causes stress in the lives of many people.[27] One difficulty is the issue raised by the **debate** over the relative strengths of genetics and other factors; interactions between genetics and environment may be of particular importance.

Potential issues

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A number of health issues are common around the globe. **Disease** is one of the most common. According to GlobalIssues.org, approximately 36 million people die each year from non-communicable (i.e., not contagious) diseases, including **cardiovascular disease**, **cancer**, **diabetes** and chronic lung disease.[28]

Among communicable diseases, both viral and bacterial, **AIDS/HIV**, **tuberculosis**, and **malaria** are the most common, causing millions of deaths every year.[28]

Another health issue that causes death or contributes to other health problems is **malnutrition**, especially among children. One of the groups malnutrition affects most is young children. Approximately 7.5 million children under the age of 5 die from malnutrition, usually brought on by not having the money to find or make food.[28]

Bodily injuries are also a common health issue worldwide. These injuries, including **bone fractures** and **burns**, can reduce a person's quality of life or can cause fatalities including **infections** that resulted from the injury (or the severity injury in general).[28]

Lifestyle choices are contributing factors to poor health in many cases. These include smoking cigarettes, and can also include a poor diet, whether it is overeating or an overly constrictive diet. Inactivity can also contribute to health issues and also a lack of sleep, excessive alcohol consumption, and neglect of oral hygiene.^[citation needed] There are also genetic disorders that are inherited by the person and can vary in how much they affect the person (and when they surface).[29][30]

Although the majority of these health issues are preventable, a major contributor to global ill health is the fact that approximately 1 billion people lack access to health care systems.[28] Arguably, the most common and harmful health issue is that a great many people do not have access to quality remedies.[31]

Mental health

[edit]

Main article: **Mental health**

The **World Health Organization** describes mental health as "a state of **well-being** in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".[32] Mental health is not just the absence of mental illness.[33]

Mental illness is described as 'the spectrum of cognitive, emotional, and behavioral conditions that interfere with social and emotional well-being and the lives and productivity of people.[34] Having a mental illness can seriously impair, temporarily or permanently, the mental functioning of a person. Other terms include: 'mental health problem', 'illness', 'disorder', 'dysfunction'.[35]

Approximately twenty percent of all adults in the US are considered diagnosable with a mental disorder. Mental disorders are the leading cause of disability in the United States and Canada. Examples of these disorders include **schizophrenia**, **ADHD**, **major depressive disorder**, **bipolar disorder**, **anxiety disorder**, **post-traumatic stress disorder** and **autism**. [36]

Many factors contribute to mental health problems, including:[37]

- Biological factors, such as genes or brain chemistry
- Family history of mental health problems
- Life experiences, such as trauma or abuse

Maintaining

[[edit](#)]

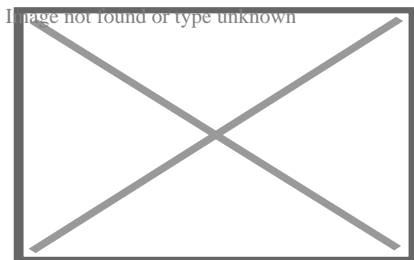
Achieving and maintaining health is an ongoing process, shaped by both the evolution of **health care** knowledge and practices as well as personal strategies and organized interventions for staying healthy.

Diet

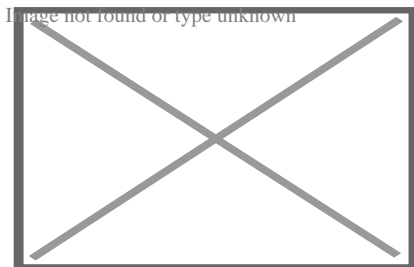
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Main articles: [Healthy diet](#) and [Human nutrition](#)

See also: [List of nutrition guides](#)



Percentage of overweight or obese population in 2010. Data source: OECD's iLibrary.[\[38\]](#)[\[39\]](#)



Percentage of obese population in 2010. Data source: OECD's iLibrary.[\[38\]](#)[\[40\]](#)

An important way to maintain one's personal health is to have a healthy diet. A healthy diet includes a variety of plant-based and animal-based foods that provide **nutrients** to the body.[\[41\]](#) Such nutrients provide the body with energy and keep it running. Nutrients help build and strengthen bones, muscles, and tendons and also regulate body processes (i.e., **blood pressure**). Water is essential for growth, reproduction and good health. **Macronutrients** are consumed in relatively large quantities and include proteins, carbohydrates, and fats and fatty acids.[\[42\]](#) Micronutrients – vitamins and minerals – are

consumed in relatively smaller quantities, but are essential to body processes.[43] The **food guide pyramid** is a pyramid-shaped guide of healthy foods divided into sections. Each section shows the recommended intake for each food group (i.e., protein, fat, carbohydrates and sugars). Making healthy food choices can lower one's risk of heart disease and the risk of developing some types of **cancer**, and can help one maintain their weight within a healthy range.[44]

