



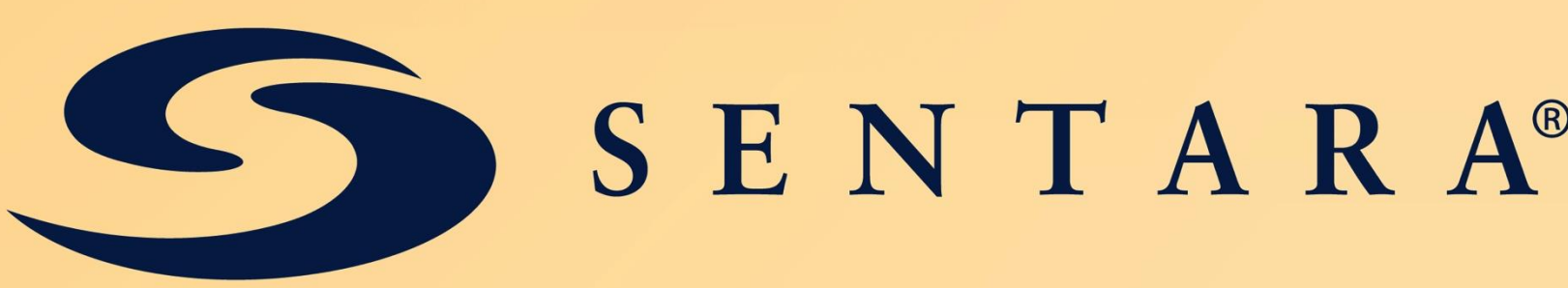
Input Documentation: Do We Measure Up?



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Introduction

Nurses participating in Sentara Norfolk General Hospital’s (SNGH) Nurse Residency Program (NRP) identified an underlying problem with proper intake documentation for patients on Medical-Surgical/ Intermediate Care floors. The nurses created a survey pinpointing key deficiencies with documentation and discrepancies in between units.

Purpose

Accurate input documentation is an important part of nursing care. A survey was created in an effort to identify intake documentation discrepancies among the units to improve patient outcomes.

Problem

In the Medical/Surgical and Intermediate Care settings are variations in intake measurement and documentation by nursing staff creating an inaccurate record of volume intake?

Data

Multiple units within SNGH were asked to complete a survey.

NRP Survey Unit: _____ Role: RN / NCP

1. Do you document IV flushes in your intake? Circle one:
Yes No N/A

2. What volume would you document for the following?
▪ Full **small** Styrofoam cup of liquid:
▪ Full **small** Styrofoam cup of ice:
▪ Soda can:

3. Do you total your IV fluids at the end of your shift?
Yes No N/A

4. Do you add IV piggybacks in your total shift volume?
Yes No N/A

5. Within what time frame do you document your patient’s intake?
Choose one of the following:
○ 0 – 1 hour
○ 1 – 4 hours
○ 4 – 8 hours
○ At the end of your shift

6. Do you zero out your volumes (Intake, Output, and IV **gtts**) at the beginning of your shift?
Yes No N/A

7. Do you document your free water flushes for patients with tube feedings?
Yes No N/A

Implications

The goal of precise documentation of a patient’s fluid intake is to improve patient outcomes and decrease length of stay. Proper charting by bedside nurses and nurse care partners allows the medical team to provide more efficient care to patients.

Conclusion

There were 6 units surveyed with a total of 81 participants, 66 nurses and 15 nursing care partners. Each unit that was surveyed showed deviations and discrepancies regarding the accuracy of intake measurements. We identified that there were three different cup sizes (120 cc, 240 cc, and 360 cc) identifying as the “small cup”. This can lead to improper documentation or delay/improper treatment.

Recommendations

- Providing all units with a uniform measurement chart allows for better consistency throughout the hospital.
- Standardization of timely documentation (ie: q4h).

