### **Nursing notes**

Date / time	Notes
4/4 20 30	Admitted to ward via A and E at 1800 hours. Admission for investigation into confusion with a history of confusion 1-2 years. Usually mobile with a stick. Patient not for resuscitation — discussed with family and documented in notes. Lives in hostel normally independent but recently more confused and aggressive. Full assistance required with ADL's on admission. Requires incontinence aids. Catheter inserted in A and E — patient removed balloon intact. Some bleeding as a result. Patient given Haloperidol and Diazepam on admission to ward — reasonably settled at time of report. Charted for PRN meds for agitation overnight. For psych review in a.m. Encourage diet and fluid. Attended Head CT — NAD. Temp 37.2.
5/4/ 0510	Patient settled overnight. Incontinent. Special in place no episodes of aggression so far this shift. Small amount of bleeding from penis following self removal of catheter in A and E. Obs satisfactory continue special.
5/4 1255	Patient found of floor at commencement of shift. Had climbed out of bed and hit head. Assisted back to bed. Obs stable. Cut above right eye – steri strips in place. Dr attended and sutured x3 to laceration on scalp. Very drowsy, unable to take meds due to drowsiness. Very poor fluid intake. ?may require IV therapy? However, may not tolerate same.
6/4 1455	Requiring full assistance with ADL's. Incontinent of urine. Sat out of bed but complaining of being tired – returned to bed at 11a.m. Complaining of pain (? Lower leg?) Dr informed. Paracetamol given with good effect. Temp 38.
7/4	Patient restless this shift obs stable, full assist with ADL's.
2130 8/4 0230	Haloperidol given as charted.  Woke up panicking temp 37. Unable to measure BP Patient looked confused. Paracetamol and Haloperidol given as charted.
8/4 0700	Patient very erratic. Trying to get out of bed. Medication given as per chart no effect. Dr informed and larger dose of haloperidol given. Settled for a while now getting agitated again. Temp 38 managed to take Paracetamol but refused antibiotic.
8/4 1900	Refusing most diet and fluid. Small sips of water only. Urine remains blood stained. Only passing small amounts. Refusing medication. Discussed antibiotics with team will require does this a.m. Very drowsy. Contact daughter if condition changes.
9/4 1450	Much improved this am. Alert and orientated at times. Taking good diet and fluid. Incontinent still. Small bowel action will require laxative tonight. Still sleepy. Daughter visited.

# **Examples Of Nursing Documentation**

## **A Gutmann**

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documentation standards and documenting outcomes and interventions for key nursing diagnoses Documentation Skills for Quality Patient Care Fay Yocum, 1999 Nursing Informatics Ulla Gerdin, M. Tallberg, Paul Wainwright, 1997 This book reflects the evolution of a vibrant discipline in its chosen The Impact of Nursing Knowledge on health Care Informatics Nursing Informatics has changed the practice defining new roles for nursing in education research patient care and administration reaching out into industry government and consultancies The range of issues addressed in this book is extraordinary including nursing language cognitive skills education and training nursing research systems design decision support patient record patient management standards and more It also clarifies values strategies and practices central to the profession of nursing This book is a part of the global network building bridges between teachers students clinicians administrators and researchers around the world and creating a lasting bond Textbook of Basic Nursing Caroline Bunker Rosdahl, Mary T. Kowalski, 2008 Now in its Ninth Edition this comprehensive all in one textbook covers the basic LPN LVN curriculum and all content areas of the NCLEX PN Coverage includes anatomy and physiology nursing process growth and development nursing skills and pharmacology as well as medical surgical maternal neonatal pediatric and psychiatric mental health nursing The book is written in a student friendly style and has an attractive full color design with numerous illustrations tables and boxes Bound in multimedia CD ROMs include audio pronunciations clinical simulations videos animations and a simulated NCLEX PN exam This edition s comprehensive ancillary package includes curriculum materials PowerPoint slides lesson plans and a test generator of NCLEX PN style questions Critical Thinking in the Emergency Department Shelley Cohen, 2006 The ability to think critically is crucial to patient care and reducing medical errors and critical thinking skills are a hot button issue right now Managers and educators are looking for new ways to teach these valuable skills to their staff Critical Thinking in the Emergency Department Skills to Assess Analyze and Act is a resource that explains the principles behind critical thinking and how to encourage nurses to use critical thinking methods This book provides strategies for managers and nurse educators to use in developing critical thinking skills as well as tools and resourc

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