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Owner	Victoria Looper: Executive Director Clinical Education RN
Policy Area	Assessment, Documentation Standards & Orders
Applicability	CA - Divisional/ Regional
References	LA Region

Assessment and Documentation Guidelines

POLICY

In keeping with the mission and values of Providence, all patients in the acute care setting will be assessed in a timely manner utilizing the evidence-based resources for assessment and documentation in the electronic health record (EHR). Observation patients will be monitored as follows: non-telemetry patients are monitored according to Medical/Surgical guidelines and telemetry patients are monitored according to the Telemetry/ step down requirements and Observation unit guidelines. This policy does not apply to emergency department or post acute care patients.

PROCEDURE/GENERAL INSTRUCTIONS

Assessment frequency and documentation standards are accessible by clicking on Addendum A.

The nurse will assess the patient:

A. Utilizing the assessment tools and definitions of 'WDL' (within defined limits) in the EHR. When findings are consistent with the 'WDL', no further documentation is required. If they are not consistent with the standard for 'WDL', they are considered ABNORMAL and are documented.

B. LDA - Lines, Drains, Airway (LDAs) in the EHR (Electronic Health Record):

1. Document any device as 'present' that is currently present. If an LDA remains in place at the time of discharge, complete the LDA and document within the comments section that the patient is transferring to another facility with the LDA in place.
2. If a device appears as present in the EHR (it was not discontinued in the previous EHR) but is NOT present on admission, document as "REMOVED" and enter as the date and time, the date and time of admission. In addition, in narrative notes, document the device(s) was/were not present on admission (when available, may select "Not present on Admission" instead of a narrative note).

C. Perform assessments based on diagnosis and condition. Exceptions:
    1. Order from an LIP (licensed independent practitioner)/physician – the order supersedes these standards.
    2. Standards incorporated into a policy specific to a procedure or intervention - the specific standards supersede these standards.
    3. Emergency treatment exception applies when it is reasonable to believe that urgent interventions should supercede routine assessments.

D. Document as soon as practically possible following the care rendered.

E. Initiate the plan of care is per **Plan of Care regional policy.**

DEFINITIONS

Admission: The time the provider writes an order for an inpatient admission.

Individualized focused assessment: assessment based on patient's current diagnosis, chief complaints, history, present condition, potential complications and any other factors that may affect the patient condition.

LDA – Lines. Drains, Airway (intravenous, gastric, orthopedic devices, wounds/incisions, etc…).

Upon Assumption of Care: when a different nurse is assigned to continue the care of the patient (excludes coverage time)

WDL – within defined limits.

Coverage time – period of time when one nurse observes and intervenes because the assigned nurse is on break or off the unit.

EHR – electronic health record.

LIP – licensed independent practitioner/physician/provider

Pediatric – newborn to age 13; Pediatric Intensive Care - 37 weeks gestation and/or two kilograms to 21 years.

REFERENCE(S)/RELATED POLICIES

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Women's Health Obstetric and Neonatal Nurses, Jul 30, 2010.

The Joint Commission Standards Interpretation Group: Response June 07, 2013

- **Original Question:** PC.01.03.01 relates to patient care plans. EP 23 states "The hospital revises plans and goals for care, treatment, and services based on the patient's needs." Would it be acceptable for the patient's individualized nursing care plan to be reviewed and the review documented once a day, or must it be reviewed and the review documented every shift?
- **SIG Response:** Thank you for your inquiry. It would need to be revised based on the changes with the patient. If there is a change in the patient's condition and needs only daily or every two or three days then that is when it would be revised. There is no requirement for revisions every shift or even daily. It is dependent on when it needs to be changed, or your hospital's policy.

California Code of Regulations: Article 6, 70537 Title 22 Pediatric patient definition: new born to age of 13.

California Children's Services (CCS): CCS manual of procedures: chapter 3.3.3 – 1 Pediatric patient definition for Critical Care: adolescents 14 years up to 21 years of age.

