ROBERT WEINMAN R.N. CHAIRPERSON, WISCONSIN BOARD OF NURSING

CHRISTOPHER MCMAHON R.N. B.S.N. NURSE EDUCATOR

Basics of Basics

- Record Facts
- No personal opinions
- Document physical findings
- Response to treatment
- Record those who have been contacted

CPR Documentation

- Chronological
- Record – Don't rely on memory
- Make notes in chart
- If you are the recorder, state it in charting

CPR Documentation

Date, Time, Location of Code

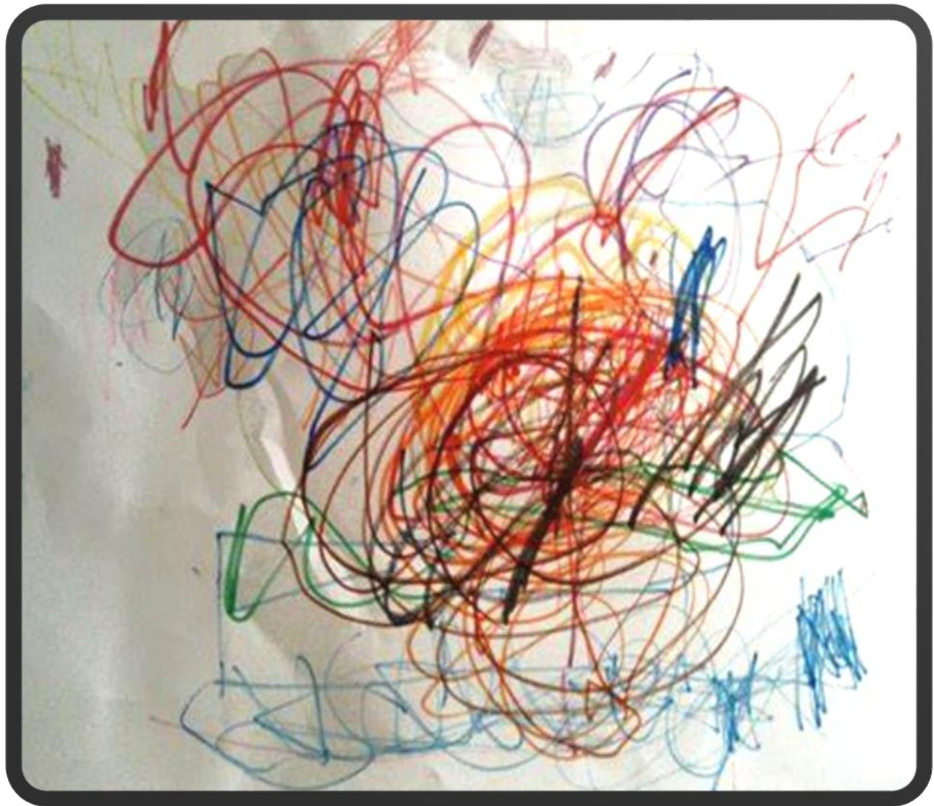
Name and Identification Number

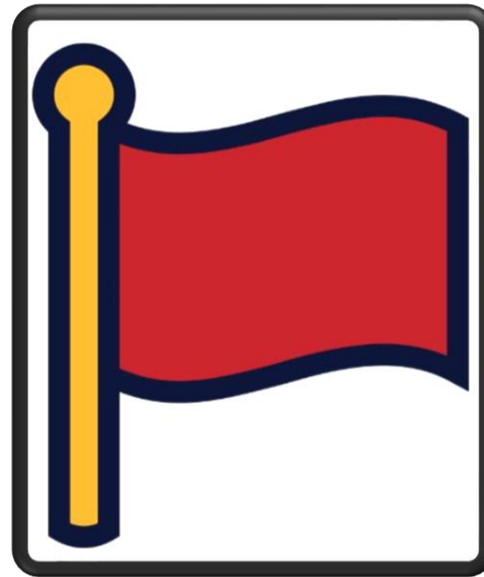
Event witnessed or unwitnessed

Participant Names

When CPR started, Drugs Given, Shocks

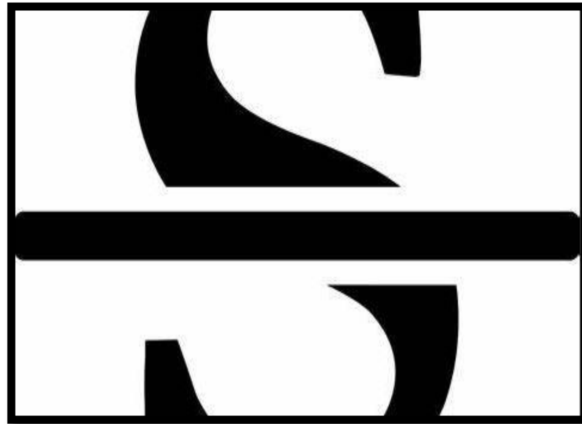
NOTIFY ADMINISTRATION WHEN ABLE





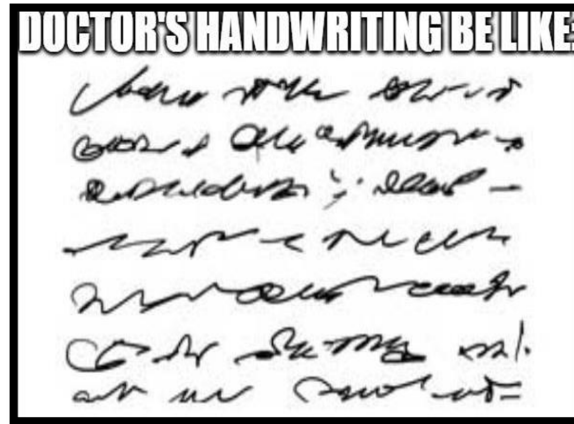
CORRECTIONS TO DOCUMENTATION

Correcting Mistakes



Single Line

"Mistaken Entry"



Readable

"Not covering it up"

EMR

"Only you have the ability to change"

Critical Values

Critical Lab Values

Must be reported to health staff in a timely manner

Document Results

Include date and time of receipt of critical test results

Instructions

Note any instructions or directions given to the patient

Failure To Provide Information

Patient Failure

Not Willful Violation

Likely Mental Status Concern

Why are the uncooperative?

Document

Document any trouble encountered

Response quoted at PIOC own words

Record interventions

Does PIOC have capacity to learn?

Narrative Note

Can capture the nature of the situation better than check boxes.

Document PIOC mental and emotional status

Hearing Impairment

- Occurs at Varying Degrees
- Loss of only tones to
- Total Deafness

- Classified by the cause of impairment
- Determine:
- Length of time
- Unilateral or Bilateral
- When hearing aids are used
- Effectiveness
- Secondary modes of communication

