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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

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## 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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Mariani, P. (2006) Ineffectiveness of the Measurement of 'Routine' Vital Signs for Adult Inpatients with Community-Acquired Pneumonia. *International Journal of Nursing Practice* 12:105–109.

Considine, J, and Botti M. (2004) Who, when and where? Identification of patients at risk of an in-hospital adverse event: Implications for nursing practice. *International Journal of Nursing Practice*. 10: 21–31.

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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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Lewis T, Merchan C, Altshuler D, Papadopoulos J. Safety of the Peripheral Administration of Vasopressor Agents. *J Intensive Care Med*. 2019 Jan;34(1):26-33. doi: 10.1177/0885066616686035. Epub 2017 Jan 11. PMID: 28073314.

Padmanaban, A., Venkataraman, R., Rajagopal, S., Devaprasad, D., & Ramakrishnan, N. (2020). Feasibility and Safety of Peripheral Intravenous Administration of Vasopressor Agents in Resource-limited Settings. *Journal of critical care medicine (Universitatea de Medicina si Farmacie din Targu-Mures)*, 6(4), 210–216. <https://doi.org/10.2478/jccm-2020-0030>

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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

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## Attachments

[!\[\]\(aa53ad6fea213b8b2226d3077e30533a\_img.jpg\) Assessment Frequency and Doc Guidelines Addendum A.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Regional Site Administrator	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 Administrator

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

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**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	
<p><b>Vital Signs</b></p> <p>T=temperature P=pulse R=respirations BP=blood pressure SpO2=pulse oximetry</p> <p>PG=practice guideline SOC=standard of care</p> <p>LIP=order from a licensed practitioner with privileges to write orders</p> <p>MEWS=modified early warning system</p>	<p><b>Admission:</b> T, P, R, BP, pain, SpO2 (if indicated by condition)</p> <ul style="list-style-type: none"> <li>performed within 1 hr of admission</li> <li>documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b> 2 X/ shift</p> <ul style="list-style-type: none"> <li>no more than 8 hours between vital signs(based on MEWS references)</li> <li>as condition warrants</li> </ul> <p><b>Post-op:</b> P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>on arrival include T, then 30 min X 1, then</li> <li>Every hr X 3, then</li> <li>Every 4 hrs(include T) x 24 hrs, then</li> <li>Every 8 hrs or per unit SOC</li> </ul>	<p><b>Admission:</b> T, P, R, BP, pain, SpO2 (if indicated by condition)</p> <ul style="list-style-type: none"> <li>performed within 1 hr of admission</li> <li>documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b></p> <ul style="list-style-type: none"> <li>every 2 hr for respiratory patients</li> <li>every 4 hrs/per PG/LIP order; as condition warrants</li> </ul> <p><b>Post-op:</b> T, P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>on arrival, then</li> <li>every 4 hrs</li> </ul> <p><b>Critical Care (PICU) Peds</b> T, P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>within 15 min of admission</li> <li>Documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b></p> <ul style="list-style-type: none"> <li>every 2 hours</li> <li>upon assumption of care</li> <li>as condition