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COLLABORATION

This policy was developed in collaboration with the following involved Departments:

Regional Nursing Standards and Professional Practice; PTZ and PLCM-T Pediatrics; Perinatal Excellence Council; Regional Performance Improvement and Risk Management Council; Acute Rehabilitation Centers, PLCM-SP and PHC; Clinical Informatics Specialists

Attachments

Assessment Frequency and Doc Guidelines Addendum A.pdf

Approval Signatures

Step Description	Approver	Date
Regional Site Adminsitrator	Wen Yun Chang: Senior Business Analyst	07/2023
Division CNO - South	Daniel Kelly: Division Chief Nursing Officer - South	07/2023
Exec Dir Clin Ops SoCal Reg	Kevin Streeter: Executive Director Clinical Operations	06/2023

Regional Site Adminsitrator	Wen Yun Chang: Senior Business Analyst	06/2023
Regional Policy Owner	Victoria Looper: Executive Director Clinical Education RN	06/2023

Applicability

CA - Regional/Divisional

Standards

No standards are associated with this document

Addendum A: PSJH SC: Assessment and Documentation Guidelines for Nursing

Charting Element	Medical/Surgical	Pediatrics/PICU	Acute Rehab	Telemetry/step-down/AOU	Women's	SDS/SS/Med Pt on SS	Critical Care/NICU

Vital Signs
 	
T=temperature
P=pulse
R=respirations
BP=blood pressure
SpO2=pulse oximetry
 	
PG=practice guideline
SOC=standard of care
 	
LIP=order from a licensed practitioner with privileges to write orders
 	
MEWS=modified early warning system
	Admission: T, P, R, BP, pain, SpO2 (if indicated by condition)
	• performed within 1 hr of admission
	• documented within 2 hrs of admission
	
	Ongoing: 2 X/ shift
	• no more than 8 hours between vital signs(based on MEWS references)
	• as condition warrants
	
	Post-op:
	P, R, BP, SpO2
	• on arrival include T, then
	• 30 min X 1, then
	• Every hr X 3, then
	• Every 4 hrs(include T) x 24 hrs, then
	• Every 8 hrs or per unit SOC
		Admission: T, P, R, BP, pain, SpO2 (if indicated by condition)
		• performed within 1 hr of admission
		• documented within 2 hrs of admission
		
		Ongoing:
		• every 2 hr for respiratory patients
		• every 4 hrs/per PG/LIP order; as condition warrants
		
		Post-op:
		T, P, R, BP, SpO2
		• on arrival, then
		• every 4 hrs
		
		Critical Care (PICU) Peds
		T, P, R, BP, SpO2
		• within 15 min of admission
		• Documented within 2 hrs of admission .
		
		Ongoing:
		• every 2 hours
		• upon assumption of care
		• as condition warrants
		• SOC
			Admission: T, P, R, BP, pain, SpO2 (if indicated by condition)
			• performed within 1 hr of admission
			• documented within 2 hrs of admission
			
			Ongoing:
			• every shift
			• as condition warrants
				Admission: T, P, R, BP, pain, SpO2 (if indicated by condition)
				• performed within 1 hr of admission
				• documented within 2 hrs of admission
				
				Ongoing: 2 X/ shift
				• no more than 8 hours between vital signs(based on MEWS references)
				• as condition warrants
				
				Post-op:
				P, R, BP, SpO2
				• on arrival include T , then
				• 30 min X 1, then
				• Every hr X 3, then
				• Every 4 hrs (include T) X 24, then
				• Every 8 hrs or per unit SOC
					Admission: T, P, R, BP, pain, SpO2 (if indicated by condition) performed within 1 hr of admission
					• documented within 2 hrs of admission
					
					Ongoing: 2 X/ shift
					• no more than 8 hours between vital signs(based on MEWS references)
					• as condition warrants
					