Inappropriate Comments

Negative Comments

Unprofessional

Trigger difficulties in legal cases

Can use against nurse to show PIOC received poor care

Should Contain…

Descriptive

Objective

See, Hear, Feel, Smell, Measure

Avoid…

Bizarre

Spaced Out

Obnoxious

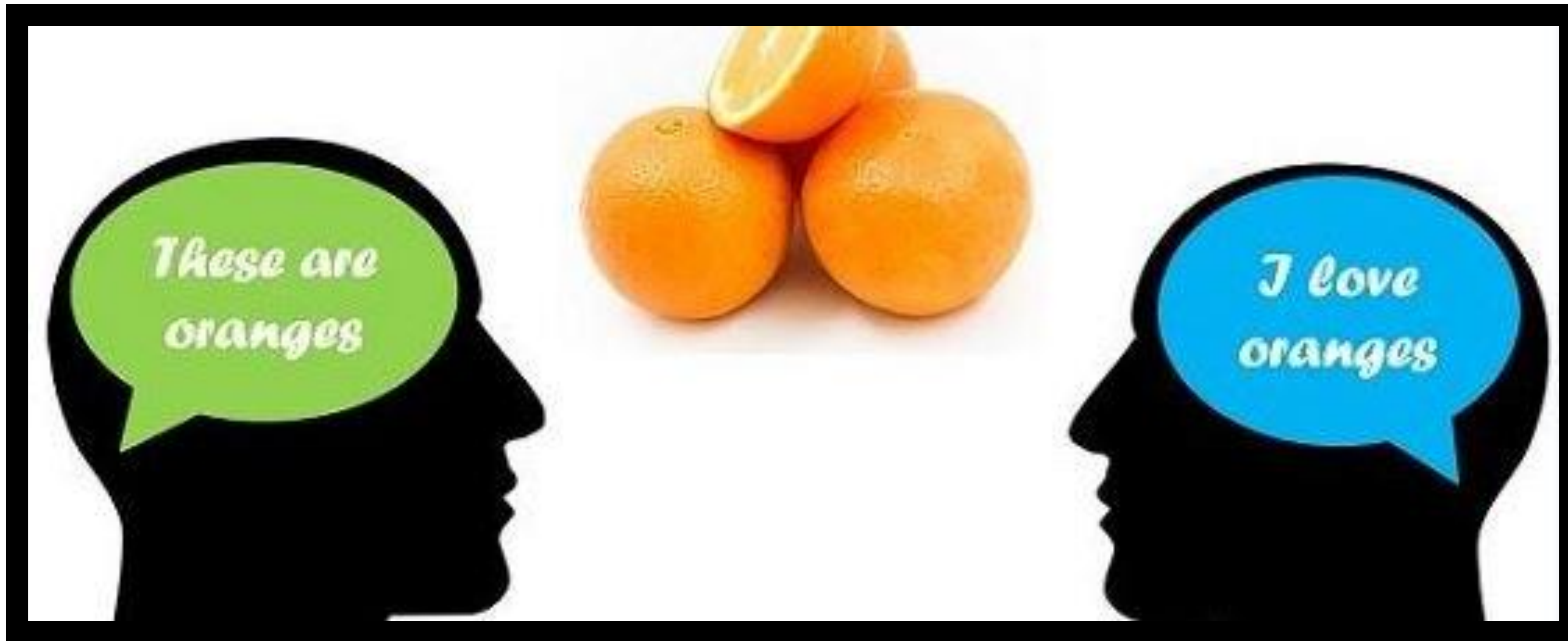


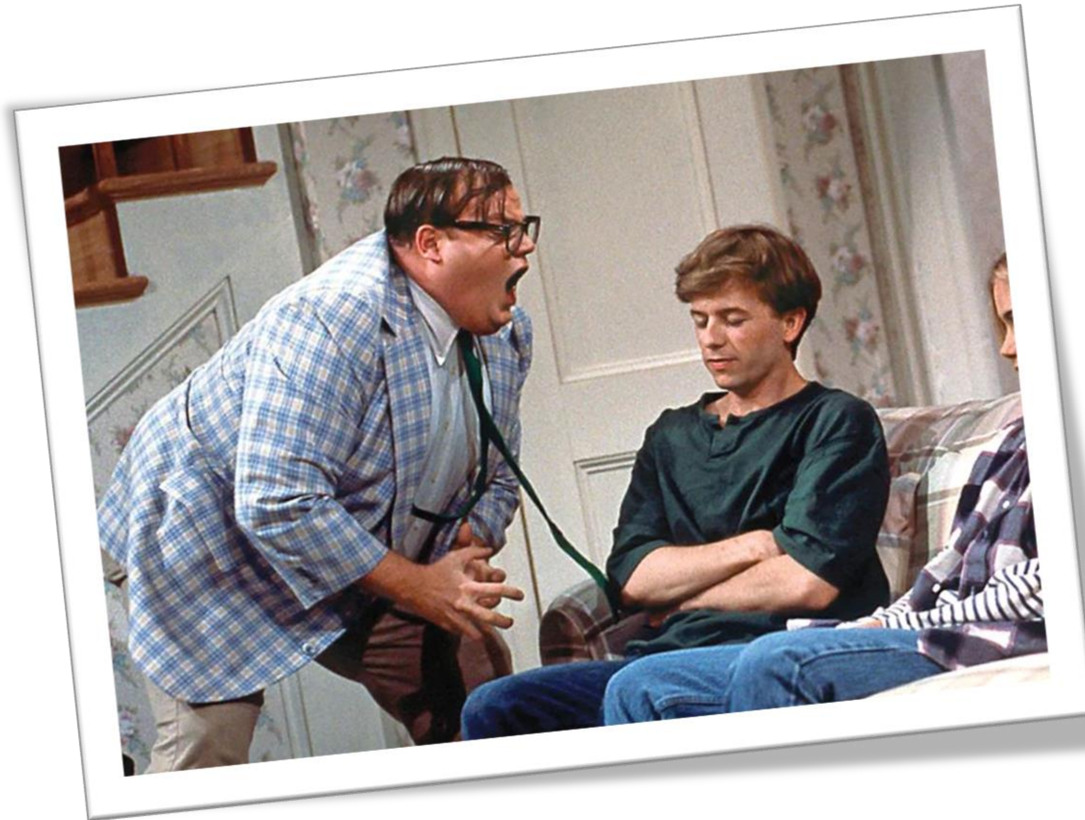
CHART OBJECTIVELY

Chart objective, verifiable information, not opinion

ALWAYS
REMAIN
NEUTRAL

REMAIN NEUTRAL

Do not use negative words



Avoid Reporting Staffing Problems

Do not include in patient charts

Staff Conflicts and Rivalries

Keep Disputes out of the chart

Language Difficulties

English as 2nd Language

Call Interpretation Service

Follow your facility policy and procedure

SNL
SUBSCRIBE

Patient Teaching

- Essential for: maintaining health, preventing/detecting early signs of complications
- Every patient's right in any setting
- Keep teaching sessions short and reinforce all instructions

Charting Mistakes To Avoid

Pertinent Health Info

Failure to record:

Food/Drug Allergy

Diseases

Nursing Actions

Record everything that is done as soon as possible

Chart observations and actions taken

Don't rely on memory

Record Medications

Record when given

Failing to do so? Overmedicated

If dose not given and you're on next shift, question nurse if it was given.

Don't double dose

The Rights of Med Pass

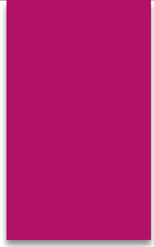
Patient
Medication
Dose
Route
Time

Assessment prior to Admin
Med Prep
Expiration
Patient to refuse
Patient to understand
Documentation administration
Evaluation of med effect

Failing to Document D/C'd meds

Document Promptly

If it's important, the provider will d/c and then verbally inform



Incomplete Records

Give all charting careful attention

Be Specific

- “Patient requested pain medication after starting that she felt lower back pain radiating to her right leg, 6 on a scale of 0 to 10. No numbness or tingling, no edema. Color of extremity pink, temperature warm.”

Let's challenge you…

PREVENTATIVE VS REACTIVE