PURPOSE:
To ensure safe effective care is provided to patients and documented in the EMR during the State of Emergency/disaster time period related to Covid-19. This policy is based on current Covid-19 CMS guidelines and NYS Executive Order.

PROCEDURE:
Streamlining Documentation during State of Emergency Policy is to be followed on all patients during the Covid-19 emergency. The focus of documentation during the Covid-19 pandemic should be related to **PERTINENT** findings and/or clinical status changes.

*NOTE: Travel Screen completion is required at all points of entry Observation/CDU
patient documentation will continue as per current policy

Emergency Room:
Triage Nurse Completes initial Triage Screen

ER Initial Nursing Assessment A focused assessment will be done based on patient's chief complaint and presenting systems. Documentation of the assessment will be by exception.

Problems identified outside normal/expected limits with any "system" will be documented, otherwise documentation is NOT REQUIRED.

Required documentation during all assessments in ED:
1. Chief complaint
2. Sepsis Screening
3. Vital signs (Temp, Pulse/Heart Rate, Respiratory Rate, BP, SPO2)
4. Height, weight, and Allergies
5. Preferred language
6. Advanced Directives
7. Meds taken at home prior to admission
8. History–ONLY CHRONIC DISEASES / CO-MORBIDITIES RELEVANT TO REASON FOR VISIT
9. Critical values if indicated
10. Blood transfusions/Transfusion history
11. Restraints if used
12. Lethality screen and if applicable 1:1 documentation and environmental checklist
13. Ordered focused assessments (e.g. neuro check, CIWA)

(continued below)

Admitted Patients REQUIRED documentation:

Admission Documentation
1. Patient history as in ADT navigator (including implants, PPMs/ICDs, external medical devices, smoking status, substance abuse, OB/gyn status, etc)
2. Review PTA medication
3. Morse Fall Risk Assessment/Risk for Injury and Braden Skin Assessment
4. Nutritional Assessment and Functional Assessment if determined necessary by the RN
5. Preferred language if not already completed in ED
6. Lethality if not already completed in ED including 1:1 documentation and environmental checklist
7. Abuse if not already completed in ED
8. Advanced directives if not completed in ED and update as needed

Shift Documentation
1. All medication administration (medication times adjusted as needed to bundle clinical care).
2. Block charting will be used for active titration: do not document each time a change is made, document at specific intervals as determined by patient condition.
3. Vital signs (Temp, Pulse/Heart Rate, Respiratory Rate, BP & SpO2) – as ordered, or appropriate for patient's clinical presentation.
4. Intake and Output as ordered – shift totals end of each shift.
5. Pain Assessment and reassessment as needed based on patient condition.
6. Ordered focused assessments (e.g. neuro check, CIWA).
7. Critical Lab Values/critical results.
8. Blood Transfusions/Transfusion history.
9. Restraints if in use.
10. Anything that, in the judgment of the RN is a pertinent clinical finding or would compromise patient safety if it was **not** documented.
11. Morse Fall and Braden Skin Assessment update only as needed based on nursing judgment.
12. No Care Plan/Education Record documentation is required at this time.

Lines, Drains, Airways LDAs, Incisions/Wounds and Nursing Intervention documentation:
1. Location/type of all LDAs will be documented at time of placement.
2. Incisions/wounds will be documented at initial presentation.
3. Ongoing assessment and care of LDAs and Incisions/Wounds will be done BUT documentation is done only by exception.

Discharge documentation:
1. Provide Discharge AVS with Covid-19 information to patient or next provider of care and one copy to remain in paper record.
2. Nurse to sign Discharge AVS, to document discharge education provided.
3. No patient/significant other signature required.

Reference:
Executive Order by Governor Cuomo, http://www.op.nysed.gov/COVID-19_EO.html

https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19