warrants</li> <li>SOC</li> </ul>	<p><b>Admission:</b> T, P, R, BP, pain, SpO2 (if indicated by condition)</p> <ul style="list-style-type: none"> <li>performed within 1 hr of admission</li> <li>documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b></p> <ul style="list-style-type: none"> <li>every shift</li> <li>as condition warrants</li> </ul>	<p><b>Admission:</b> T, P, R, BP, pain, SpO2 (if indicated by condition)</p> <ul style="list-style-type: none"> <li>performed within 1 hr of admission</li> <li>documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b> 2 X/ shift</p> <ul style="list-style-type: none"> <li>no more than 8 hours between vital signs(based on MEWS references)</li> <li>as condition warrants</li> </ul> <p><b>Post-op:</b> P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>on arrival include T, then 30 min X 1, then</li> <li>Every hr X 3, then</li> <li>Every 4 hrs (include T) X 24, then</li> <li>Every 8 hrs or per unit SOC</li> </ul>	<p><b>Admission:</b> T, P, R, BP, pain, SpO2 (if indicated by condition) performed within 1 hr of admission</p> <ul style="list-style-type: none"> <li>documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b> 2 X/ shift</p> <ul style="list-style-type: none"> <li>no more than 8 hours between vital signs(based on MEWS references)</li> <li>as condition warrants</li> </ul> <p><b>Post-delivery:</b> BP, P, R</p> <ul style="list-style-type: none"> <li>every 15 mins X 2 hours <ul style="list-style-type: none"> <li>more frequently and of longer duration if complications occur</li> </ul> </li> <li>Temp <ul style="list-style-type: none"> <li>every 4 hours X 2</li> <li>then, every 8 hours</li> </ul> </li> </ul> <p><b>Post-op:</b> P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>on arrival include T, then 30 min X 1, then</li> <li>Every hr X 3, then</li> <li>Every 4 hrs include T x 24 hrs, then</li> <li>Every 8 hrs or per unit SOC</li> </ul> <p><b>On transition to PP:</b> P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>on adm, then</li> <li>Q30 minX2, then</li> <li>every 4X2, then</li> <li>every 8, then</li> </ul> <p>( based on 5 ministry proposal for CPOE)</p> <p><b>Newborn</b></p> <ul style="list-style-type: none"> <li>Assess the baby</li> <li>every 30 minutes up to 2 hrs or as baby stabilizes</li> <li>When stable, every 4 hours X 24 hours, then</li> <li>every shift</li> </ul>	<p><b>Admission:</b> T, P, R, BP,pain, SpO2 (if indicated by condition)</p> <ul style="list-style-type: none"> <li>performed within 1 hr of admission</li> <li>documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b> 2 X/ shift</p> <ul style="list-style-type: none"> <li>no more than 8 hours between vital signs(based on MEWS references)</li> <li>as condition warrants</li> </ul> <p><b>Post-delivery:</b> BP, P, R</p> <ul style="list-style-type: none"> <li>every 15 mins X 2 hours <ul style="list-style-type: none"> <li>more frequently and of longer duration if complications occur</li> </ul> </li> <li>Temp <ul style="list-style-type: none"> <li>every 4 hours X 2</li> <li>then, every 8 hours</li> </ul> </li> </ul> <p><b>Post-op:</b> P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>on arrival include T, then 30 min X 1, then</li> <li>Every hr X 3, then</li> <li>Every 4 hrs include T x 24 hrs, then</li> <li>Every 8 hrs or per unit SOC</li> </ul> <p><b>On transition to PP:</b> P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>on adm, then</li> <li>Q30 minX2, then</li> <li>every 4X2, then</li> <li>every 8, then</li> </ul> <p>( based on 5 ministry proposal for CPOE)</p> <p><b>Newborn</b></p> <ul style="list-style-type: none"> <li>Assess the baby</li> <li>every 30 minutes up to 2 hrs or as baby stabilizes</li> <li>When stable, every 4 