The **Mediterranean diet** is commonly associated with health-promoting effects. This is sometimes attributed to the inclusion of bioactive compounds such as **phenolic compounds**, **isoprenoids** and **alkaloids**.[45]

Exercise

[[edit](#)]

Main article: **Exercise**

Physical exercise enhances or maintains **physical fitness** and overall health and wellness. It strengthens one's bones and muscles and improves the **cardiovascular system**. According to the **National Institutes of Health**, there are four types of exercise: **endurance**, **strength**, **flexibility**, and **balance**.[46] The CDC states that physical exercise can reduce the risks of heart disease, cancer, type 2 diabetes, high blood pressure, obesity, depression, and anxiety.[47] For the purpose of counteracting possible risks, it is often recommended to start physical exercise gradually as one goes. Participating in any exercising, whether it is housework, yardwork, walking or standing up when talking on the phone, is often thought to be better than none when it comes to health.[48]

Sleep

[[edit](#)]

Main articles: **Sleep** and **Sleep deprivation**

Sleep is an essential component to maintaining health. In children, sleep is also vital for growth and development. Ongoing **sleep deprivation** has been linked to an increased risk for some chronic health problems. In addition, sleep deprivation has been shown to correlate with both increased susceptibility to illness and slower recovery times from illness.[49] In one study, people with chronic insufficient sleep, set as six hours of sleep a night or less, were found to be four times more likely to catch a cold compared to those

who reported sleeping for seven hours or more a night.[50] Due to the role of sleep in regulating **metabolism**, insufficient sleep may also play a role in **weight gain** or, conversely, in impeding **weight loss**. [51] Additionally, in 2007, the **International Agency for Research on Cancer**, which is the cancer research agency for the **World Health Organization**, declared that "shiftwork that involves **circadian** disruption is probably **carcinogenic** to humans", speaking to the dangers of long-term nighttime work due to its intrusion on sleep. [52] In 2015, the National Sleep Foundation released updated recommendations for sleep duration requirements based on age, and concluded that "Individuals who habitually sleep outside the normal range may be exhibiting signs or symptoms of serious health problems or, if done volitionally, may be compromising their health and well-being." [53]

| Age and condition | Sleep needs |
|----------------------------------|--------------------|
| Newborns (0–3 months) | 14 to 17 hours |
| Infants (4–11 months) | 12 to 15 hours |
| Toddlers (1–2 years) | 11 to 14 hours |
| Preschoolers (3–5 years) | 10 to 13 hours |
| School-age children (6–13 years) | 9 to 11 hours |
| Teenagers (14–17 years) | 8 to 10 hours |
| Adults (18–64 years) | 7 to 9 hours |
| Older Adults (65 years and over) | 7 to 8 hours |

Role of science

[edit]

Main articles: **Health science** and **Health care**

The Dutch Public Health Service provides medical care for the natives of the **Dutch East Indies**, May 1946.

Health science is the branch of science focused on health. There are two main approaches to health science: the study and **research** of the **body** and health-related issues to understand how humans (and animals) function, and the application of that knowledge to improve health and to prevent and cure diseases and other physical and mental impairments. The science builds on many sub-fields, including **biology**, **biochemistry**, **physics**, **epidemiology**, **pharmacology**, **medical sociology**. Applied health sciences endeavor to better understand and improve human health through applications in areas such as **health education**, **biomedical engineering**,

biotechnology and **public health**.^[*citation needed*]

Organized interventions to improve health based on the principles and procedures developed through the health sciences are provided by practitioners trained in **medicine**, **nursing**, **nutrition**, **pharmacy**, **social work**, **psychology**, **occupational therapy**, **physical therapy** and other **health care professions**. Clinical practitioners focus mainly on the health of individuals, while public health practitioners consider the overall health of communities and populations. **Workplace wellness** programs are increasingly being adopted by companies for their value in improving the health and well-being of their employees, as are **school health services** to improve the health and well-being of children.^[*citation needed*]

Role of medicine and medical science

[**edit**]

Main article: **Medicine**

Contemporary medicine is in general conducted within **health care systems**. Legal, **credentialing** and financing frameworks are established by individual governments, augmented on occasion by international organizations, such as churches. The characteristics of any given health care system have significant impact on the way medical care is provided.

