

The Nursing Note is used to document a narrative shift summary and or any patient information that does not have a discreet location for documentation within Interactive View and I&O (iView) or a PowerForm.

Nursing Note PowerForm

➤ Accessing the Nursing Note

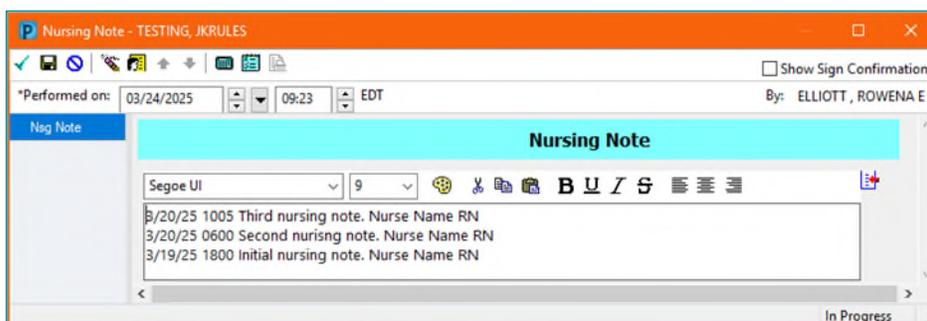
- The Nursing Note can be accessed from **Clinical Entry Workspace**.
 - Make the **Nursing Note** a **favorite** in Clinical Entry Workspace for quick access.
- The Nursing Note is also available in the following Adhoc folders:

| | |
|--------------------------------|-----------------------------|
| Nursing Assessments | Critical Care |
| Surgery/Procedure | ED Forms |
| OB/GYN Inpatient Documentation | NICU |
| Behavioral Health | Ambulatory |
| Physician Practices | Child/Adolescent Assessment |
| Surgical Navigation | Anemia Management |
| Dialysis | |

- The Nursing Note is accessible from the Discharge Documentation dropdown on the Discharge tab (MPage).

➤ Documenting a Nursing Note

- A new note is opened for each entry from **Clinical Entry Workspace** or an **Adhoc** folder.
 - Make the Nursing Note a favorite in Clinical Entry Workspace for quick access.
- The Nursing Note is written in **reverse chronological order**, thus displaying the most recent note at the top.
- Each entry is **dated** and **timed** at the beginning of the note and ends with the **nurse's full signature** (first initial, last name) and **credentials**.



- The Nursing Note is **Last Charted Value** meaning it will retain the previous documentation when a new note is opened from Clinical Entry Workspace or the Adhoc folder.
- **Do not clear the information from the form** when opening a new document. The intent of the workflow is to have all nursing notes available in one document for the entire length of the patient's stay.

NOTE: In the event the 30,000 character limit is met on a patient with an extended stay, the oldest portion of the note can be cleared leaving the most recent information available in the note, or the entire note can be cleared.

- Each signed note creates a new Text Rendition (TR) version of the note making it easy to look back at a specific date/time.

➤ **Modifying a Document**

- If documentation has occurred in error, locate the form instance in Form Browser, right-click and unchart.

NOTE: **Modifying the form from Clinical Entry Workspace or Form Browser results in strikeouts in the text rendition version and should be avoided. The TR version is what HIM provides as a legal document to anyone requesting a copy. The strikethroughs give the appearance that all previous documentation is marked in error.**

➤ **Locating a completed Nursing Note**

- The Nursing Note is viewable from the following locations:
 - **Clinical Entry Workspace** Charting component
 - **Documentation** Component in **Provider View**
 - **Clinical Notes** components in Nurse View Handoff tab
 - **Documentation** in **Menu/Table of Contents**