hours X 24 hours, then</li> <li>every shift</li> </ul>	<p><b>Admission:</b> T, P, R, BP,pain, SpO2 (if indicated by condition)</p> <ul style="list-style-type: none"> <li>performed within 1 hr of admission</li> <li>documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b> 2 X/ shift</p> <ul style="list-style-type: none"> <li>no more than 8 hours between vital signs(based on MEWS references)</li> <li>as condition warrants</li> </ul> <p><b>Post-delivery:</b> BP, P, R</p> <ul style="list-style-type: none"> <li>every 15 mins X 2 hours <ul style="list-style-type: none"> <li>more frequently and of longer duration if complications occur</li> </ul> </li> <li>Temp <ul style="list-style-type: none"> <li>every 4 hours X 2</li> <li>then, every 8 hours</li> </ul> </li> </ul> <p><b>Post-op categories:</b> P, R, BP, SpO2</p> <ul style="list-style-type: none"> <li>on arrival (include T) Then</li> </ul> <p>Surgical:</p> <ul style="list-style-type: none"> <li>every hour x 4, then</li> <li>every 2 hrs until discharged</li> </ul> <p>Procedural:</p> <ul style="list-style-type: none"> <li>every15 min x 4, then</li> <li>every 30 min x 2, then</li> <li>every1 hr until time of discharge or as ordered by physician.</li> </ul> <p>Cath Lab:</p> <ul style="list-style-type: none"> <li>every15 min x 4, then</li> <li>every30 min x 2, then</li> <li>every 1 hr x 4 or as ordered by physician.</li> </ul> <p>Medical patients:</p> <ul style="list-style-type: none"> <li>On admission and as ordered by physician.</li> </ul>	<p><b>Admission:</b> T, P, R, BP, pain, SpO2 (if indicated by condition)</p> <ul style="list-style-type: none"> <li>performed within 1 hr of admission</li> <li>documented within 2 hrs of admission</li> </ul> <p><b>Ongoing:</b></p> <ul style="list-style-type: none"> <li>P, BP every 15 min until stable, then</li> <li>every 1 hr or as ordered</li> <li>RR every hr or as ordered</li> <li>T, SpO2 every 4hrs or as ordered</li> </ul> <p><b>NICU only:</b> T, P, R, BP, pain, SpO2</p> <ul style="list-style-type: none"> <li>with feedings or with touch time</li> </ul> <p><b>BP frequency</b></p> <ul style="list-style-type: none"> <li>Umbilical line <ul style="list-style-type: none"> <li>every 1hr</li> </ul> </li> <li>Stable BP <ul style="list-style-type: none"> <li>every 6 hrs</li> </ul> </li> <li>Stable baby <ul style="list-style-type: none"> <li>every shift</li> </ul> </li> <li><b>Vasoactive infusion:</b> <ul style="list-style-type: none"> <li>Titrating <ul style="list-style-type: none"> <li>Every 15 minutes until stable</li> </ul> </li> <li>Non-titrating <ul style="list-style-type: none"> <li>Every 1hr</li> </ul> </li> </ul> </li> </ul> <p><b>See specific policies for CRRT, ventilators, IABP, hypothermia, ICP</b></p>
<b>Height</b>	<b>Admission:</b> performed and documented within 1hr	<b>Admission:</b> performed and documented within 1hr	<b>Admission:</b> performed and documented within 1hr	<b>Admission:</b> performed and documented within 1hr	<b>Admission:</b> performed and documented within 1hr	<b>Admission:</b> performed and documented within 1hr	<b>Admission:</b> 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		
<b>Weight</b>	<b>Admission:</b> performed and documented within 1hr of Admission	<b>Admission:</b> performed and documented within 1hr of Admission	<b>Admission:</b> performed and documented within 1hour of Admission <b>Ongoing</b> • weekly	<b>Admission:</b> performed and documented within 1hr of Admission	<b>performed and documented</b> within 1hr of Admission; Newborns 2 hrs <b>Ongoing-Newborns</b> • Daily	<b>Admission:</b> performed and documented within 1hr of Admission	<b>Admission:</b> performed and documented within 1hr <b>Ongoing:</b> • As ordered • NICU - daily