From ancient times, Christian emphasis on practical charity gave rise to the development of systematic nursing and hospitals and the **Catholic Church** today remains the largest non-government provider of medical services in the world.^[54] Advanced industrial countries (with the exception of the **United States**)^[55] and many **developing countries** provide medical services through a system of **universal health care** that aims to guarantee care for all through a **single-payer health care** system, or compulsory private or co-operative **health insurance**. This is intended to ensure that the entire population has access to medical care on the basis of need rather than ability to pay. Delivery may be via private medical practices or by state-owned hospitals and clinics, or by charities, most commonly by a combination of all three.

Most **tribal** societies provide no guarantee of healthcare for the population as a whole.^[56] In such societies, healthcare is available to those that can afford to pay for it or have self-insured it (either directly or as part of an employment contract) or who may be covered by care financed by the government or tribe directly.

collection of glass bottles of different sizes

Modern drug **ampoules**

Transparency of information is another factor defining a delivery system. Access to information on conditions, treatments, quality, and pricing greatly affects the choice by patients/consumers and, therefore, the incentives of medical professionals. While the US healthcare system has come under fire for lack of openness,^[57] new legislation may encourage greater openness. There is a perceived tension between the need for transparency on the one hand and such issues as patient confidentiality and the possible exploitation of information for commercial gain on the other.

Delivery

[**edit**]

See also: **Health care, clinic, hospital, and hospice**

Provision of medical care is classified into primary, secondary, and tertiary care categories.^[58]

photograph of three nurses

Image not found or type unknown

Nurses in **Kokopo, East New Britain, Papua New Guinea**

Primary care medical services are provided by **physicians, physician assistants, nurse practitioners**, or other health professionals who have first contact with a patient seeking medical treatment or care.^[59] These occur in physician offices, **clinics, nursing homes**, schools, home visits, and other places close to patients. About 90% of medical visits can be treated by the primary care provider. These include treatment of acute and chronic illnesses, **preventive care** and **health education** for all ages and both sexes.

Secondary care medical services are provided by **medical specialists** in their offices or clinics or at local community hospitals for a patient referred by a primary care

provider who first diagnosed or treated the patient.[60] Referrals are made for those patients who required the expertise or procedures performed by specialists. These include both **ambulatory care** and **inpatient** services, **Emergency departments**, **intensive care medicine**, surgery services, **physical therapy**, **labor and delivery**, **endoscopy** units, diagnostic **laboratory** and **medical imaging** services, **hospice** centers, etc. Some primary care providers may also take care of hospitalized patients and deliver babies in a secondary care setting.

Tertiary care medical services are provided by specialist hospitals or regional centers equipped with diagnostic and treatment facilities not generally available at local hospitals. These include **trauma centers**, **burn** treatment centers, advanced **neonatology** unit services, **organ transplants**, high-risk pregnancy, **radiation oncology**, etc.

Modern medical care also depends on information – still delivered in many health care settings on paper records, but increasingly nowadays by **electronic means**.

In low-income countries, modern healthcare is often too expensive for the average person. International healthcare policy researchers have advocated that "user fees" be removed in these areas to ensure access, although even after removal, significant costs and barriers remain.[61]

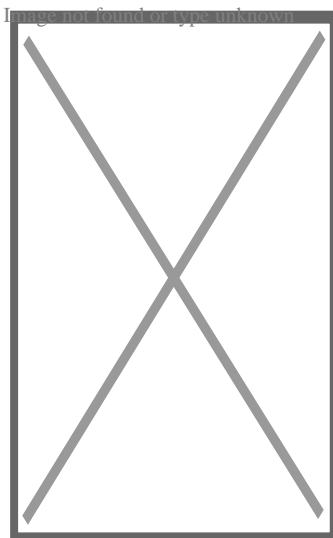
Separation of prescribing and dispensing is a practice in medicine and pharmacy in which the **physician** who provides a **medical prescription** is independent from the **pharmacist** who provides the **prescription drug**. In the **Western world** there are centuries of tradition for separating pharmacists from physicians. In Asian countries, it is traditional for physicians to also provide drugs.[62]

Role of public health

[[edit](#)]

Main article: [Public health](#)

See also: [Global health](#)



Postage stamp, **New Zealand**, 1933. Public health has been promoted – and depicted – in a wide variety of ways.

