



NURSING DOCUMENTATION

January 2009



Objectives

- State the times within which assessments, reassessments, and documentation must be completed
- States time frame for completing Admission Assessment and Plan of Care
- Identifies Risk Assessment Screens included in Admission Assessment
- Explains use of Interdisciplinary Plan of Care for problems identified in assessment



Objectives (continued)

- List information every MAR must include
- Describe procedure for transcribing medication orders
- List information every med order must include
- Explain documentation of medication administration, omission, high alert meds, & med changes
- State the times within which assessments, reassessments, and documentation must be completed



When to Perform Assessment

According to MUHA Policy C-116, Inpatients and Observation Patients:

- The nursing physical assessment contained within the 24 Hour Patient Record must be completed within 8 hours of admission
- The patient must be reassessed every 12 hours or more frequently if patient condition indicates

(See policy C-116 for assessment/re-assessment guidelines for IOP, ER and Ambulatory Care)

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Assess patient more frequently:

- **According to patient need**
- **To assess response to interventions**
- **When the patient's condition or diagnosis changes**



At the completion of
the assessment:

- **Document your findings on the 24 Hour Patient Record**
- **Initiate Plan of Care based on findings**
- **Report any significant changes or findings to the MD**



When you document it, it means
you've done it!!

- **Documenting assessments which have not been done constitutes:**
 - **Falsification of records**
 - **Fraud, if billing is involved**
 - **Grounds for disciplinary action/termination**



REMINDER

- **You are responsible for completing an assessment as outlined in the 24 Hour Patient Record on each of your patients within 8 hours of admission and at least every 12 hours**
- **Assess more frequently when the patient's condition indicates**



Question 1

Questions refer to MUHA patients who are not in ER, IOP, or Ambulatory Care

MUHA policy requires completion of a physical assessment on patients within:

- a. 12 hours of admission**
- b. 8 hours of admission**
- c. 4 hours of admission**
- d. 6 hours of admission**



Question 2

Reassessment of patients must be at least every:

- a. 12 hours**
- b. 8 hours**
- c. 4 hours**
- d. 6 hours**



Question 3

Reassessment must occur more frequently:

- a. According to patient need**
- b. To assess response to interventions**
- c. When the patient's condition or diagnosis changes**
- d. All of the above**



Question 4

Documenting assessments which have not been done constitutes:

- a. Falsification of records**
- b. Fraud, if billing is involved**
- c. Grounds for disciplinary action/termination**
- d. All of the above**



Admission Assessment

- **Must be completed within 12 hours of admission**
- **Identifies problems used to formulate Plan of Care**
- **Prompts RN to contact resources**



Admission Assessment Includes:

- **Admission, patient and valuables info**
- **Exposures**
- **Immunizations**
- **Medical & Surgical History**
- **Allergies**
- **Medications**
- **Risk Assessment Screens**



INTERDISCIPLINARY PLAN OF CARE

- **Any problems identified on assessment must be entered here**
- **Used by all disciplines to communicate problems, desired outcomes, interventions, and evaluation**
- **Must be initiated within *24 hours* of admission**
- **Evaluation of problems must be documented by RN every shift**



Question 5

MUHA policy requires completion of an admission assessment on each patient within:

- a. 12 hours of admission**
- b. 8 hours of admission**
- c. 4 hours of admission**
- d. 6 hours of admission**



Question 6

Which of the following are true about the Interdisciplinary Plan of Care?

- a. It is used by all disciplines**
- b. It must be initiated with 24 hours of admission**
- c. RN must evaluate identified problems every shift**
- d. All of the above**



MEDICATION ADMINISTRATION RECORD DOCUMENTATION (MAR)

- **EVERY MAR MUST INCLUDE:**
 - **Patient name**
 - **Patient date of birth**
 - **Patient medical record number**
 - **Patient allergies**
 - **Date(s) (must show that MAR is for 24 hours)**

Medical University of South Alabama Medical Center
MEDICATION ADMINISTRATION RECORD



Allergies:
NKDA

Smith, J.
999888
DOB: 01/01/10
FOR: 01/22/07
THROUGH: 01/23/07

START	STOP	MEDICATION	0700-1459	1500-2239	2300-0659
01/23/07		Tylenol 650 mg PO/PRN Q 4 hours PRN pain / fever	08 12 1ml 1ml	16 20	24 04
01/23/07		Zofran 4 mg IV Q 4 hour PRN nausea/vomiting			
01/23/07		Hydralazine 10-20 mg IV Q 1hr PRN SBP > 160			
01/23/07		Ambien 10 mg PO Q HS PRN insomnia			
01/23/07		Carbamazepine 200 mg PO three times daily	08 1400 1ml	1500 20 1ml	
01/23/07	01/29/07	Ancef 1 gm IV Q 8 hours x 3 post-op doses		#1 18 1ml	#2 02
01/23/07		Vancomycin 1 gm IV x 1 dose		Discontinued 1/23/07 @ 1030 (1ml)	