<b>Cardiac Monitoring</b>  <b>No reference found</b>	<b>If cardiac monitoring</b> , post a rhythm strip: • Admission: <b>Ongoing:</b> • Every shift and • as needed/ordered by LIP	<b>If cardiac monitoring</b> , post a rhythm strip: • Admission: <b>Ongoing:</b> • Every shift and • as needed/ordered by LIP		<b>If cardiac monitoring</b> , post a rhythm strip: • Admission: <b>Ongoing:</b> • Every shift and • as needed/ordered by LIP	N/A	<b>During Procedures:</b> Cardioversion. • Pre and post procedure • as ordered by LIP <b>TEE</b> • as ordered by LIP	<b>Post rhythm strip:</b> <b>Admission</b> <b>Ongoing:</b> • Every shift and • Change of rhythm • <b>Invasive monitoring:</b> o every 4 hrs with other waveforms <b>NICU:</b> only when abnormalities identified
<b>Head-to-Toe Patient Care Summary (PCS)</b>	<b>ASSESSMENT</b> <b>Admission:</b> • performed within 4 hr of admission  <b>Ongoing:</b> • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants  <b>Post-op:</b> • full assessment on arrival to unit then • individualized focused assessment upon as condition warrants	<b>ASSESSMENT</b> <b>Admission:</b> • focused assessment performed within 15 min, • complete assessment within 2 hrs  <b>Ongoing:</b> • full assessment every shift • focused assessment o every 4 hrs o upon assumption of care o as condition warrants  <b>Post-op:</b> • full assessment on arrival to unit then • focused assessment o every 4 hrs o upon assumption of care o as condition warrants	<b>ASSESSMENT</b> <b>Admission:</b> • performed within 4 hrs  <b>Ongoing:</b> • every 24 hrs	<b>ASSESSMENT</b> <b>Admission:</b> • performed within 4 hrs  <b>Ongoing:</b> • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants  <b>Post-op:</b> • full assessment on arrival to unit then • individualized focused assessment upon assumption of care and as condition warrants	<b>ASSESSMENT</b> <b>Admission:</b> • performed within 4 hrs  <b>Ongoing:</b> • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants  <b>Post-op:</b> • full assessment on arrival to unit then • individualized focused assessment upon assumption of care and as condition warrants	<b>ASSESSMENT</b> <b>Admission:</b> • performed within 4 hrs.  <b>Ongoing:</b> • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants  <b>Post-op:</b> • full assessment on arrival to unit then • individualized focused assessment upon assumption of care and as condition warrants	<b>ASSESSMENT</b> <b>Admission:</b> • performed within 4 hrs.  <b>Ongoing:</b> • within 4 hrs of start of shift • Individualized focused assessment o upon assumption of care and o as condition warrants  <b>Post-op:</b> • 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
<b>Pain Assessment</b>	<p><b>Admission: within 4 hrs</b></p> <ul style="list-style-type: none"> <li>Comprehensive pain assessment</li> <li>Identify the acceptable level of pain</li> </ul> <p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>Comprehensive pain assessment                             <ul style="list-style-type: none"> <li>with any new complaint of pain</li> <li>shift assessment</li> </ul> </li> <li>Pain rating with                             <ul style="list-style-type: none"> <li>every set of full vital signs</li> <li>prior to administering pain medication</li> <li>following administration of pain medication to assess effect</li> <li>following procedures/interventions associated with causing pain</li> </ul> </li> <li>Sedation level following administration of pain medication to assess effect</li> </ul>						
<b>Pressure Ulcer Risk Assessment (Braden Scale)</b>	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift	<b>Admission:</b> within 2 hrs <b>Ongoing:</b> every shift	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift	<b>Admission:</b> - Surgical and procedural: within 4 hrs of Admission	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift <b>NICU:</b> every shift