Public health has been described as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals."**[63]** It is concerned with threats to the overall health of a community based on **population health** analysis. The population in question can be as small as a handful of people or as large as all the inhabitants of several continents (for instance, in the case of a **pandemic**). Public health has many sub-fields, but typically includes the interdisciplinary categories of **epidemiology**, **biostatistics** and **health services**. **environmental health**, **community health**, **behavioral health**, and **occupational health** are also important areas of public health.

The focus of public health interventions is to prevent and manage diseases, injuries and other health conditions through surveillance of cases and the **promotion of healthy behavior, communities**, and (in aspects relevant to human health) **environments**. Its aim is to prevent health problems from happening or re-occurring by implementing **educational programs**, developing **policies**, administering services and conducting **research**.**[64]** In many cases, treating a disease or controlling a **pathogen** can be vital to preventing it in others, such as during an **outbreak**. **Vaccination** programs and distribution of **condoms** to prevent the spread of **communicable diseases** are examples of common preventive public health measures, as are educational campaigns to promote vaccination and the use of condoms (including overcoming resistance to such).

Public health also takes various actions to limit the health disparities between different areas of the **country** and, in some cases, the **continent** or **world**. One issue is the access of individuals and communities to health care in terms of financial, geographical or socio-cultural constraints.**[65]** Applications of the public **health system** include the areas of **maternal** and child health, health services administration, emergency response, and prevention and control of **infectious** and **chronic diseases**.

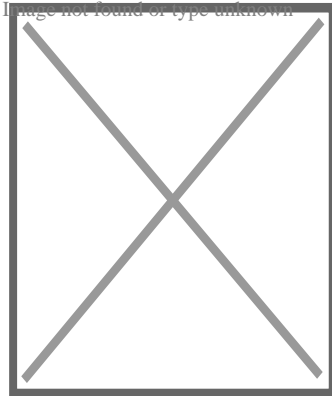
The great positive impact of public health programs is widely acknowledged. Due in part to the policies and actions developed through public health, the 20th century registered a decrease in the mortality rates for **infants** and **children** and a continual increase in **life expectancy** in most parts of the world. For example, it is estimated that life expectancy has increased for Americans by thirty years since 1900,**[66]** and worldwide by six years since 1990.**[67]**

Self-care strategies

[edit]

Main article: **Self care**

See also: **Chronic care management**, **Social relation**, and **Stress management**



A lady washing her hands c. 1655

Personal health depends partially on the active, passive, and assisted cues people observe and adopt about their own health. These include personal actions for preventing or minimizing the effects of a disease, usually a chronic condition, through **integrative care**. They also include personal **hygiene** practices to prevent infection and illness, such as **bathing** and **washing hands** with soap; **brushing and flossing teeth**; storing, preparing and handling **food safely**; and many others. The information gleaned from personal **observations of daily living** – such as about sleep patterns, exercise behavior, nutritional intake and environmental features – may be used to inform personal decisions and actions (e.g., "I feel tired in the morning so I am going to try sleeping on a different pillow"), as well as clinical decisions and treatment plans (e.g., a patient who notices his or her shoes are tighter than usual may be having exacerbation of left-sided heart failure, and may require diuretic medication to reduce fluid overload).[68]

Personal health also depends partially on the social structure of a person's life. The maintenance of strong **social relationships**, **volunteering**, and other social activities have been linked to positive mental health and also increased longevity. One American study among **seniors** over age 70, found that frequent volunteering was associated with reduced risk of dying compared with older persons who did not volunteer, regardless of physical health status.[69] Another study from Singapore reported that volunteering retirees had significantly better **cognitive performance** scores, fewer **depressive symptoms**, and better mental well-being and **life satisfaction** than non-volunteering retirees.[70]

Prolonged **psychological stress** may negatively impact health, and has been cited as a factor in **cognitive impairment** with aging, depressive illness, and expression of disease.[71] **Stress management** is the application of methods to either reduce stress or increase tolerance to stress. **Relaxation techniques** are physical methods used to relieve stress. Psychological methods include **cognitive therapy, meditation**, and **positive thinking**, which work by reducing response to stress. Improving relevant skills, such as **problem solving** and **time management** skills, reduces uncertainty and builds confidence, which also reduces the reaction to stress-causing situations where those skills are applicable.

Occupational

[edit]

Main article: **Occupational safety and health**

In addition to **safety** risks, many jobs also present risks of disease, illness and other long-term health problems. Among the most common **occupational diseases** are various forms of **pneumoconiosis**, including **silicosis** and **coal worker's pneumoconiosis (black lung disease)**. **Asthma** is another **respiratory illness** that many workers are vulnerable to. Workers may also be vulnerable to skin diseases, including **eczema, dermatitis, urticaria, sunburn**, and **skin cancer**.[72] Other occupational diseases of concern include **carpal tunnel syndrome** and **lead poisoning**.