Name, MRN, DOB, allergies
 Date (for 24 hr period)

INTRAMUSCULAR SITE CODES SLUG/ANEOLS
 A: DELTOID C: DELTOID LATERAL H: VASTUS LATERAL L: UPPER QUADRANT M: LOWER QUADRANT N: BUTTOCK
 B: DELTOID MEDIAL D: VASTUS MEDIAL I: VASTUS LATERAL J: LOWER QUADRANT O: BUTTOCK
 E: DELTOID POSTERIOR F: VASTUS POSTERIOR G: VASTUS LATERAL K: LOWER QUADRANT P: BUTTOCK

DRUG OMISSION/DELAY - GIVE DATE, TIME, DRUG, AND DOSE, REASON FOR OMISSION/DELAY, AND INITIAL

01/23/07 1400 Carbamazepine 200 mg
 delay because patient off unit in OR (1ml)

INITIALS	NAME & PROFESSIONAL DESIGNATION	INITIALS	NAME & PROFESSIONAL DESIGNATION	INITIALS	NAME & PROFESSIONAL DESIGNATION
SI	Sally Jones ASD			LML	Jean Fangdale RA



MAR DOCUMENTATION

- **Transcribing a medication order**
 - **The MAR must be initialed by the employee transcribing the order (this may be the ASB (unit secretary))**
 - **All transcribed orders must be checked by the RN (or other licensed practitioner) and signed off on the physician order sheet and MAR**

Smith, J.
 999888
 DOB: 01/01/10
 POB: 01/22/07
 THROUGH: 01/23/07



Allergies:
 NKDA

START	STOP	MEDICATION	0700-1452	1500-2239	2300-0659
01/23/07		Tylenol 650 mg PO/PR Q 4 hours PRN pain / fever	08 12 1ml 1ml	16 20	24 0
01/23/07		Zofran 4 mg IV Q 4 hour PRN nausea/vomiting			
01/23/07		Hydralazine 10-20 mg IV Q 1h PRN SBP > 160			
01/23/07		Ambien 10 mg PO Q HS PRN insomnia			
01/23/07		Carbamazepine 200 mg PO three times daily	08 1400 1ml	1500 20 1ml	
01/23/07	01/29/07	Ancel 1 gm IV Q 8 hours x 3 post-op doses		#1 10 1ml	#2 02
01/23/07		Vancomycin 1 gm IV x 1 dose			Discontinued 1/23/07 @ 1030 (1ml)

ASB/RN initials

INTRAMUSCULAR SITE CODES SLIGHT ANEOLS
 A: DELTOID C: DORSAL GLUTEAL M: VASTUS LATERALIS
 B: DELTOID E: VENTROGLUTEAL N: VASTUS LATERALIS
 D: DORSAL GLUTEAL F: VENTROGLUTEAL O: VASTUS LATERALIS
 G: VASTUS LATERALIS P: VENTROGLUTEAL Q: VASTUS LATERALIS

DRUG OMISSION/DELAY - GIVE DATE, TIME, DRUG, AND DOSE, REASON FOR OMISSION/DELAY, AND INITIAL
 01/23/07 1400 Carbamazepine 200 mg delay because patient off unit in GI

INITIALS	NAME & PROFESSIONAL DESIGNATION	INITIALS	NAME & PROFESSIONAL DESIGNATION	INITIALS	NAME & PROFESSIONAL DESIGNATION
SI	Sally Jones ASB			LML	Jean Fangdab

Signatures with credentials



MAR DOCUMENTATION

- **Each medication order should include**
 - **Name of medication (preferably generic)**
 - **Dose (remember prohibited abbreviations!)**
 - **Frequency**
 - **Route**
 - **Indication for PRN meds**
 - **Start Time (military time is used for inpatient settings)**
 - **Stop Time (if applicable)**