<b>Fall Risk Assessment</b>	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift, transfer, post-fall	<b>Admission:</b> within 2 hrs <b>Ongoing:</b> every shift, transfer, post-fall	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift, transfer, post-fall	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift, transfer, post-fall	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift, transfer, post-fall	<b>Admission:</b> - Surgical and procedural: Within 4 hrs of Adm	<b>Admission:</b> within 4 hrs <b>Ongoing:</b> every shift and post-fall <b>NICU:</b> NA
<b>Nutrition Risk</b>	<b>Admission:</b> within 4 hrs	<b>Admission:</b> within 2 hrs	<b>Admission:</b> within 4 hrs	<b>Admission:</b> within 4 hrs	<b>Admission:</b> within 4 hrs	<b>Admission:</b> - Surgical and procedural: Within 4 hrs of Admission	<b>Admission:</b> within 4 hrs <b>NICU:</b> NA
<b>Confusion Assessment Method</b> CA <input type="checkbox"/> / IC <input type="checkbox"/> CA <input type="checkbox"/> Note: If the patient is alert <input type="checkbox"/> oriented at time of admission, the screening is considered complete <input type="checkbox"/>							<b>Admission:</b> within 4 hrs <b>Ongoing:</b> daily  <b>NICU:</b> NA
<b>Pregnancy/Lactation Screen</b>	<b>Admission:</b> - Within 1hr of Admission	<b>Admission:</b> - Within 1hr of Admission	<b>Admission:</b> - Within 1hr of Admission	<b>Admission:</b> - Within 1hr of Admission	<b>Admission:</b> - Within 1hr of Admission	<b>Admission:</b> - Within 1hr of Admission	<b>Admission:</b> Within 1hr of Admission <b>NICU:</b> NA
<b>Prior-to-Admission (PTA) Medications, Allergies (include Latex Screen), Immunizations</b> PTA=prior to admission	<b>Allergies within 1 hr</b> <b>Admission:</b> Medications, Immunizations - <b>verify within 4 hrs.</b>  *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	<b>Allergies within 1 hr</b> <b>Admission:</b> Medications, Immunizations - <b>verify within 4 hrs.</b>  *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	<b>Allergies within 1 hr</b> <b>Admission:</b> Medications, Immunizations - <b>verify within 4 hrs.</b>  *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	<b>Allergies within 1 hr</b> <b>Admission:</b> Medications, Immunizations - <b>verify within 4 hrs.</b>  *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	<b>Allergies within 1 hr</b> <b>Admission:</b> Medications, Immunizations - <b>verify within 4 hrs.</b>  *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	<b>Allergies within 1 hr</b> <b>Admission:</b> Medications, Immunizations - <b>verify within 4 hrs.</b>  *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.	<b>Allergies within 1 hr</b> <b>Admission:</b> Medications, Immunizations - <b>verify within 4 hrs.</b>  *Nurse is verifier for PTA medications & allergy data. LIP holds primary responsibility.

**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
<b>Suicide Risk</b>	<u>Admission:</u> within 4 hrs	<u>Admission:</u> within 2 hrs	<u>Admission:</u> within 4 hrs	<u>Admission:</u> within 4 hrs	<u>Admission:</u> within 4 hrs	<u>Admission:</u> - Surgical and procedural: Within 4 hrs of Admission	<u>Admission:</u> within 4 hrs <b>NICU: NA</b>
<b>Patient Profile * items: General Information, Current Health, Mutuality/Individual Preferences, Functional Level Prior/Current, Abuse Screen, Values/Beliefs/Spiritual Care</b>	<u>Admission:</u> within 24 hrs	<u>Admission:</u> within 2 hrs Pediatric Safety assessment within 24 hrs	<u>Admission:</u> within 24 hrs	<u>Admission:</u> within 24 hrs	<u>Admission:</u> within 24 hrs		<u>Admission:</u> within 24 hrs <b>NICU: NA</b>
