HVC/PCCU Mandatory Documentation Guidelines

ADMISSION CHECKLIST

The following sections must be completed within 2 hours of patient's arrival to unit (except for tele application) in addition to the normal shift assessment checklist

- ❑ Quick Start (upon arrival to the unit)
- ❑ Admission Health History
    - Nutrition risk assessment and abuse/neglect (all questionnaires must be filled out completely)
    - Allergies
- ❑ Medication Reconciliation
    - Clean it up- if patient is not taking the medication anymore, delete it from their med list
    - For confused patients, check the Medication Claim History to verify maintenance medications
- ❑ Preferred Pharmacy
- ❑ Safety/Risk/Regulatory
    - Fall risk assessment
    - Isolation precautions
    - Skin risk assessment
    - Sepsis
    - Vaccine assessment
- ❑ 1st Point of Contact MRSA/TB/Resp
- ❑ Tele App/Discon *ORDER REQUIRED* (within 30 minutes of patient's arrival to unit)

SHIFT ASSESSMENT CHECKLIST

The following sections must be completed EVERY shift

- ❑ Admission/Shift Assessment
- ❑ Focus assessment if any changes occur
- ❑ Safety/Risk/Regulatory
    - Fall risk assessment
    - Isolation precautions
    - Skin risk assessment
    - Sepsis
- ❑ Pain Assessment
- ❑ Vitals/Height/Weight/Measurements
    - Daily weights should be in Meditech by 0600
- ❑ Routine Daily Care
- ❑ Turns listed under 'Routine Daily Care'
- ❑ NVHAP Activity
    - Oral care under 'Hygiene Care'
    - Activity under 'Routine Daily Care'- select the following options:
        - Bed activities: bedrest, turn
        - Upright activities: dangle, chair, commode, stand at bedside
        - Ambulation activities: bathroom privileges, ambulate in room, up ad lib, ambulate in hall
- ❑ Hygiene Care
    - CHG baths- for patients with central lines, dialysis lines, and accessed ports
- ❑ Intake and Output- completed by 0600/1800
    - Meal Consumption Percentages by dayshift only
    - Totals
- ❑ Lines/Drains/Airways
    - 'Start'- when line is placed
    - Present on arrival documentation should be completed when the line was present on a patient coming from a different facility

- ‘Monitor’- every shift
- ‘Discontinue’- when line gets discontinued

❑ Teach/Educate
❑ Plan of Care

COMMUNICATION WITH INTERDISCIPLINARY TEAM

In addition to the mandatory sections listed above, all communication with interdisciplinary team members must be documented under:

❑ Manage/Refer/Contact/Notify
- Critical values (#5) must be documented within 60 minutes of receiving the notification from laboratory
  - Go to lab value and click ‘comments’ to see the actual time the notification was given
  - Notify provider for APTT <30 or >97 seconds 6 hours after 2 consecutive dose changes per protocol

IV DRIP TITRATIONS/CONTINUOUS DRIP DOCUMENTATION

❑ All continuous drips except for IV fluids must be documented under ‘IV Drip Titration’ in Meditech
❑ Ensure that what is documented matches the order given
❑ If the order gets discontinued, make sure to discontinue the infusion in ‘IV Drip Titration’
❑ For heparin gtts: initial rate should be documented when starting infusion
- Best practice: document what you received the infusion at in units/kg/hr at 0700/1900
- Titrate and/or give bolus according to protocol

DISCHARGE CHECKLIST

❑ Discharge telemetry monitoring and chart
❑ All mandatory shift documentation must be completed before a patient is discharged from the system
❑ Discharge teaching must be completed with the patient before discharge
- You may not hand the discharge packet to the patient and have them sign the paperwork without teaching them about their discharge instructions