Smith, J.
 999888
 DOB: 01/01/10
 FOR: 01/22/07
 THROUGH: 01/23/07



Allergies:
 NKDA

START	STOP	MEDICATION	0700-1459	1530-2239	2300-0659
01/23/07		Tylenol 650 mg PO/PR Q 4 hours PRN pain / fever	08 12 1ml 1ml	16 20	24 04
01/23/07		Zofran 4 mg IV Q 4 hour PRN nausea/vomiting			
01/23/07		Hydralazine 10-20 mg IV Q 1hr PRN SBP > 160			
01/23/07		Ambien 10 mg PO Q HS PRN insomnia			
01/23/07		Carbamazepine 200mg PO three times daily	08 12		
01/23/07	01/29/07	Ancef 1 gm IV Q 8 hours x 3 post-op doses			02
01/23/07		Vancomycin 1 gm IV x 1 dose			

Med
 Dose
 Route
 Frequency
 Indication
 Start/stop time
 initials

INTRAMUSCULAR SITE CODES SLUDGE ANALYSIS
 A: 01: DEPTOR C: 04: DORSAL GLTA G: 03: VASTUS LATERALIS L: 04: UPPER QUADRANT AREA M: 01: UPPER ARM QUADRANT N: 03: SURTONE
 B: 02: EPITOCID E: 01: VENTOC LATERAL H: 04: VASTUS LATERALIS R: 05: LOWER QUADRANT AREA O: 02: LOWER ARM QUADRANT P: 04: SURTONE
 C: 03: DORSAL GLTA F: 02: VENTOC LATERAL I: 03: VASTUS LATERALIS S: 04: LOWER QUADRANT AREA Q: 03: SURTONE

DRUG OMISSION/DELAY - GIVE DATE, TIME, DRUG, AND DOSE, REASON FOR OMISSION/DELAY, AND INITIAL
 01/23/07 1400 Carbamazepine 200 mg delay because patient off unit in GI (initials)

INITIALS SI	NAME & PROFESSIONAL DESIGNATION Sally Jones ASD	INITIALS	NAME & PROFESSIONAL DESIGNATION	INITIALS LML	NAME & PROFESSIONAL DESIGNATION Jenny Fangdab RA
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MAR DOCUMENTATION

- **To document that a dose has been given:**
 - **Draw a line through the time the dose was administered and initial below the line**

Smith, J.
 999888
 DOB: 01/01/10
 POB: 01/22/07
 THROUGH: 01/23/07



Allergies:
 NKDA

START	STOP	MEDICATION	0700-1459	1500-2239	2300-0659
01/23/07		Tylenol 650 mg PO/PR Q 4 hours PRN pain/fever	08 12 iml	16 20	24 04
01/23/07		Zofran 4 mg IV Q 4 hour PRN nausea/vomiting			
01/23/07		Hydralazine 10-20 mg IV PRN SBP > 160			
01/23/07		Ambien 10 mg PO Q HS PRN insomnia			
01/23/07		Carbamazepine 200 mg PO three times daily	08 1400 iml	1500 20 iml	
01/23/07	01/29/07	Acef 1 gm IV Q 8 hours x 3 post-op doses		#1 18 LML	#2 02
01/23/07		Vancomycin 1 gm IV x 1 dose			Discontinued 1/23/07 @ 1030 LML

Line through, military time and initial for dose given

INTRAMUSCULAR SITE CODES SLIGHT ANEOLS
 A: DELT. MUS. B: VASTUS MED. LATERALIS C: VASTUS LATERALIS D: VASTUS MED. LATERALIS
 E: VASTUS LATERALIS F: VASTUS LATERALIS G: VASTUS LATERALIS H: VASTUS LATERALIS
 I: VASTUS LATERALIS J: VASTUS LATERALIS K: VASTUS LATERALIS L: VASTUS LATERALIS
 M: VASTUS LATERALIS N: VASTUS LATERALIS O: VASTUS LATERALIS P: VASTUS LATERALIS
 Q: VASTUS LATERALIS R: VASTUS LATERALIS S: VASTUS LATERALIS T: VASTUS LATERALIS
 U: VASTUS LATERALIS V: VASTUS LATERALIS W: VASTUS LATERALIS X: VASTUS LATERALIS
 Y: VASTUS LATERALIS Z: VASTUS LATERALIS

DRUG OMISSION/DELAY - GIVE DATE, TIME, DRUG, AND DOSE, REASON FOR OMISSION/DELAY, AND INITIAL

01/23/07 1400 Carbamazepine 200 mg
 delay because patient off unit in OR (LML)

