MCHN VIC
INC (A0060195T)

Maternal & Child Health Nurses Victoria Inc

Position Statement and Guidelines for:

Documentation in maternal and child health nursing practice

July 2014

Recommendations for
Victorian Maternal and Child Health
Nurses

Endorsed by MCHN VIC Inc
Committee Meeting, 29 July 2014

Acknowledgements

Helen Rowe
RN, RM, Dip App Sci (MCH), Grad Dip Comm Dev, Grad Dip Business, Cert IV Training & Assessment

Joanne Fittock
RN, RM, BNurs, Grad Dip Adv Nurs (Child, Family & Community), MNSc, IBCLC, MACN

Liz Palk
RN, RM, BN, Grad Dip App Sci

Liz Mann
RN, RM, Dip App Sci CHN, Dip Infant and Parent Mental Health

Introduction

Accurate and careful documentation is an essential part of maternal and child health nursing practice. Registered Nurses and Registered Midwives have a legal and professional duty of care for record keeping and documentation.

Statement

Documentation is to be presented in an objective form, which demonstrates all aspects of the maternal and child health nurse's assessment, education and clinical judgment.

Aims

1. To optimise health outcomes for children and families by accurately recording and documenting information relevant to their care.
2. To provide guidelines for clinical best practice for documentation standards.
3. To ensure information recorded by maternal and child health nurses is consistent and in line with the legal requirements.
4. To ensure MCH documentation is an important source of reference between maternal and child health nurses and other health professionals.
5. Facilitates the continuity of quality care by keeping all members of the team informed of the client's current health status
6. Protect maternal and child health nurses if they are called upon to explain the care they have given to a client in any circumstance.

Principles

1. Records should tell the chronological story of client care, and should demonstrate and justify why a nurse has taken certain actions. They should be concise, accurate, objective and contemporaneous documentation that describes safe care.
2. Should be concise and clinically relevant.
3. Should be accurate – distinguish between what you personally observe and what is related by another person to you.

Key Guidelines for quality documentation

The following guidelines are intended to provide maternal and child health nurses with clear direction for producing and maintaining high quality, defensible documentation:
Registered Nurses have a legal and professional duty of care (see Appendix 2)
Record keeping and documentation should demonstrate:

- a full description of your assessment and the care planned and given
- relevant information about the child and family or client at any given time and what you did in response to their needs
- that you have understood and fulfilled your duty of care,
- that you have taken all reasonable steps to care for the client and that any of your actions or things you failed to do have not compromised their safety in any way
- a record of any arrangement you have made for the continuing care of a client

1. Document fact

Fact is what the maternal and child health nurse saw, heard or did in relation to the client's care and condition. This is what should be documented. Maternal and child health nurses should avoid non-committal documentation, for example the use of words such as *appears* or *seems*, which do not reflect factual documentation. An extension of this principle is that maternal and child health nurses should write records objectively. Irrespective of where the maternal and child health nurse is recording information, that is the notes, incident forms or statements, documentation should always remain factual and objective and not subjective or emotive.

Maternal and child health nursing documentation is written to reflect the objective clinical judgment of the nurse – Maternal and child health nursing documentation is to be presented in an objective form, which demonstrates the nurses' clinical judgment. The MCH nurse must avoid making sweeping conclusive statements prefaced by words such as 'appears' and 'seems'. To avoid this, nurses should document what they see, not what they think. What the nurse should document is observable facts to describe the assessment of the client's condition.

2. Document all relevant information

This will be dictated by consideration of the individual circumstances of each client. Maternal and child health nurses' documentation should be made with respect to the total condition of the client, not just a clinical specialty. In particular, maternal and child health nurses should document any change in the client's circumstance. Always record when a parent/carer acts contrary to advice.

Work of nurses including education and psychosocial support – MCH Nurses must document all aspects of care, including any emotional support or education given to the client.

3. Document contemporaneously

Maternal and child health nurses should record entries in the client's notes as soon as possible after the events to which reference is being made have occurred, with the date and time for each entry recorded. All entries should also include the author's printed name. This clearly indicates when the record was made and by whom and ensures more reliable documentation.

4. Documentation should fulfil legal requirements

MCH Nurses are advised to document their care 'defensively', or in a manner that explains the decisions made about the nursing or midwifery care or the nursing or midwifery care given to the client if the nurse or midwife is called upon to explain their actions in any context. MCH Nurses

must ensure that their documentation gives an accurate account of the care given or the decisions made in relation to that care. This does not mean that MCH nurses should list the specific tasks they have performed. MCH Nursing documentation should present a continuous narrative demonstrating how MCH Nurses understand the client's issues and how they have dealt with the various problems that have been presented by the issues. MCH Nurses should document the outcomes of care

Legal Requirements for All Nursing and Midwifery Documentation - Nursing and midwifery documentation must be written legibly.

• The client must be identified by name, date of birth or by an identifier.

• All entries must include the date and should include the name and designation of the MCH nurse.

• If using medical terminology, the nurse must be sure of its exact meaning.

