# Nurse Charting Questionnaire

1. Do nurses do Summary Charting? Y / N
    a. If Yes, how often? Monthly / Weekly / Quarterly
2. Do the nurses do Medicare Charting? Y / N
3. Mark who completes each portion of the nursing admission assessment: (e.g., staff nurse / Admission Nurse / next shift nurse / MDS Nurse, not used, etc.)
    a. Head to Toe _____
    b. Fall Risk Assessment _____
    c. Pain Assessment _____
    d. Skin Breakdown Risk Assessment _____
    e. Elopement Assessment _____
    f. Side Rail Assessment _____
    g. AIMS Assessment _____
    h. Continence Assessment _____
    i. Self Med Admin Assessment _____
    j. Rehab/Restorative_____
    k. Sleep Evaluation_____
    l. Other: _____
    m. Other: _____
    n. Other: _____
    o. Other: _____
    p. Other: _____
4. Review the following assessments in ECS and indicate if the assessment is fine, needs modification, or needs to be redone or replaced entirely. (Steps: Log into ECS, select the Setup icon, select the Assessments tab, and double-click on the topic.)
    a. AIMS OK / Needs Revision / Replace / Not Needed
    b. Bladder & Bowel Continence OK / Needs Revision / Replace / Not Needed
    c. Dehydration OK / Needs Revision / Replace / Not Needed
    d. DISCUS OK / Needs Revision / Replace / Not Needed
    e. Elopement/Wandering OK / Needs Revision / Replace / Not Needed
    f. Evacuation OK / Needs Revision / Replace / Not Needed
    g. McGeer Criteria OK / Needs Revision / Replace / Not Needed
    h. Oral Health (OHAT) OK / Needs Revision / Replace / Not Needed
    i. Pain OK / Needs Revision / Replace / Not Needed
    j. Self Med Administration OK / Needs Revision / Replace / Not Needed
    k. Side Rail OK / Needs Revision / Replace / Not Needed
    l. Skin Breakdown Risk OK / Needs Revision / Replace / Not Needed
    m. Sleep OK / Needs Revision / Replace / Not Needed
    n. Smoking Safety OK / Needs Revision / Replace / Not Needed

o. Supportive Devices OK / Needs Revision / Replace / Not Needed
p. Other Assessment Needed: _____
q. Other Assessment Needed: _____
r. Other Assessment Needed: _____

5. Who should be electronically notified of the following chart entries: (e.g., DON, Dietary, Admissions, Social Services, PT, OT, ST, none, etc.)
    a. Nursing admission charting _____
    b. Discharge or ER _____
    c. LOA _____
    d. Room change _____
    e. Falls _____
    f. Other Incidents _____
    g. Behaviors _____
    h. Weight Changes _____
    i. Infections _____
    j. New Skin Areas _____
6. Review the Incident charting and indicate if it needs revision.
    a. OK / Needs Revision / Replace
7. Review the Fall Investigation charting and indicate if it needs revision (located within the Quality Assurance tab).
    a. OK / Needs Revision / Replace

## Nursing To Do List

ECS has the capability to let you start and maintain a "Nursing To Do List". This feature allows nursing supervisors and staff nurses to setup and maintain a list of residents who need charting. Items that may appear on the list include, but are not limited to:

- Medicare Charting
- MDS Charting
- Fall Follow Up
- Acute Condition Charting
- Admission Charting
- Quarterly Assessments due
- Weights/Vitals
- Infection Charting

Your facility will need to decide whether it would like to use the Nursing To Do List. It may be implemented immediately along with Nurse Charting, or it may be used a later date (after Nurse Charting has been implemented). Each item on the To Do List will require a signature from the nurse, allowing for more compliance checking. With set up, it may open up the correct documentation screen for the nurse to complete the task. It can also keep an incomplete task on the list until it has been signed (even for additional shifts or days).

## Vital Sign Parameters

We already have warnings built into the system which alert the Nurse(s) and CNA(s) if they chart vital signs out of parameters. These parameters are listed below. Please inform your trainer of any edits/additions you may want made.

### *Blood Pressure*

- SBP > 210
- SBP below parameter (if a number is specified within a medication order)
- SBP < 90
- DBP > 115
- DBP below parameter (if a number is specified within a medication order)

### *Pulse*

- High pulse (if a baseline pulse is specified within the Nurse Charting>Vital Signs/Statistics)
- Low pulse (if a baseline pulse is specified within the Nurse Charting>Vital Signs/Statistics)
- Pulse > 130
- Pulse < 55
- Pulse > 110 (message is to notify physician IF resident pulse is over 110 and the resident has dyspnea or palpitations)

### *Temperature*

- Temp > 101
- Fever (2 deg. > baseline; if a baseline temp is specified within Nurse Charting>Vital Signs/Statistics topic)
- Temp < 95

### *Respiratory Rate*

- Resp > 28
- Resp < 10

### *O2 Saturation*

- Sat < 90

### *Weight*

- 5% weight loss in past 30 days
- 5% weight gain in past 30 days
- 10% weight loss in past 180 days
- 10% weight gain in past 180 days
- 7.5% weight loss in past 90 days
- 7.5% weight gain in past 90 days
- 3 lb weight gain in 7 days
- 3 lb weight loss in 7 days
- Below maximum (if specified in the Department Notes>Nutrition Risk Assessment)
- Below minimum (if specified in the Department Notes>Nutrition Risk Assessment)

*Blood Glucose*

- Blood Sugar > text (if specified within a Blood Glucose Check order)
- Blood Sugar < text (if specified within a Blood Glucose Check order)
- BS < 51