As the number of **service sector** jobs has risen in developed countries, more and more jobs have become **sedentary**, presenting a different array of health problems than those associated with **manufacturing** and the **primary sector**. Contemporary problems, such as the growing rate of **obesity** and issues relating to **stress** and **overwork** in many countries, have further complicated the interaction between work and health.

Many governments view occupational health as a social challenge and have formed public organizations to ensure the health and safety of workers. Examples of these include the British **Health and Safety Executive** and in the **United States**, the **National Institute for Occupational Safety and Health**, which conducts research on occupational health and safety, and the **Occupational Safety and Health Administration**, which handles regulation and policy relating to worker safety and health.[73]

See also

[edit]

- o **Disease burden** – Impact of diseases

- **Environmental health** – Public health branch focused on environmental impacts on human health
- **Healing** – Process of the restoration of health
- **Health equity** – Study and causes of differences in the quality of health and healthcare
- **Human enhancement** – Natural, artificial, or technological alteration of the human body
- **List of health and wellness podcasts**
- **Men's health** – Broad subject that encompasses all facets of men's health
- **One Health** – Collaborative global initiative
- **Population health** – Health outcomes of a group of individuals
- **Women's health** – Broad subject that encompasses all facets of women's health
- **Youth health** – range of approaches to preventing, detecting or treating young people's health risks and issues

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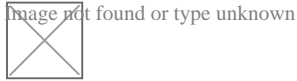
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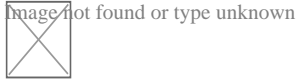
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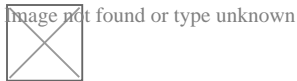
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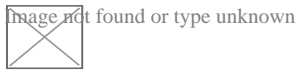
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Virtues

About virtues

- **Endowment**
- **Moral character**
- ***Nicomachean Ethics***
- **Positive psychology**
- **Trait theory**
- **Virtue ethics**

Virtue families

- *Bodhipakkhiyā dhammā*
- *Brahmavihārās*
- *Bushidō*
- Catalogue of Vices and Virtues
- *Emi Omo Eso*
- Epistemic virtues
- Five virtues
- Four Cardinal Principles and Eight Virtues
- Intellectual virtues
- Moral virtues
- Nine Noble Virtues
- *Omoluwabi*
- *Pāramāṣ*
- Prussian virtues
- Scout Law
- Seven virtues
 - Cardinal
 - Theological
- Teachings of the Seven Grandfathers
- Three Treasures
- Values in Action Inventory of Strengths
- Yamas

- **Accountability**
- **Alertness**
- **Altruism**
- **Authenticity**
- **Calmness**
- **Charisma**
- **Charity**
- **Chastity**
- **Chivalry**
- **Cleanliness**
- **Compassion**
- **Conscientiousness**
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 - **Civil**
 - **Moral**
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- **Diligence**
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- **Discipline**
- **Duty**
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- **Equanimity**
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About bookkeeping

For the computer programming concept, see [Boilerplate code](#).

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Bookkeeping

Key concepts

- **Daybooks**
- **Double-entry**
- **General ledger**
- **T Accounts**
- **Trial balance**
- **Journal**
- **Debits and credits**
- **Chart of accounts**
- **Petty cash**
- **Imprest system**
- **Bank reconciliation**
- **Ledger**
- **Single-entry**
- **Bookkeeper**
- **Assets**
- **Liabilities**
- **Equity**
- **Income**
- **Expenses**
- **Depreciation**
- **Accruals**
- **Prepayments**
- **VAT/GST**

Financial statements

- **Balance sheet**
- **Income statement**

Related professions

- **Accountant**
- **Accounting technician**
- **Accounts clerk**

- **v**
- **t**
- **e**

Part of **a series** on

Accounting

Early 19th-century German ledger

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- **Constant purchasing power**
- **Historical cost**
- **Management**
- **Tax**

Major types

- **Audit**
- **Budget**
- **Cost**
- **Forensic**
- **Financial**
- **Fund**
- **Governmental**
- **Management**
- **Social**
- **Tax**

Key concepts

- **Accounting period**
- **Accrual**
- **Constant purchasing power**
- **Economic entity**
- **Fair value**
- **Going concern**
- **Historical cost**
- **Matching principle**
- **Materiality**
- **Revenue recognition**
- **Unit of account**