• Before using any form of abbreviation, MCH Nurses must ensure that the abbreviation is from an approved list for the Victorian MCH Service. If there is any doubt, MCH Nurses must not use any abbreviations and write all words in full.

• No entry should be made on behalf of another MCH Nurse.

It should also be noted that Health Care Records are not legal documents, but under the rules of evidence, anything that is physically created has the potential to be called into court if it is relevant to any matter being dealt with by the court. Maternal and Child Health Nursing documentation is called upon frequently by the courts; therefore it is in the interests of MCH Nurses to ensure that they document their client care in an accurate, objective, and sufficiently comprehensive manner to support oral descriptions of the care given.

Recommendations

1. Documentation policy and guidelines are developed and implemented at workplaces.
2. Regular review of the local documentation policy and guidelines.
3. MCH Nurses actively support their workplace documentation policy and guidelines to ensure best practice.
4. New employees are provided with the current documentation policy and guidelines.

Note: for sake of consistency throughout this document the use of 'client' primarily refers to the child enrolled in a maternal and child health service but may refer to the parents or primary care-giver if the situation requires the recording of relevant health or psychosocial information about them.

Endorsement

Position Statement and Guidelines endorsed by MCHN VIC Inc Executive Committee, 29 July 2014

REFERENCES

Langslow, A. (2004). Duty of Care in M&CH. Notes from MCH Workshop. [Amelda Langslow LLB – Amelda is a lawyer who lectures extensively on the topic of health law and legal risk for nurses]

Nursing and Midwifery Board of Australia 2006, *National competency standards for the registered nurse*. Available online at: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards

Nursing and Midwifery Board of Australia 2006, *National competency standards for the midwife*. Available online at: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards

Sydney South West Area Health Service. 2009. Documentation: Nursing and Midwifery Services . Minimum standards for documentation https://www.sswahs.nsw.gov.au/pdf/policy/SSW_PD2009_028.pdf

Staunton, P. and Chiarella, M. (2008). Nursing and the Law. 6th Ed. Sydney: Churchill Livingstone Elsevier.

Victorian Association of Maternal and Child Health Nurses 2010. *Competency Standards for the Maternal and Child Health Nurse in Victoria.*

Wynne, A. (2009). Maternal and child health documentation. Presentation at MCH workshop. [Amanda Wynne RN RM B App Sci (MCHN) LLB(Hons)]

APPENDIX 1

Competency Standards for the Maternal and Child Health Nurse in Victoria 2010 (Victorian Association of Maternal and Child Health Nurses)

Competency 1. Comply with the legislation and common law applicable to maternal and child health nursing practice

Element 1.1. Demonstrate knowledge of legislation and common law pertinent to maternal and child health nursing practice.

Validation

- Practices maternal and child health nursing within the requirements of legislation and common law.
- Acts to incorporate changes in legislation into practice.

Element 1.2. Incorporate into practice the policies and guidelines that have legal and professional implications for practice.

Validation

- Works within policies, standards and guidelines of federal, state and local government, and incorporates the requirements of employing bodies.
- Facilitates decision making by the use of evidence-based practice, including practice guidelines.
- Participates in review and development of policies and guidelines.

Element 1.3. Document according to legal and professional guidelines.

Validation

- **Adheres to legal requirements in all aspects of documentation.**
- **Documents in a 'comprehensive, contemporaneous, legible, clear, concise and accurate' manner. (ANMC, 2006)**

Element 1.4. Practice in accordance with the agreed standards of the profession.

Validation

- Complies with ANMC professional codes for nurses and midwives.

APPENDIX 2

NMBA 2006 National Competency Standards for the Midwife

LEGAL AND PROFESSIONAL PRACTICE

Competency 1. Functions in accordance with legislation and common law affecting midwifery practice

Element 1.3 Formulates documentation according to legal and professional guidelines.

Cues

- **Adheres to legal requirements in all aspects of documentation.**
- **Documentation is contemporaneous, comprehensive, logical, legible, clear, concise and accurate.**
- **Documentation identifies the author and designation.**

APPENDIX 3

Abbreviations, Shorthand Translations and Symbols for use in Victorian maternal and child health records.

The following standardised abbreviations are intended for use in records to ensure consistent and effective communication. This is not an exhaustive list of recognised abbreviations, but are those most likely to be widely used in Maternal and Child Health practice. Avoid using other abbreviations unless they are widely acknowledged by the nursing and medical profession. Abbreviations should not be used in letters or reports to other professionals, for example, to doctors and audiologists. Words should be written out in full to avoid any misunderstanding.

Because words and terms used may change, this list will be updated as needed.

Note: Ticks do no record a finding and are therefore not acceptable.