					Post-delivery:
					BP, P, R
					• every 15 mins X 2 hours
					  ○ more frequently and of longer duration if complications occur
					• Temp
					  ○ every 4 hours X 2
					  ○ then, every 8 hours
					Post-op:
					P, R, BP, SpO2
					• on arrival include T, then
					• 30 min X 1, then
					• Every hr X 3, then
					• Every 4 hrs include T x 24 hrs, then
					• Every 8 hrs or per unit SOC
					On transition to PP:
					P, R, BP, SpO2
					• on adm , then
					• Q30 minX2, then
					• every 4X2, then
					• every 8, then
					(based on 5 ministry proposal for CPOE)
					Newborn
					• Assess the baby
					• every 30 minutes up to 2 hrs or as baby stabilizes
					• When stable, every 4 hours X 24 hours, then
					• every shift
						Admission: T, P, R, BP,pain, SpO2 (if indicated by condition)
						• performed within 1 hr of admission
						• documented within 2 hrs of admission
						
						Post-Op categories:
						P, R, BP, SpO2
						• on arrival (include T)
						Then
						Surgical:
						• every hour x 4, then
						• every 2 hrs until discharged
						Procedural:
						• every15 min x 4, then
						• every 30 min x 2, then
						• every1 hr until time of discharge or as ordered by physician.
						Cath Lab:
						• every15 min x 4, then
						• every30 min x 2, then
						• every 1 hr x 4 or as ordered by physician.
						Medical patients:
						• On admission and
						• as ordered by physician.
							Admission: T, P, R, BP, pain, SpO2 (if indicated by condition)
							• performed within 1 hr of admission
							• documented within 2 hrs of admission
							•
							
							Ongoing:
							• P, BP every 15 min until stable, then
							• every 1 hr or as ordered
							• RR every hr or as ordered
							• T, SpO2 every 4hrs or as ordered
							
							NICU only:
							T, P, R, BP, pain, SpO2
							• with feedings or with touch time
							BP frequency
							• Umbilical line
							  ○ every 1hr
							• Stable BP
							  ○ every 6 hrs
							• Stable baby
							  ○ every shift
							• **Vasoactive infusion:**
							Titrating
							  ○ Every 15 minutes until stable
							Non-titrating
							  ○ Every 1hr
							
							See specific policies for CRRT, ventilators, IABP, hypothermia, ICP

Height	**Admission:** performed and documented within 1hr	**Admission:** performed and documented within 1hr	**Admission:** performed and documented within 1hr	**Admission**: performed and documented within 1hr	**Admission:** performed and documented within 1hr	**Admission: performed and documented** within 1hr	**Admission:** performed and documented within 1hr