Selected accounts

- **Assets**
- **Cash**
- **Cost of goods sold**
- **Depreciation / Amortization (business)**
- **Equity**
- **Expenses**
- **Goodwill**
- **Liabilities**
- **Profit**
- **Revenue**

Accounting standards

- **Generally-accepted principles**
- **Generally-accepted auditing standards**
- **Convergence**
- **International Financial Reporting Standards**
- **International Standards on Auditing**
- **Management Accounting Principles**

Financial statements

- **Annual report**
- **Balance sheet**
- **Cash-flow**
- **Equity**
- **Income**
- **Management discussion**
- **Notes to the financial statements**

Bookkeeping

- **Bank reconciliation**
- **Debits and credits**
- **Double-entry system**
- **FIFO and LIFO**
- **Journal**
- **Ledger / General ledger**
- **Trial balance**

Auditing

- Financial
- Internal
- Firms
- Report
- Sarbanes–Oxley Act

People and organizations

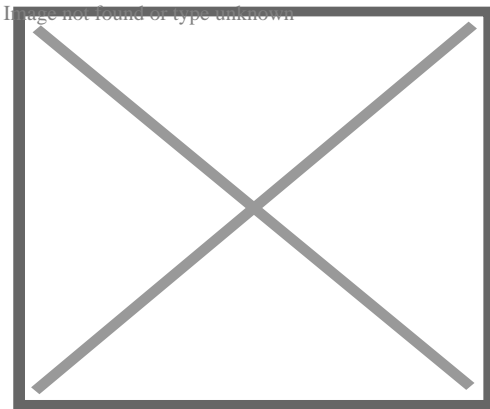
- Accountants
- Accounting organizations
- Luca Pacioli

Development

- History
- Research
- Positive accounting
- Sarbanes–Oxley Act

Misconduct

- Creative
- Earnings management
- Error account
- Hollywood
- Off-balance-sheet
- Two sets of books



Portrait of the Italian **Luca Pacioli**, painted by **Jacopo de' Barbari**, 1495, (**Museo di Capodimonte**). Pacioli is regarded as the Father of Accounting.

Bookkeeping is the recording of financial transactions, and is part of the process of **accounting** in **business** and other organizations.[1] It involves preparing source documents for all transactions, operations, and other events of a business. Transactions include purchases, sales, receipts and payments by an individual person, organization or

corporation. There are several standard methods of bookkeeping, including the **single-entry** and **double-entry** bookkeeping systems. While these may be viewed as "real" bookkeeping, any process for recording financial transactions is a bookkeeping process.

The person in an organisation who is employed to perform bookkeeping functions is usually called the **bookkeeper** (or book-keeper). They usually write the **daybooks** (which contain records of sales, purchases, receipts, and payments), and document each financial transaction, whether cash or credit, into the correct daybook—that is, petty cash book, suppliers ledger, customer ledger, etc.—and the **general ledger**. Thereafter, an accountant can create **financial reports** from the information recorded by the bookkeeper. The bookkeeper brings the books to the **trial balance** stage, from which an accountant may prepare financial reports for the organisation, such as the **income statement** and **balance sheet**.

History

[[edit](#)]

The origin of book-keeping is lost in obscurity, but recent research indicates that methods of keeping accounts have existed from the remotest times of human life in cities. Babylonian records written with **styli** on small slabs of clay have been found dating to 2600 BC.[2] **Mesopotamian** bookkeepers kept records on clay tablets that may date back as far as 7,000 years. Use of the modern double entry bookkeeping system was described by **Luca Pacioli** in 1494.[3]

The term "**waste book**" was used in colonial America, referring to the documenting of daily transactions of receipts and expenditures. Records were made in chronological order, and for temporary use only. Daily records were then transferred to a daybook or account ledger to balance the accounts and to create a permanent journal; then the waste book could be discarded, hence the name.[4]

Process

[[edit](#)]

The primary purpose of bookkeeping is to record the *financial effects* of transactions. An important difference between a manual and an electronic accounting system is the former's latency between the recording of a financial transaction and its posting in the relevant account. This delay, which is absent in electronic accounting systems due to nearly instantaneous posting to relevant accounts, is characteristic of manual systems, and gave rise to the primary books of accounts—cash book, purchase book, sales book, etc.—for immediately documenting a financial transaction.