<b>Plan of Care (admission)</b>	Per regional policy - Plan of Care <a href="#">CA-CLIN-20011</a>	Per regional policy - Plan of Care <a href="#">CA-CLIN-20011</a>	Per regional policy - Plan of Care <a href="#">CA-CLIN-20011</a>	Per regional policy - Plan of Care <a href="#">CA-CLIN-20011</a>	Per regional policy - Plan of Care <a href="#">CA-CLIN-20011</a>	Per regional policy - Plan of Care <a href="#">CA-CLIN-20011</a>	Per regional policy - Plan of Care <a href="#">CA-CLIN-20011</a> <b>NICU: NA</b>
<b>Intake and Output</b>	Every shift	Every shift	Every shift	Every shift	Every shift	When drainage catheter present (e.g., urinary, wound, NG)	When drainage catheter present <ul style="list-style-type: none"> <li>• unstable every 1hr</li> <li>• stable every 2 hrs</li> <li>• as ordered</li> </ul> Exception: anuric end-stage renal disease on dialysis
<b>Vascular Site Assessment</b>  w/=with AMS=altered mental status IJ=internal jugular X/=times per	Peripheral IV Every 4 hours <ul style="list-style-type: none"> <li>• Alert/oriented adult w/non-irritant/vesicant infusion</li> </ul> Every 1-2 hours <ul style="list-style-type: none"> <li>• Adults w/AMS</li> <li>• Located in high risks sites: IJ and flexion points</li> </ul> Every hour <ul style="list-style-type: none"> <li>• vesicants</li> </ul> Locked peripheral catheters <ul style="list-style-type: none"> <li>• w/every access and infusion but at least 2 X/day</li> </ul>	Peripheral IV Every 1 hour <ul style="list-style-type: none"> <li>• Neonates</li> <li>• Peds</li> </ul> Every hour <ul style="list-style-type: none"> <li>• Vesicant infusion</li> <li>• vasoactive infusion</li> </ul>	Peripheral IV Every 4 hours <ul style="list-style-type: none"> <li>• Alert/oriented adult w/non-irritant/vesicant infusion</li> </ul> Every 1-2 hours <ul style="list-style-type: none"> <li>• Adults w/AMS</li> <li>• Located in high risks sites: IJ and flexion points</li> </ul> Every hour <ul style="list-style-type: none"> <li>• vesicants</li> </ul> Locked peripheral catheters <ul style="list-style-type: none"> <li>• w/every access and infusion but at least 2 X/day</li> </ul>	Peripheral IV Every 4 hours <ul style="list-style-type: none"> <li>• Alert/oriented adult w/non-irritant/vesicant infusion</li> </ul> Every 1-2 hours <ul style="list-style-type: none"> <li>• Adults w/AMS</li> <li>• Located in high risks sites: IJ and flexion points</li> </ul> Every hour <ul style="list-style-type: none"> <li>• vesicants</li> </ul> Locked peripheral catheters <ul style="list-style-type: none"> <li>• w/every access and infusion but at least 2 X/day</li> </ul>	Peripheral IV Every 4 hours <ul style="list-style-type: none"> <li>• Alert/oriented adult w/non-irritant/vesicant infusion</li> </ul> Every 1-2 hours <ul style="list-style-type: none"> <li>• Adults w/AMS</li> <li>• Located in high risks sites: IJ and flexion points</li> </ul> Every hour <ul style="list-style-type: none"> <li>• vesicants</li> </ul> Locked peripheral catheters <ul style="list-style-type: none"> <li>• w/every access and infusion but at least 2 X/day</li> </ul>	Peripheral IV Every 4 hours <ul style="list-style-type: none"> <li>• Alert/oriented adult w/non-irritant/vesicant infusion</li> </ul> Every 1-2 hours <ul style="list-style-type: none"> <li>• Adults w/AMS</li> <li>• Located in high risks sites: IJ and flexion points</li> </ul> Every hour <ul style="list-style-type: none"> <li>• vesicants</li> </ul> Locked peripheral catheters <ul style="list-style-type: none"> <li>• w/every access and infusion but at least 2 X/day</li> </ul>	Peripheral IV-Adults Every 4 hrs <ul style="list-style-type: none"> <li>• Alert/oriented adult w/non-irritant/vesicant infusion</li> </ul> Every 1-2 hours <ul style="list-style-type: none"> <li>• Adults w/AMS</li> <li>• Located in high risks sites: IJ and flexion points</li> </ul> Every hour <ul style="list-style-type: none"> <li>• Vesicant infusion</li> <li>• vasoactive infusion</li> </ul> Locked peripheral catheters <ul style="list-style-type: none"> <li>• w/every access and infusion but at least 2 X/day</li> </ul> Peripheral IV-non-Adults Every 1 hr <ul style="list-style-type: none"> <li>• Neonates</li> <li>• Peds</li> </ul>
