Proper documentation in the patient's medical record is crucial. All patient's interventions and management are reflected in the patient's medical record by all the rehabilitation team. Documentation should be carefully and fully made. Writing on a patient's chart should be taken seriously as providing quality patient care. Failure to report matters adequately may be evidence of negligence & possible legal action. The rule is, what is not documented, is not done. Documentation should be concise and specific, stating facts and findings, refrain from writing subjective statements or personal opinion. Following the proper rules and guidelines for documentation will not only protect the patient, but you the employee as well.

# **Long Term Care Documentation Standards**

**OECD** 

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The Long-term Care Nursing Desk Reference Barbara Acello,2005 From pain assessment methods to intravenous drip calculations the Long Term Care Nursing Desk Reference offers long term care nurses virtually every tool they need to provide high quality regulation compliant long term resident care Written by accomplished author and speaker Barbara Acello MS RN this authoritative reference is jam packed with practical need to know patient care information essential policies and procedures and vital regulatory and safety requirements In short the Long Term Care Nursing Desk Reference is the book you and your nurses have been waiting for **The Long-Term Care Legal Desk Reference** Barbara Acello,2006

Complete Guide to Documentation Lippincott Williams & Wilkins, 2008 Thoroughly updated for its Second Edition this comprehensive reference provides clear practical guidelines on documenting patient care in all nursing practice settings the leading clinical specialties and current documentation systems This edition features greatly expanded coverage of computerized charting and electronic medical records EMRs complete guidelines for documenting JCAHO safety goals and new information on charting pain management Hundreds of filled in sample forms show specific content and wording Icons highlight tips and timesavers critical case law and legal safeguards and advice for special situations Appendices include NANDA taxonomy JCAHO documentation standards and documenting outcomes and interventions for key nursing diagnoses

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In a digital era where connections and knowledge reign supreme, the enchanting power of language has be more apparent than ever. Its ability to stir emotions, provoke thought, and instigate transformation is truly remarkable. This extraordinary book, aptly titled "**Long Term Care Documentation Standards**," compiled by a very acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound affect our existence. Throughout this critique, we shall delve in to the book is central themes, evaluate its unique writing style, and assess its overall influence on its readership.

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