



Documentation to Optimize Resident Safety: COVID-19

Assessment, Care and Treatment, and Clinical Decision-Making, Not Documented, Is Difficult to Remember and Defend

Documentation Best Practices

- Know, Communicate, and Document the Resident's Baseline Status. Actively Observe and Report Changes in Condition.
 - Document Clinically Pertinent Assessments and Interventions with Change in Condition:
 - Vital Signs – Temperature, Pulse Oximetry, Respiratory Rate, Blood Pressure, Pulse
 - Change in Energy Level – Weakness, Fatigue, Malaise
 - Pain – Sore Muscles, Sore Throat, Headache, Body Aches, Chills
 - Respiratory Status – Cough (Productive/Non-Productive), Shortness of Breath/Difficulty Breathing, Lung Sounds
 - Other Symptoms – Loss of Smell/Taste, Nausea/Vomiting, Diarrhea
 - Be Alert for Emergency Warning Signs – e.g., Trouble Breathing, Persistent Pain or Pressure in the Chest, New Confusion, Inability to Wake or Stay Awake, Bluish Lips or Face
- Source – CDC/Centers of Disease Control and Prevention Symptoms of COVID-19. [Symptoms of COVID-19 | CDC](#) [Accessed August 20, 2023]
- Chart Assessments and Care Concurrently. Avoid End-Of-Shift Charting
 - Know and Follow Facility Policy and Procedures Related to Documentation, Assessments and Care Planning. Document the Effectiveness of Interventions. Alert Charting is Recommended (e.g., at least every shift with symptoms)

Communication

- Document Communication with Physicians and Other Providers. Note with Whom You Spoke, Resident Information Provided, and Orders Received.
- Document Communication with Family Members or Other Legally Responsible Parties (e.g., Power of Attorney). Note with Whom You Spoke, and Information Shared.
- Document Resident and Family Teaching
- Document Complete Transfer Communication, A Structured Format Such as SBAR (Situation, Background, Assessment and Response) Is Recommended. (Source – Institute for Healthcare Improvement, SBAR Tool)

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