Addendum A: PSJH SC: Assessment and Documentation Guidelines for Nursing

Charting Element	Medical/Surgical	Pediatrics/PICU	Acute Rehab	Telemetry/step-down/AOU	Women's	SDS/SS/Med Pt on SS	Critical Care/NICU
					Newborns performed and documented within 2hrs		
Weight	**Admission:** performed and documented within 1hr of Admission	**Admission: performed and documented** within 1hr of Admission	**Admission: performed and documented** within 1hour of Admission **Ongoing** • weekly	**Admission: performed and documented** within 1hr of Admission	**performed and documented** within 1hr of Admission; Newborns 2 hrs **Ongoing-Newborns** • Daily	**Admission: performed and documented** within 1hr of Admission	**Admission:** performed and documented within 1hr Ongoing: • As ordered • NICU - daily
Cardiac Monitoring **No reference found**	**If cardiac monitoring**, post a rhythm strip: • Admission: Ongoing: • Every shift and • as needed/ordered by LIP	**If cardiac monitoring**, post rhythm strip: • Admission: Ongoing: • Every shift and • as needed/ordered by LIP		**If cardiac monitoring**, post rhythm strip: • Admission: Ongoing: • Every shift and • as needed/ordered by LIP	**N/A**	**During Procedures:** Cardioversion. • Pre and post procedure • as ordered by LIP TEE • as ordered by LIP	**Post rhythm strip:** **Admission** Ongoing: • Every shift and • Change of rhythm • **Invasive monitoring:** o every 4 hrs with other waveforms **NICU:** only when abnormalities identified
Head-to-Toe Patient Care Summary (PCS)	**ASSESSMENT** **Admission:** • performed within 4 hr of admission **Ongoing**: • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants **Post-op:** • full assessment on arrival to unit then • individualized focused assessment upon as condition warrants	**ASSESSMENT** **Admission:** • focused assessment performed within 15 min, • complete assessment within 2 hrs **Ongoing:** • full assessment every shift • focused assessment o every 4 hrs o upon assumption of care o as condition warrants **Post-op:** • full assessment on arrival to unit then • focused assessment o every 4 hrs o upon assumption of care o as condition warrants	**ASSESSMMENT** **Admission:** • performed within 4 hrs **Ongoing:** • every 24 hrs	**ASSESSMENT** **Admission:** • performed within 4 hrs **Ongoing**: • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants **Post-op:** • full assessment on arrival to unit then • individualized focused assessment upon assumption of care and • as condition warrants	**ASSESSMENT** **Admission:** • performed within 4 hrs **Ongoing**: • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants **Post-op:** • full assessment on arrival to unit then • individualized focused assessment upon assumption of care and • as condition warrants	**ASSESSMENT** **Admission:** • performed within 4 hrs. **Ongoing**: • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants **Post-op:** • full assessment on arrival to unit then • individualized focused assessment upon assumption of care and • as condition warrants	**ASSESSMENT** **Admission:** • performed within 4 hrs. **Ongoing**: • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants **Post-op:** • full assessment on arrival to unit

Addendum A: PSJH SC: Assessment and Documentation Guidelines for Nursing

Charting Element	Medical/Surgical	Pediatrics/PICU	Acute Rehab	Telemetry/step-down/AOU	Women's	SDS/SS/Med Pt on SS	Critical Care/NICU

Pain Assessment	**Admission: within 4 hrs**
	• Comprehensive pain assessment
	• Identify the acceptable level of pain
	Ongoing
	• Comprehensive pain assessment
	  o with any new complaint of pain
	  o shift assessment
	• Pain rating with
	  o every set of full vital signs
	  o prior to administering pain medication
	  o following administration of pain medication to assess effect
	  o following procedures/interventions associated with causing pain
	• Sedation level following administration of pain medication to assess effect						

Pressure Ulcer Risk Assessment (Braden Scale)	**Admission:** within 4 hrs Ongoing: every shift	**Admission:** within 2 hrs Ongoing: every shift	**Admission:** within 4 hrs Ongoing: every shift	**Admission:** within 4 hrs Ongoing: every shift	**Admission:** within 4 hrs Ongoing: every shift	**Admission:** - Surgical and procedural: within 4 hrs of Admission	**Admission:** within 4 hrs Ongoing: every shift **NICU:** every shift
Fall Risk Assessment	**Admission:** within 4 hrs Ongoing: every shift, transfer, post-fall	**Admission:** within 2 hrs Ongoing: every shift, transfer, post-fall	**Admission:** within 4 hrs Ongoing: every shift, transfer, post-fall	**Admission:** within 4 hrs Ongoing: every shift, transfer, post-fall	**Admission:** within 4 hrs Ongoing: every shift, transfer, post-fall	**Admission:** - Surgical and procedural: Within 4 hrs of Adm	**Admission:** within 4 hrs Ongoing: every shift and post-fall **NICU: NA**
Nutrition Risk	**Admission:** within 4 hrs	**Admission:** within 2 hrs	**Admission:** within 4 hrs	**Admission:** within 4 hrs	**Admission:** within 4 hrs	**Admission:** - Surgical and procedural: Within 4 hrs of Admission	**Admission: within 4 hrs** **NICU: NA**
Confusion Assessment Method CA /IC CA *Note:* If the patient is alert oriented at time of admission, the screening is considered complete							**Admission: within 4 hrs** Ongoing: daily **NICU: NA**
Pregnancy/ Lactation Screen	**Admission:** - Within 1hr of Admission	**Admission:** - Within 1hr of Admission	**Admission:** - Within 1hr of Admission	**Admission:** - Within 1hr of Admission	**Admission:** - Within 1hr of Admission	**Admission:** - Within 1hr of Admission	**Admission:** Within 1hr of Admission **NICU: NA**
Prior-to-Admission (PTA) Medications, Allergies(include Latex Screen), Immunizations PTA=prior to admission	**Allergies within1 hr** **Admission:** Medications, Immunizations **- verify within 4 hrs.** *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	**Allergies within1 hr** **Admission:** Medications, Immunizations **- verify within 4 hrs.** *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	**Allergies within1 hr** **Admission:** Medications, Immunizations **- verify within 4 hrs.** *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	**Allergies within1 hr** **Admission:** Medications, Immunizations **- verify within 4 hrs.** *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	**Allergies within1 hr** **Admission:** Medications, Immunizations **- verify within 4 hrs.** *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	**Allergies within1 hr** **Admission:** Medications, Immunizations **- verify within 4 hrs.** *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	**Allergies within1 hr** **Admission:** Medications, Immunizations **- verify within 4 hrs.** *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.

