

# Essentials of Nursing Documentation Practices

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# Disclosure and Disclaimer

“I do not have any relevant financial relationships with any commercial interests.”



# Pay Attention for Prizes!

- There will be prize opportunities throughout the presentation!!
- When a “Question for a Prize” slide appears, be the first person to raise your hand!



# Educational Objectives

- Differentiate nursing encounters for the type of documentation required
- Describe appropriate documentation based on the totality of the circumstances
- Discuss nursing documentation objectives



# Why Do Nurses Document?

- Clinical Communication-Continuity of Healthcare
- Nursing Assessment-Pertinent Patient Information
- Changes in Patient Condition
- Support the Multidisciplinary Team
- Evidence of Care
- Professional and Legal Requirement



# Documentation Standards for Litigation

- *“What another reasonable nurse would have done given the same circumstances.”*
- *Deliberate Indifference: “The conscious or reckless disregard of the consequences of one's acts or omissions. It entails something more than negligence but is satisfied by something less than acts or omissions for the very purpose of causing harm or with knowledge that harm will result.”*





# Question #1 for a Prize!



What kind  
of bird is  
this?

# Correctional Nursing Reminders

- Correctional patients have a Constitutional right to healthcare.
- Documented nursing assessments or clinical data collection needs to be within applicable licensure, education and clinical responsibility.
- You are expected to know applicable laws, regulations, policies and procedures, protocols, and standards related to your professional nursing practice.





# Inpatient vs. Correctional Nursing

- Inpatient Nursing documentation often includes the “Nursing Process” of “Assess, Plan, Implement and Evaluate” as a repeating cycle for nursing care.
  - May still be applicable for an Infirmary and some other correctional healthcare observation housing settings.
- Correctional Nursing documentation is more often based on the type of patient encounter.



# Consider For All Nursing Encounters:

- Routine
- Urgent
- Emergent



# Consider For All Nursing Encounters:

- Differentiate routine, urgent and emergent clinical presentation to establish the appropriate nursing assessment and treatment plan.
- Document within applicable licensure, clinical responsibility, regulations, policies, procedures, protocols, and what another reasonable nurse would do given the same circumstances.



# Consider For All Nursing Encounters:

- Document as close to the patient encounter as possible
- You are responsible for the patient in front of you



# Correctional Nursing Encounters: *Receiving Screening, Transfer Screening and Initial Health Assessment Reminders:*

- Accurate date and time (EHR “Pt seen at ....AM”)
- Firsthand and “other” observations (arresting officer, etc.)
- Patient statements, history, presentation (“I got beat up”)
- Thoroughly complete all sections of the form
- Understand the questions (“Yes/No”-positive/negative finding)



# Correctional Nursing Encounters: *Receiving Screening, Transfer Screening and Initial Health Assessment Reminders Continued:*

- Avoid contradictions and mindless checks (A&Ox3, Amb.)
- Check boxes plus “Comments” and/or “Summary”
- Include clinical presentation, diagnoses, and assessment
- “Plan” and “Disposition” based on documented information
- Referral as clinically indicated (ER, Provider, BH, etc.)
- Follow up on all documentation that requires additional action ( COWS/CIWA, Provider review, schedule treatments, etc.)





# Question #2 for a Prize!

What's the fastest animal (including sea, land, and sky)?



# Types of Correctional Nursing Encounters with Reminders

Scheduled and unscheduled observations documenting on a log, form, or health record e.g., *Suicide Watch*, *Safety Cell*, *Observation Cell*, *Restraint Chair*, COWS/CIWA, vital signs, treatments, medication delivery, blood sugar checks, patient request, deputy referral, etc.

- Accurate date/time (video)
- Accurate description of patient (video)
- Don't just collect data or complete a task- assess and act
- Nursing action based on all available information
- Assess and act on referrals



# Scheduled and Unscheduled Observations Continued

- See something, say something,  
do something!
- Face to Face refusals and  
observations



# Types of Correctional Nursing Encounters with Reminders

Routine nursing encounters *e.g., Nonemergency Healthcare Requests and Services*, “Sick Call” patient requested, policy and procedure, patient care plan, deputy referral, etc.

- Document using approved format (SOAP, Protocol, form, etc.)
- Accurate date/time for the encounter
- Patient statements, history, primary and secondary complaints
- Nursing observation, assessment, clinical presentation
- Nursing thought process, judgement, and assessment
- Nursing Plan within licensure and clinical responsibility



# Subjective Documentation

- Chief complaint, HPI, history, current meds, “denies”
- Quotes can be appropriate e.g., "Patient states, I have a history of HTN, haven't taken medications in 2 years, have a headache with throbbing type pain to forehead 8/10, and dizziness."
- Might consider alternatives to e.g., “I got beat up by my wife”, “I don't trust any of you to treat me and I demand to go to the Mayo Clinic”, “This prison is terrible and nurse Nancy Jones was mean to me and made my infection worse”



# Alternative Examples

“Patient states I got beat up by my wife”

- “Patient states was involved in an altercation”

“I don’t trust any of you to treat me and I demand to go to the Mayo Clinic”

- “Patient was offered treatment as ordered for (\_\_) but declined treatment at this time. Requesting additional healthcare. Will refer to a Provider for follow up.”

“This prison is terrible and nurse Nancy Jones was mean to me and made my infection worse”

- “Patient states concern about worsening infection”





# Objective Documentation

## Nursing Objective (Assessment):

- Vital signs and other diagnostics
- Circumstances, environment, observations, report
- “Head to Toe” Physical Assessment
- Careful with templates or check boxes
- “Focused Assessment”: applicable assessment
- Clear description of clinical presentation and pertinent information specific to patient



# Question #3 for a Prize!

What is the physics recognized speed of light relative to how many “miles per second” ?

Clue: it takes about 8 minutes for sunlight to travel from the Sun to the Earth...



# Assessment Documentation

Document within licensure and applicable approvals:

- Problem list
- Established medical diagnoses based on history
- “Nursing Diagnoses”
- “Findings/Results” e.g., trauma to knee with obvious deformity, “rule out”, “possible”, “seizure like activity”, “headaches”, etc.



# Plan Documentation

- Nursing “Plan” and action clearly based on “SOA”
- If identified abnormal e.g., high/low blood sugar, high/low blood pressure, altered mental status must have a Plan
- Treatments, diagnostics, referrals, follow up
- Follow up on all Plans!



# Plan/Education Documentation

- Education regarding treatment, problem list/diagnoses, future issues and response advice
- e.g., “Answered patient questions, understands and agrees with treatment plan.” “Provided education regarding the risks and benefits of ....” “Return if no improvement, worsening condition, or emergent signs and symptoms.”



# Types of Correctional Nursing Encounters with Reminders

- Urgent/ Emergent nursing encounter e.g., *Emergency Services and Response Plan*, “Man Down”, patient request, referral by deputy or another inmate, etc.
  - Accurate date/time (video)
  - Assessment of responsiveness, ABCs
  - Accurate description of patient that a medical professional could read 3 years later and know exactly what you assessed and the timing of healthcare actions
  - BLS (CPR/AED) , Narcan, IV access and fluids, monitoring
  - Emergency Medical Response (ACLS)





# Final Question #4 for a Prize!

What are the three Newton's Laws of Motion that explain the relationship between a physical object and the forces acting upon it.

First Law

Second Law

Third Law



# References

- NCCHC Standards for Health Services in Jails 2018:
- J-A-01, J-A-05, J-A-08, J-D-07, J-E-02, J-E-03, J-E-04, J-E-07, J-E-08, J-E-09



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