
Examples Of Bad Nursing Documentation

Nursing Documentation: How to Avoid the Most Common ...

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Nursing Documentation: Good vs. Bad

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Documentation Take
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"she" instead of "he."Nursing Documentation: How to Avoid the Most Common ...Nursing Documentation: Good vs. Bad Admission – GOOD 80-year-old female admitted to SNF following hospitalization for right hip fracture r/t fall, and secondary HTN and CHF. Prior to fall, resident lived at home with spouse. Arrived via W/C Express. Daughter and husband at center waiting for resident. Resident alert, recognizes family.Nursing Documentation: Good vs. BadAn example of inconsistent patient charting would be charting in the flowsheets that the patient's lung sounds were clear and then in your nursing note for the same assessment

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E 1: POOR Documentation
 Revised 3/3/2016
 Please complete electronically. Referral Information Date Sent to Permedion: 1/10/16
 Hospital/Facility Name: Hollywood Memorial Hospital
 Contact Person: Diane Smith, RN
 Email address: diane.smith@hmh.com
 Phone: 614 333 9823
 City, State Hamilton, OH
 Date of Admission: 1/8/16
 Example 1 - Poor Documentation - HMS Permedion
 1. "Both breasts are equal and reactive to light and accommodation."
 2. "Patient's chin cannot touch the table."
 3. "Remnants of a soldier can be seen in the vagina."
 4. "It should be noted that there is no noticeable difference in temperature between the legs".
 5. 60+ Funny

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 Nursing documentation: How does it affect care? and published in the Journal of Research in Nursing - looked at nurse documentation for older patients on acute wards in England. It involved in-depth interviews at the start of 2015, with eight nurses employed by Nottingham University Hospitals NHS Trust. 'Inaccurate and incomplete' nurse record ... - Nursing Times
 1. First, select an example of your 'everyday' nursing documentation. There are several ways you can do this. You may wish to think back over your last day at work,

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throws it in the trash can. she was in geri chair at nurses station. after many attempts at this she finally came sleepy."Did I Write That?Read Free Bad Nursing Documentation Examples Bad Nursing Documentation Examples If you ally infatuation such a referred bad nursing documentation examples book that will find the money for you worth, get the very best seller from us currently from several preferred authors. If you want to comical books, lots ofBad Nursing Documentation Examples - partsstop.comProper Documentation Example #1: 03/21/14 0800 Mrs. GH alert, awake, and oriented to person and situation but is confused as to time and place. She is

able to state her name and that she is in the nursing home but states that it is afternoon and that it is 1990. Documentation by the Nurse - Texas Health and Human ...Nursing Documentation Remember the old saying, "if it wasn't documented, it wasn't done." The purpose of the medical record is to provide a clear and accurate picture of the patient while under the care of the healthcare team (Campos, 2009). Lippincott NursingCenter | Nursing Pocket Card | Nursing ...Examples of Nursing Documentation - General Nursing ... Examples Of Bad Nursing Documentation Take #1 above, for example - sloppy or illegible handwriting. Examples Of Bad

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examples *please keep in mind these excerpts are actual

documentation from medical records •res agitated this evening. she constantly removes tab alarm, tries to tear it up. often throws it in the trash can. she was in geri chair at nurses station. after many attempts at this she finally eame sleepy.”

Examples Of Bad Nursing Documentation

Take #1 above, for example - sloppy or illegible handwriting. This can lead to a patient care provider receiving mixed messages about the patient's history and

directives. Some common transcription mistakes, for example, include typing “hyper” instead of “hypo,” or vice versa, or typing “she” instead of “he.”

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EXAMPLE 1: POOR

Documentation

Revised 3/3/2016

Please complete

electronically. Nutrition

Imminent risk to self:

Please "X" and explain

all that apply. Recent

suicide attempt or

serious self-harm.

Current plan for suicide

or serious self-harm. X

Command auditory

hallucinations for

suicide or serious self-

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ilovebistrot.it Jane's
documentation,
however, did not
reflect that. As nurses,
we need to chart Page
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*Documentation by the
Nurse - Texas Health
and Human ...*

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Documentation. Nurses
Nursing. Posted Dec
17, 2006. LSUGIRL, RN.
Looking for some
websites that may
have some examples
of nursing
documentation,
charting, or nurses
notes. If anyone knows
of any please let me
know. Thanks. 1 Likes.
VickyRN, MSN, DNP,
RN.

Charting Disruptive
Patient Behaviors: Are
You Objective ...

Nursing

Documentation: Good
vs. Bad Admission -
GOOD 80-year-old
female admitted to
SNF following
hospitalization for right
hip fracture r/t fall, and
secondary HTN and
CHF. Prior to fall,
resident lived at home
with spouse. Arrived
via W/C Express.
Daughter and husband
at center waiting for

resident. Resident alert, recognizes family.

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Nursing Documentation

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Examples -

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1. First, select an example of your 'everyday' nursing documentation. There are several ways you can do this. You may wish to think back over your last day at work, recall a specific client situation and, as far as possible, recall what you documented related to that situation. Alternatively, you could imagine a 'typical' client ...

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didn't understand why

her note was

unacceptable.

EXAMPLE 1: POOR Documentation
Revised 3/3/2016
Please complete electronically. Referral Information Date Sent to Permedion: 1/10/16
Hospital/Facility Name: Hollywood Memorial

Hospital Contact
Person: Diane Smith,
RN Email address: diane.smith@hmh.com
Phone: 614 333 9823
City, State Hamilton, OH
Date of Admission: 1/8/16

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