In the normal course of business, a document is produced each time a transaction occurs. Sales and purchases usually have **invoices** or **receipts**. Historically, deposit slips were produced when lodgements (deposits) were made to a **bank account**; and checks (spelled "cheques" in the UK and several other countries) were written to pay money out of the account. Nowadays such transactions are mostly made electronically. Bookkeeping first involves recording the details of all of these **source documents** into multi-column *journals* (also known as *books of first entry* or *daybooks*). For example, all credit sales are recorded in the sales journal; all cash payments are recorded in the cash payments journal. Each column in a journal normally corresponds to an account. In the **single entry system**, each transaction is recorded only once. Most individuals who balance their check-book each month are using such a system, and most personal-finance software follows this approach.

After a certain period, typically a month, each column in each **journal** is totalled to give a summary for that period. Using the rules of double-entry, these journal summaries are then transferred to their respective accounts in the **ledger**, or *account book*. For example, the entries in the Sales Journal are taken and a debit entry is made in each customer's account (showing that the customer now owes us money), and a credit entry might be made in the account for "Sale of class 2 widgets" (showing that this activity has generated revenue for us). This process of transferring summaries or individual transactions to the ledger is called *posting*. Once the posting process is complete, accounts kept using the "T" format (debits on the left side of the "T" and credits on the right side) undergo *balancing*, which is simply a process to arrive at the balance of the account.

As a partial check that the posting process was done correctly, a working document called an *unadjusted trial balance* is created. In its simplest form, this is a three-column list. Column One contains the names of those accounts in the **ledger** which have a non-zero balance. If an account has a *debit* balance, the balance amount is copied into Column Two (the *debit column*); if an account has a *credit* balance, the amount is copied into Column Three (the *credit column*). The debit column is then totalled, and then the credit column is totalled. The two totals must agree—which is not by chance—because under the double-entry rules, whenever there is a posting, the debits of the posting equal the credits of the posting. If the two totals do not agree, an error has been made, either in the journals or during the posting process. The error must be located and rectified, and the totals of the debit column and the credit column recalculated to check for agreement before any further processing can take place.

Once the accounts balance, the accountant makes a number of adjustments and changes the balance amounts of some of the accounts. These adjustments must still obey the double-entry rule: for example, the **inventory** account and asset account might be changed to bring them into line with the actual numbers counted during a **stocktake**. At the same time, the *expense* account associated with use of inventory is adjusted by an equal and opposite amount. Other adjustments such as posting

depreciation and prepayments are also done at this time. This results in a listing called the *adjusted trial balance*. It is the accounts in this list, and their corresponding debit or credit balances, that are used to prepare the financial statements.

Finally **financial statements** are drawn from the trial balance, which may include:

- the **income statement**, also known as the *statement of financial results, profit and loss account*, or *P&L*
- the **balance sheet**, also known as the *statement of financial position*
- the **cash flow statement**
- the **statement of changes in equity**, also known as the *statement of total recognised gains and losses*

Single-entry system

[[edit](#)]

Main article: [single-entry bookkeeping](#)

The primary bookkeeping record in single-entry bookkeeping is the *cash book*, which is similar to a checking account register (in UK: cheque account, current account), except all entries are allocated among several categories of income and expense accounts.

Separate account records are maintained for petty cash, **accounts payable** and **accounts receivable**, and other relevant transactions such as **inventory** and travel expenses. To save time and avoid the errors of manual calculations, single-entry bookkeeping can be done today with do-it-yourself bookkeeping software.

Double-entry system

[[edit](#)]

Main article: [double-entry bookkeeping](#)

A *double-entry bookkeeping system* is a set of rules for recording financial information in a **financial accounting** system in which every transaction or event changes at least two different ledger accounts.

Daybooks

[[edit](#)]

A *daybook* is a descriptive and chronological (diary-like) record of day-to-day **financial transactions**; it is also called a *book of original entry*. The daybook's details must be transcribed formally into journals to enable posting to ledgers. Daybooks include:

- Sales daybook, for recording sales invoices.
- Sales credits daybook, for recording sales credit notes.
- Purchases daybook, for recording purchase invoices.
- Purchases debits daybook, for recording purchase debit notes.
- Cash daybook, usually known as the cash book, for recording all monies received and all monies paid out. It may be split into two daybooks: a receipts daybook documenting every money-amount received, and a payments daybook recording every payment made.
- General Journal daybook, for recording journal entries.

Petty cash book

[[edit](#)]

A **petty cash** book is a record of small-value purchases before they are later transferred to the ledger and final accounts; it is maintained by a petty or junior cashier. This type of cash book usually uses the **imprest system**: a certain amount of money is provided to the petty cashier by the senior cashier. This money is to cater for minor expenditures (hospitality, minor stationery, casual postage, and so on) and is reimbursed periodically on satisfactory explanation of how it was spent. The balance of petty cash book is **Asset**.