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Charting Element	Medical/Surgical	Pediatrics/PICU	Acute Rehab	Telemetry/step-down/AOU	Women's	SDS/SS/Med Pt on SS	Critical Care/NICU
Suicide Risk	**Admission:** within 4 hrs	**Admission:** within 2 hrs	**Admission:** within 4 hrs	**Admission:** within 4 hrs	**Admission:** within 4 hrs	**Admission:** - Surgical and procedural: Within 4 hrs of Admission	**Admission:** within 4 hrs **NICU: NA**
Patient Profile * items: General Information, Current Health, Mutuality/Individual Preferences, Functional Level Prior/Current, Abuse Screen, Values/Beliefs/Spiritual Care	**Admission**: within 24 hrs	**Admission:** within 2 hrs Pediatric Safety assessment within 24 hrs	**Admission:** within 24 hrs	**Admission:** within 24 hrs	**Admission:** within 24 hrs		**Admission:** within 24 hrs **NICU: NA**
Plan of Care (admission)	**Per regional policy - Plan of Care** CA-CLIN-20011	**Per regional policy - Plan of Care** CA-CLIN-20011	**Per regional policy - Plan of Care** CA-CLIN-20011	**Per regional policy - Plan of Care** CA-CLIN-20011	**Per regional policy - Plan of Care** CA-CLIN-20011	**Per regional policy - Plan of Care** CA-CLIN-20011	**Per regional policy - Plan of Care** CA-CLIN-20011 **NICU: NA**
Intake and Output	Every shift	Every shift	Every shift	Every shift	Every shift	When drainage catheter present (e.g., urinary, wound, NG)	When drainage catheter present • unstable every 1hr • stable every 2 hrs • as ordered Exception: anuric end-stage renal disease on dialysis
Vascular Site Assessment w/=with AMS=altered mental status IJ=internal jugular X/=times per	Peripheral IV Every 4 hours • Alert/oriented adult w/non-irritant/vesicant infusion Every 1-2 hours • Adults w/AMS • Located in high risks sites: IJ and flexion points Every hour • vesicants Locked peripheral catheters • w/every access and infusion but at least 2 X/day	Peripheral IV Every 1 hour • Neonates • Peds Every hour • Vesicant infusion • vasoactive infusion	Peripheral IV Every 4 hours • Alert/oriented adult w/non-irritant/vesicant infusion Every 1-2 hours • Adults w/AMS • Located in high risks sites: IJ and flexion points Every hour • vesicants Locked peripheral catheters • w/every access and infusion but at least 2 X/day	Peripheral IV Every 4 hours • Alert/oriented adult w/non-irritant/vesicant infusion Every 1-2 hours • Adults w/AMS • Located in high risks sites: IJ and flexion points Every hour • vesicants Locked peripheral catheters • w/every access and infusion but at least 2 X/day	Peripheral IV Every 4 hours • Alert/oriented adult w/non-irritant/vesicant infusion Every 1-2 hours • Adults w/AMS • Located in high risks sites: IJ and flexion points Every hour • vesicants Locked peripheral catheters • w/every access and infusion but at least 2 X/day	Peripheral IV Every 4 hours • Alert/oriented adult w/non-irritant/vesicant infusion Every 1-2 hours • Adults w/AMS • Located in high risks sites: IJ and flexion points Every hour • vesicants Locked peripheral catheters • w/every access and infusion but at least 2 X/day	Peripheral IV-Adults Every 4 hrs • Alert/oriented adult w/non-irritant/vesicant infusion Every 1-2 hours • Adults w/AMS • Located in high risks sites: IJ and flexion points Every hour • Vesicant infusion • vasoactive infusion Locked peripheral catheters • w/every access and infusion but at least 2 X/day Peripheral IV-non-Adults Every 1 hr • Neonates • Peds
ADLs	Every shift	Every shift	Every shift	Every shift	Every shift	N/A	Every shift **NICU: NA**

