PROCEDURE FOR: Documentation: Progress Notes

POLICY:

1. All nursery inpatients require a progress note a minimum of every 24 hours, with the exception of well newborns on the Care Path for the Well Newborn
2. The minimum frequency of specific progress note documentation for infants in NICU, SCN, and newborn nursery (except those on the care path for the well newborn) is defined in Appendix A.
3. Progress Notes will be written using DAR format.

EQUIPMENT: Progress Notes

PROCEDURE:

ACTION	POINTS OF EMPHASIS
1. Document Progress Note according to guidelines defined in Appendix A.	1. Progress Notes should not repeat data that is documented on other forms.
2. All progress notes should contain the date and the specific time that the note is written, for example, 9/5/06 6:30 a.m.	2. Do not write 9/5/06 7:00 p.m. to 7:00 a.m.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 10/00

REVISION DATES: 10/06

REVIEWED DATES: 12/08

APPENDIX B

Frequency of Documentation of Progress Notes for

INTRODUCTION: **The following guidelines have been developed to create a minimum standard for frequency of focus note documentation. Progress notes are intended to summarize patient status based on specific observations that are charted on the flowsheet and to document specific events and associated patient responses. If the note reiterates data that is present on the flowsheet, a progress note may not be needed. Progress notes should always be written whenever there is a change in patient condition (positive or negative) or when there are significant events that occur such as testing or procedures. If you have any doubts about whether or not to write a note, it is preferable to write a note than to miss an event. These guidelines do not cover all possible contingencies.**

For more information, refer to the Clinical Manual/Nursing Practice Manual procedure for Documentation: Progress Notes.

DAILY NOTES ARE REQUIRED FOR:

• Altered cardiac output	Infants receiving vasopressors Infants being medically treated for PDA on dates of administration of medication Infants receiving PgE1 infusion Infants receiving antihypertensives before blood pressure is controlled Infants with irregular heart rhythms (except sinus bradycardia) During the digitalizing process
• Impaired gas exchange • Impaired breathing patterns	Unstable infants needing multiple ventilator and/or oxygen changes or other therapies for lung disease Infants receiving nitric oxide for PPHN
• Altered tissue perfusion	Actively seizing Actively bleeding or DIC is present
• Altered growth and development	Infants receiving insulin Infants with significant glucose or electrolyte imbalance (hyperkalemia, hyponatremia or hypoglycemia Infants with acute NEC or work-up for feeding intolerance
• Hemorrhage risk	Actively bleeding or DIC is present
• Infection risk or altered Skin Integrity	Daily note during immediate post-op period (72° minimum – longer may be needed)
• Pain: Post-op	Immediately post-op (72°) and while receiving meds
• Altered skin integrity	Infants with skin breakdown that affects fluid and electrolyte balance Wounds requiring daily or more frequent dressing changes

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Q 48° NOTES ARE REQUIRED FOR:

• Impaired gas exchange	Infants on ventilators, nasal CPAP, O_2, or nasal cannula (except infants with chronic lung disease who are O_2 dependent on nasal cannula O_2) Chest tubes and related respiratory issues Receiving narcotic or sedative agents by continuous infusion for sedation
• Altered G & D	From initiation of enteral feeds to full enteral feeds (including skin care & thermoregulation issues) When formula is changed or additives are started (x 48 hours)
• Infection Risk	While on anti-infective therapy and symptomatic of infection

Q 72° NOTES ARE REQUIRED FOR:

• Impaired gas exchange • Impaired breathing pattern	Infants with chronic lung disease who are oxygen dependent in whom FiO2 and/or liter flow are changing Infants with chronic lung disease who in whom medication changes are being made (dose increases of decreases)
• Altered G & D	Once full enteral feedings have been achieved Once oral feeds are introduced to summarize progress to achieving full oral feeds Infants being treated for narcotic withdrawal
• Infection Risk	While on anti-infective therapy and symptoms of infection have resolved
• Altered physical regulation	While on treatment/bilirubin monitored
• Discharge planning	When DCF following

Q 7 DAY NOTES REQUIRED:

• Discharge planning	Always needed at least q 7 days (unless DCF is following, then q 72 hours)
• Impaired gas exchange	Infants with chronic lung disease who are O_2 dependent but without changes in FiO2, flow, or medication dosing
• Altered breathing pattern	Infants on room air with apnea/bradycardia to identify trends
• Altered cardiac output	Maintenance therapy for cardiac rhythm disturbances and no ECG abnormalities Infants with persistent murmur for which no cause identified

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	Infants with murmurs with a defined cause (small VSD, peripheral pulmonic stenosis, patent foramen ovale, routine notes are not needed if the etiology of the murmur is defined in medical progress notes and it is determined to be of no hemodynamic significance
• Altered tissue perfusion	Summary of hydrocephalus status

EVENTS: Whenever there is a change (negative or positive) or when there is a procedure done (either on or off the unit), there needs to be a note written. If a procedure is done by MD/AP, the nursing progress note does not need to repeat the details of the procedure note but should focus on the response of the infant.

Examples:

• Impaired gas exchange	Surfactant administration Onset or increase in apnea/bradycardia spells Any change in medication therapy such as with diuretics, nebs, steroids (or initiation of)
• Any signs of medication intolerance or significant effects or side effects	Responses observed after immunization
• Alt tissue perfusion	• Signs suggestive of anemia • Transfusion/fluid bolus • Any change in neurologic exam
• Infection risk	• Any signs of infection or when sepsis work-up is done
• Procedures such as circumcision, central venous line insertion and removal	
• Status changes	Transfer to another nursery (NBN, SCN, NICU) Transfer acceptance

ADMISSION NOTES

- Impaired gas exchange is opened only if O_2 or other support is needed. This may mean that you do not routinely open the respiratory distress SCP.
- If using the growing preemie care plan and the infant is in room air but on the pulse oximeter, you do not need to open this problem. Write “pulse oximeter protocol” in the **Altered Growth and Development** problem. Open the impaired gas exchange/altered breathing pattern if the infant develops respiratory distress and/or apnea.
- Infection risk – open if rule out sepsis is one of the admitting diagnoses.
- Altered tissue perfusion: Can be opened on admission even if no clinical issues because content covers ongoing surveillance for anemia.
- Discharge planning must be opened on admission.
- Pain: Open on admission only if you are going to be performing pain assessment, e.g. infant having surgery, presence of a chest tube, narcotic infusion is running