Journals

[[edit](#)]

Journals are recorded in the general journal daybook. A journal is a formal and chronological record of **financial transactions** before their values are accounted for in the general ledger as **debits and credits**. A company can maintain one journal for all transactions, or keep several journals based on similar activity (e.g., sales, cash receipts, revenue, etc.), making transactions easier to summarize and reference later. For every **debit** journal entry recorded, there must be an equivalent **credit** journal entry to maintain a balanced accounting equation.[5][6]

Ledgers

[[edit](#)]

A **ledger** is a record of **accounts**. The ledger is a permanent summary of all amounts entered in supporting Journals which list individual transactions by date. These accounts are recorded separately, showing their beginning/ending **balance**. A journal lists

financial transactions in chronological order, without showing their balance but showing how much is going to be entered in each account. A ledger takes each financial transaction from the journal and records it into the corresponding accounts. The ledger also determines the balance of every account, which is transferred into the **balance sheet** or the **income statement**. There are three different kinds of ledgers that deal with book-keeping:

- Sales ledger, which deals mostly with the accounts receivable account. This ledger consists of the records of the financial transactions made by customers to the business.
- Purchase ledger is the record of the company's purchasing transactions; it goes hand in hand with the Accounts Payable account.
- General ledger, representing the original five, main accounts: **assets**, **liabilities**, **equity**, **income**, and **expenses**.

Abbreviations used in bookkeeping

[edit]

- A/c or Acc – Account
- A/R – Accounts receivable
- A/P – Accounts payable
- B/S – Balance sheet
- c/d – Carried down
- b/d – Brought down
- c/f – Carried forward
- b/f – Brought forward
- Dr – Debit side of a ledger. "Dr" stands for "**D**ebit register"
- Cr – Credit side of a ledger. "Cr" stands for "**C**redit register"
- G/L – General ledger; (or N/L – nominal ledger)
- PL – Profit and loss; (or I/S – income statement)
- P/L – Purchase Ledger (Accounts payable)
- P/R – Payroll
- PP&E – Property, plant and equipment
- S/L - Sales Ledger (Accounts receivable)
- TB – Trial Balance
- GST – **Goods and services tax**
- SGST – State goods & service tax
- CGST – Central goods & service tax
- IGST- integrated goods & service tax
- VAT – **Value added tax**
- CST – Central sale tax
- TDS – Tax deducted at source
- AMT – Alternate minimum tax
- EBT – Earnings before tax
- EAT – Earnings after tax

- PAT – Profit after tax
- PBT – Profit before tax
- Dep or Depr – Depreciation
- CPO – Cash paid out
- CP - Cash Payment
- w.e.f. - with effect from
- @ - at the rate of
- L/F – ledger folio
- J/F – Journal Folio
- M/s- Messrs Account
- Co- Company
- V/N or V.no. – voucher number
- In no -invoice Number

Chart of accounts

[[edit](#)]

A **chart of accounts** is a list of the **accounts** codes that can be identified with numeric, alphabetical, or alphanumeric codes allowing the account to be located in the general ledger. The equity section of the chart of accounts is based on the fact that the legal structure of the entity is of a particular legal type. Possibilities include *sole trader*, *partnership*, *trust*, and *company*.^[7]

Computerized bookkeeping

[[edit](#)]

Computerized bookkeeping removes many of the paper "books" that are used to record the financial transactions of a business entity; instead, relational databases are used today, but typically, these still enforce the norms of bookkeeping including the **single-entry** and **double-entry** bookkeeping systems. **Certified Public Accountants** (CPAs) supervise the internal controls for computerized bookkeeping systems, which serve to minimize errors in documenting the numerous activities a business entity may initiate or complete over an accounting period.

See also

[[edit](#)]

- **Accounting**
- **Comparison of accounting software**
- **POS system**: records sales and updates stock levels
- **Bookkeeping Associations**

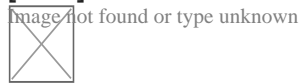
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2. [^] **Chisholm, Hugh**, ed. (1911). **"Book-Keeping"** . *Encyclopædia Britannica*. Vol. 4 (11th ed.). Cambridge University Press. p. 225.
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- **"Book-Keeping"** . *Encyclopædia Britannica*. Vol. IV (9th ed.). 1878. pp. 44–47.
- **Guide to the Account Book from Italy 1515–1520**

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