<b>ADLs</b>	Every shift	Every shift	Every shift	Every shift	Every shift	N/A	Every shift <b>NICU: NA</b>

**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
<b>Nutrition</b>	Every meal <ul style="list-style-type: none"> <li>% eaten</li> </ul> Snack if ordered Supplements if ordered Every 12 hrs – Tube Feeding <ul style="list-style-type: none"> <li>Per ministry policy</li> </ul>	Every meal <ul style="list-style-type: none"> <li>% eaten</li> </ul> Breast milk <ul style="list-style-type: none"> <li>Time (breastfeeding)</li> <li>Amount (pumped)</li> </ul> Snack if ordered Supplements if ordered Tube Feeding - every 12 hrs <ul style="list-style-type: none"> <li>Formula type</li> <li>Formula strength</li> <li>Rate</li> <li>Residual</li> </ul>	Every meal <ul style="list-style-type: none"> <li>% eaten</li> </ul> Snack if ordered Supplements if ordered Every 12 hrs – Tube Feeding <ul style="list-style-type: none"> <li>Per ministry p/p</li> </ul>	Every meal <ul style="list-style-type: none"> <li>% eaten</li> </ul> Snack if ordered Supplements if ordered Every 12 hrs – Tube Feeding <ul style="list-style-type: none"> <li>Per ministry p/p</li> </ul>	Every meal <ul style="list-style-type: none"> <li>% eaten</li> </ul> Breastmilk <ul style="list-style-type: none"> <li>Time (breastfeeding)</li> <li>Amount (pumped)</li> </ul> Snack if ordered Supplements if ordered Tube Feeding - every 12 hrs <ul style="list-style-type: none"> <li>Formula type</li> <li>Formula strength</li> <li>Rate</li> <li>Residual</li> </ul>	N/A	Every meal <ul style="list-style-type: none"> <li>% eaten</li> </ul> Snack if ordered Supplements if ordered Every 12 hrs – Tube Feeding <ul style="list-style-type: none"> <li>Per ministry p/p</li> </ul> NICU-as ordered
<b>Restraints</b>	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
<b>Hemodynamics</b>	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	<ul style="list-style-type: none"> <li>Arterial, CVP &amp; PA pressures per standard of care</li> <li>Cardiac output per standard of care</li> </ul>
<b>Vasoactive IV Drug Administration</b>	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	<ul style="list-style-type: none"> <li>BP every 1 hr when titrating or per standard of care</li> <li><b>NICU: see VITAL SIGNS above</b></li> </ul>
<b>Neuromuscular Blocking Agents</b>	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: <ul style="list-style-type: none"> <li>baseline neurological assessment, RASS &amp; Train of Four (TOF)</li> </ul> Ongoing: <ul style="list-style-type: none"> <li>TOF per standard of care</li> </ul> <b>NICU: NA</b>
<b>Temporary Pacemaker</b>	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	<ul style="list-style-type: none"> <li>Assessment of patient's underlying rhythm 1X per shift</li> </ul> <b>NICU: NA</b>
<b>Ventilated Patients</b>	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	Per Regional/ministry policy	<ul style="list-style-type: none"> <li>Assessment of lung sounds every 4 hrs &amp; PRN</li> </ul> <b>NICU</b> <ul style="list-style-type: none"> <li>Assessment of lung sounds every 2 hrs &amp; PRN</li> </ul>
<b>Documentation</b>	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