



“The Dynamics of Documentation” Part II What Everyone Needs To Know (The ICF/IID Program)

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RN Delegations

- How Does RN Delegation Affect The Staff Documentation?
- RN must ensure all objectives/ strategies mentioned in NSP are addressed.
- RN must assess and train staff/UAP's on delegated routes and/or tasks.

Examples of DC Documentation Required Regarding Nursing Service Plan

- Ex: Vitals, blood sugars, on a treatment sheet or tracking sheet
- Ex: Documenting an illness on a significant observation sheet, residential note
- Incident /Injury Reports

SB 1857 (RN Deems UAP Appropriate To Administer Meds. per Oral, Topical, & Metered Dose Inhaler)

- Who is considered a UAP?
- What Can The UAP Do Concerning SB 1857?
- What about other routes?
 - Nasal, Ear drops, Eye drops, Sublingual, Per G/T, Rectal, Vaginal, etc...
- What about other medical tasks?
 - (Ex: stoma care, G/T feedings, Nebulizer Treatments, CPAP, Vitals, Blood Sugar checks, etc...)

Other Nursing Expectations

- The Unlicensed Assistive Person or UAP (direct care staff) may not administer or assist with any medically related tasks (HMA's), without being delegated.
- However, they may also be deemed appropriate to administer oral, topical, metered dose inhaler routes (and only these routes), without delegation, through (SB1857)

Nursing Service Plans

- What is the NSP?
- Who Carries Out The NSP?
- What is my role as a direct care staff with the NSP?
- Where Can I see the NSP?



Treatment Sheets/Special Needs

- Many times medical tasks that are not part of the MARS, still need to be tracked on a treatment sheet, or some type of data tracking.
- Nurse may request staff to document on Nursing Service Plan strategies/objectives on a special needs sheet or a treatment sheet.
- Ex: B/P 2 x per week.

MARS



- Document on MARS at time medication given
- Sign name on MARS (somewhere)
- Initial on day and time of appropriate MARS given
- Notify Nurse For Med. Errors, document med. error on MARS.
- Be aware of how nurse wants you to document med. errors on MARS

NURSING DIAGNOSES & CONCERNS	GOALS/OBJECTIVES	STRATEGIES/ IMPLEMENTATION
<p>Skin Integrity Intact</p> <p><u>Problem Issue:</u></p> <p>Hx of Decubitus</p>	<p>Skin Integrity</p> <p>-Consumer will be free of pressure sores and Decubitus, rashes and skin breakdown</p>	<p>Skin Integrity-</p> <p>Instruct staff to reposition Q 2 hours and to check for reddened areas, hot spots, discoloration, swelling and any skin breakdown at bathtime, changing or during stoma care.</p> <p>-Staff will document on repositioning checklist Q 2 hours.</p> <p>-Staff will record in progress notes and notify nurse if any of these signs of breakdown are noted.</p> <p>-Staff will give a frequent bolus of H2O in addition to flushing with H2O before and after G/T feedings and/or meds are administered.</p> <p>Staff will thoroughly clean rectal and groin areas after BM's and adult brief changes and apply A&D ointment as per orders.</p> <p>Staff will thoroughly clean stoma area prior to brief changes and at bathtime.</p> <p>Staff will apply moisturizing lotion to body following bath.</p> <p>Joe will wear "booties" when in bed to prevent pressure sores.</p> <p>Nurse will discuss status of consumer concerning skin integrity with the direct care staff at <u>as needed</u>.</p> <p><u>Nurse will</u> review MARS (lotion and A& D), skin integrity dc notes, repositioning checklists in order to evaluate for any noticeable changes in skin integrity monthly.</p> <p>Nurse will re-assess plan as needed.</p>