Documentation Guide

**Every shift**

* Monitor: EKG Rhythm Strip (on any patient on telemetry)
* Admission/Shift Assessment
* Safety/Risk/Regulatory (Sepsis, Skin, Fall, Suicide)
* Pain Assessment
* Intake and Output (end of shift unless ordered otherwise)
* Lines/Drains/Airways
* Teach/Educate
* Plan of Care
* Patient note (end of shift summary)

**Admissions**

* Monitor: EKG Rhythm Strip (on any patient on telemetry)
* Admission/Shift Assessment
* Admission Health History
* COVID-19 Vaccine Screening Assessment
* 1st Point of Contact
* Safety/Risk/Regulatory (Sepsis, VACCINES, Skin, Fall, Suicide)
* Pain Assessment
* Intake and Output (end of shift unless otherwise ordered)
* Lines/Drains/Airways
* Teach/Educate
* Plan of Care
* Patient note

**\*\*On any patient with neurological symptom document: NIH Stroke Scale and Dysphagia screening on admission as well**

**Transfers**

* Admission/Shift Assessment
* Patient note

**Other Important Documentation**

* Manage/Refer/Contact/Notify: Anytime you call provider for critical results, change in patient condition or orders
* Routine daily care or hygiene care to document patient care or CHG bath
* MRI questionnaire: on all patients with MRI order
* Restraint Documentation: Every 2 hours on patient in restraints
* IV Drip Titration: Any change in heparin drips
* BCTA Pre-Issue Checklist: Before you print forms to go pick up blood
* Vitals/Ht/Wt/Measurements: To chart vitals or daily weights

**Required for all stroke or stroke rule out patients!!**

**Stroke Core Measures**

* Dysphagia screening MUST be documented before any PO intake, including PO medications (if patient fails they must be kept NPO until ST eval)
* NIH must be documented within 12 hours of arrival
* VTE prophylaxis by end of day 2: SCD/Lovenox/Heparin (If SCD’s are refused, please document and educate).
* Antithrombotic administered by end of day 2: Aspirin, Aggrenox, Plavix
* Care plan: Under plan of care, need neurological alteration (in comment section type specific neuro deficit), also need 2 of following: aspiration risk, fall risk, injury risk, bleeding risk, seizure precautions
* LDL drawn within 48 hours
* Stroke education every shift: Located in Teach/Educate, under discharge topics, select stroke
* Specific stroke education under discharge tab, patient education, 1. Type of stroke (TIA, ischemic, or hemorrhagic) 2. Treatments (thrombolytics or None) 3. Personal stroke risk factors (look under H&P- HTN, HLD, DM, OSA, Smoking, etc.)
* All patients MUST have assessment by rehabilitation: PT, OT, or ST
* On Discharge: Must go home on- Antithrombotic, Anticoagulation (if Afib), Statin (if LDL >70)

\*\*\*Any questions? Reach out to Megan Rizer (Stroke NP) in Imobile\*\*\*