INITIALS SI	NAME & PROFESSIONAL DESIGNATION Sally Jones ASD	INITIALS	NAME & PROFESSIONAL DESIGNATION	INITIALS LML	NAME & PROFESSIONAL DESIGNATION Jenny Fangdab RA
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MAR DOCUMENTATION

- **To Document Late, Refused, Withheld Doses:**
 - **Circle the scheduled dose time and write in the time actually given**
 - **Document the reason in the space provided**
 - **Notify the LIP and document this on the MAR or in medical record**

Smith, J.
 999888
 DOB: 01/01/10
 For: 01/22/07
 THROUGH: 01/23/07



Allergies:
 NKDA

START	STOP	MEDICATION	0700-1459	1500-2239	2300-0659
01/23/07		Tylenol 650 mg PO/PR Q 4 hours PRN pain / fever	08 12 1ml 1ml	16 20	24 04
01/23/07		Zofran 4 mg IV Q 4 hour PRN nausea/vomiting	08 12 1ml		
01/23/07		Hydralazine 10-20 mg IV Q 1hr PRN SBP > 160	08 12 1ml	13 20 1ml	
01/23/07		Ambien 10 mg PO Q HS PRN insomnia	08 12 1ml		
01/23/07		Carbamazepine 200 mg PO three times daily	08 12 1ml		
01/23/07	01/29/07	Ancef 1 gm IV Q 8 hours x 3 post-op doses	08 12 1ml		02
01/23/07		Vancomycin 1 gm IV x 1 dose	08 12 1ml		

Circle Scheduled Dose If Not Given

Discontinued 1/23/07 @ 1030

INTRAVENOUS SITE CODES: L UPPER QUADRANT, R UPPER QUADRANT, L LOWER QUADRANT, R LOWER QUADRANT, L WASTUS LATERALIS, R WASTUS LATERALIS, L VENTRICULAR, R VENTRICULAR

DRUG OMISSION/DELAY - GIVE DATE, TIME, DRUG, AND DOSE
 01/23/07 1400 Carbamazepine 200 mg
 delay because patient off unit in GI
 INITIALS: SJ
 NAME & PROFESSIONAL DESIGNATION: Sallee Jones, MD

Document Reason For Delay

DRUG OMISSION/DELAY, AND INITIAL
 INITIALS: LML
 NAME & PROFESSIONAL DESIGNATION: Jean Fangdale, PA



MAR DOCUMENTATION

- Documentation of High Alert Drugs
 - The 2 RNs (or LPs or LIPs) performing the independent double check must initial on the MAR that the drug was administered
 - The signatures of the two qualified individuals should be included in the designated area of the MAR
 - At the night shift MAR review, the nurse will stamp “high alert” medications (or indicate high alert medication in red ink with an asterisk *) requiring independent double check and initials.

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MAR Documentation

- To discontinue a medication
 - Line out the discontinued medication cell completely with diagonal lines
 - Write “Discontinued”
 - Date and initial

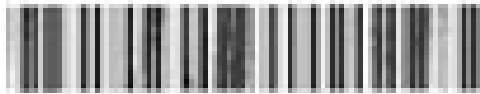
Smith, J

999888

DOB: 01/01/1950

For: 01/22/06

Through: 01/23/06



* MED ADMIN REC *

Allergies:

NKDA

START	STOP	MEDICATION	0700-1400	1500-2200	2300-0659
01/22/06		Carbamazepine 200mg PO three times daily	90 LML	120 LML	
01/22/06		Lepressor 25mg PO BID	20 LML	20 LML	
01/22/06	01/23/06	Ancel 1gm IV Q 8 hour x 3 post op doses		01 10 LML	02 02
01/22/06		Vancomycin 1gm IV x 1 dose	Discontinued	600	01/22/06

D/C Med,
 Draw
 Diagonal line
 Write D/C, time,
 date, & initial



Question 7

What information must be include on every MAR?

- A. Patient name and date of birth**
- B. MRN and Date**
- C. Allergies**
- D. All of the above**



Question 8

All transcribed orders must be checked by the RN (or other licensed practitioner) practitioner) and signed off on the physician order sheet and MAR.

True

False



Question 9

Which of these is not required in every med order?

- A. Drug, dose, route**
- B. Generic and trade names**
- C. Start and stop times (if indicated)**
- D. Indication for PRN meds**




Question 10

At the night shift MAR review, the nurse will stamp high alert medications (or indicate high alert medication in red ink with an asterisk *) indicating an independent double check and 2 initials are required.

True

False



Congratulations! You have completed completed the module on documentation.

If love can't cure it, nurses can.

~Author unknown