Abbreviations

abs	antibiotics
ANC	antenatal clinic
APH	ante-partum haemorrhage
ARM	artificial rupture of membrane
ac	before food
AF	artificially fed
ASAP	as soon as possible
ASD	atrial septal defect
BA	bowel action
BBA	born before arrival
BP	blood pressure
BD	twice a day
BF	breastfed
BW	birth weight
C/B	checked by
c̄	with
cms	centimetres
CP	cerebral palsy
CMV	cytomegalovirus
CPD	cephalo-pelvic disproportion
DDH	Developmental Dysplasia of the Hip
CDT	combined diphtheria and tetanus
CHD	congenital heart disease
D&C	dilation and curettage
DNA	did not attend
DOB	date of birth
DVT	deep vein thrombosis
DW	discharge weight
EBM	expressed breast milk
EDD	expected date of delivery
EUA	examination under anaesthesia
EDC	expected date of confinement
FACH	forceps to after-coming head
FH	foetal heart
F or Fa	father
FBE	full blood examination
FD	forceps delivery
FDIU	foetal death in utero
FPC	family planning clinic
FTA	failed to attend
FU or F/U	follow-up
GA	general anaesthetic
GOR	gastro oesophageal reflux
GP	general practitioner
G1 P0	gravida (no.) para (no. of viable births)
GTT	glucose tolerance test
Hb	haemoglobin
Hib	haemophilus influenzae b
HT	hypertension
HIV	Human Immunodeficiency Virus
IUD	intra-uterine device
IVP	intravenous pyelogram
Imm	immunisation
IUGR	intra-uterine growth retardation
LBW	low birth weight
LUSC	lower-uterine-segment Caesarean section

(L)	left
M or Mo	mother
MGM	maternal grandmother
MMR	measles mumps rubella vaccine
MRSA	methachillin resistant staphylococcus aureas
NAD	no abnormality detected
NAL	National Acoustic Laboratory
NB	note well
NBFB	Neville Barnes forceps delivery
NE	not examined
NESB	non English speaking background
ND	Normal delivery
NFR	no further review
NOAD	no other abnormality detected
Nocte	at night
O_2	oxygen
O/E	on examination
OM	otitis media
OP	outpatient
pc	after food
PE	pre-eclampsia
PPH	post-partum haemorrhage
PGM	paternal grandmother
PUO	pyrexia of unknown origin
PR	per rectum
PV	per vagina
PRN	whenever necessary
PN	post-natal
PKU	phenylketonuria
QID	four times a day
QQH	four hourly
Rh	Rhesus
Rhpos (+ve)	Rhesus positive
Rhneg (-ve)	Rhesus negative
R_x	prescription, take
RN	registered nurse
RDNS	Royal District Nursing Service
(R)	right
R/T	related to
SB	stillborn
S&S	signs and symptoms
STD	sexually transmitted disease
SVD	spontaneous vaginal delivery
SBR	serum bilirubin
STOP	suction termination of pregnancy
S/B	seen by
SIDS	sudden infant death syndrome
SFD	small for dates
TDS	three times a day
TOP	termination of pregnancy
TPR	temperature, pulse and respirations
URTI	upper respiratory tract infection
UTI	urinary tract infection
UTT	unable to test
V/A	visual acuity
VD	venereal disease
VLBW	very low birth weight
VI	visually impaired
VSD	ventricular septal defect

Shorthand Translations

ant font	anterior fontanelle
approp	appropriate
approx	approximate
appt	appointment
ascern	ascertainment
astig	astigmatism
assesst	assessment
audio	audiometry
bil	bilateral
epis	episiotomy
eval	evaluation
gest	gestation
H circ	head circumference
Hep B	hepatitis B
interv	intervention
Nsg	nursing
P	plan, planning
paed.	paediatrics, paediatrician
post font	Posterior fontanelle

prep	preparatory
rec	recurrent
refd	referred
ref	refer
rev	review
rpt	repeat
resps	respirations
rptd	repeated
satis	satisfactory
sib.	sib(s) sibling(s)
sl	slight
Sp Pth.	speech pathologist
tblsp	tablespoon
tsp	teaspoon
tymp mem	tympanic membrane
umbi	umbilicus
V_x	vertex
wt	weight
yr(s)	year(s)
1/7 or 1d	one day
1/52 or 1 wk	one week
1/12 or 1mth	one month
1/24 or 1 hr	one hour
32/40	gestation

Symbols

>97%	above ninety seventh percentile
<3%	below third percentile
<	less than
>	greater than
≥	greater than or equal to
≤	less that or equal to
-1	less one
-2	less two
+	plus
-	minus
↓	decreasing
↑	increasing
x	multiplied by
≠	not equal to
=	equal to
≈	approximately equal to
♂	male
♀	female
→	go to
?	query
1:1	one to one
-ve	negative
+ve	positive
∴	therefore
∵	because of
Ψ	psychology, psychiatry, psyche
#	fracture
Δ	medical diagnosis
Δd	diagnosed
NsgΔ or NRΔ	nursing diagnosis

References

Blakiston's Gould Medical Dictionary, 3rd edition, 1982, McGraw-Hill Book Co., New York.

Mosby's Medical, Nursing and Allied Health Dictionary, 3rd edition, The CV Mosby Company, St Louis, USA

Sloane, S.B. 1985, *Medical Abbreviations and Eponyms*, WB Saunders, USA

MCHN VIC Inc
PO Box 278
Mont Albert 3127

www.mchnv.com

mchnv.inc@gmail.com