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Charting Element	Medical/Surgical	Pediatrics/PICU	Acute Rehab	Telemetry/step-down/AOU	Women's	SDS/SS/Med Pt on SS	Critical Care/NICU
Nutrition	Every meal • % eaten Snack if ordered Supplements if ordered Every 12 hrs – Tube Feeding • Per ministry policy	Every meal • % eaten Breast milk • Time (breastfeeding) • Amount (pumped) Snack if ordered Supplements if ordered Tube Feeding - every 12 hrs • Formula type • Formula strength • Rate • Residual	Every meal • % eaten Snack if ordered Supplements if ordered Every 12 hrs – Tube Feeding • Per ministry p/p	Every meal • % eaten Snack if ordered Supplements if ordered Every 12 hrs – Tube Feeding • Per ministry p/p	Every meal • % eaten Breastmilk • Time (breastfeeding) • Amount (pumped) Snack if ordered Supplements if ordered Tube Feeding - every 12 hrs • Formula type • Formula strength • Rate • Residual	N/A	Every meal • % eaten Snack if ordered Supplements if ordered Every 12 hrs – Tube Feeding Per ministry p/p NICU-as ordered
Restraints	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry p/p
Hemodynamics	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	• Arterial, CVP & PA pressures per standard of care • Cardiac output per standard of care
Vasoactive IV Drug Administration	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	• BP every 1 hr when titrating or per standard of care • **NICU: see VITAL SIGNS above**
Neuromuscular Blocking Agents	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Initiation: • baseline neurological assessment, RASS & Train of Four (TOF) Ongoing: • TOF per standard of care **NICU: NA**
Temporary Pacemaker	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	• Assessment of patient's underlying rhythm 1X per shift **NICU: NA**
Ventilated Patients	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	• Assessment of lung sounds every 4 hrs & PRN **NICU** • Assessment of lung sounds every 2 hrs & PRN
Documentation	Documentation should be as soon as practically possible following the care rendered but no later than immediately following the end of the shift	Documentation should be as soon as practically possible following the care rendered but no later than immediately following the end of the shift	Documentation should be as soon as practically possible following the care rendered but no later than immediately following the end of the shift	Documentation should be as soon as practically possible following the care rendered but no later than immediately following the end of the shift	Documentation should be as soon as practically possible following the care rendered but no later than immediately following the end of the shift	Documentation should be as soon as practically possible following the care rendered but no later than immediately following the end of the shift	Documentation should be as soon as practically possible following the care rendered but no later than immediately following the end of the shift