



**The use of documentation to
enable the nursing team to
provide quality long term nursing
care**

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Long Term Patient Care Team



Changing Case Mix

- Patient stay increased from
- 2.7 to 4 days
- Individual patients ranging from
- 4-60 days !

The Issues We Found



- Existing Documentation was not being used effectively
- Failure to complete documentation as per protocol
- Staff found usability an issue
- Time consuming
- Not patient orientated



Long Term Care Working Party

- Nurse Lead with Medical Consultation
- Identified what we wanted from New Documentation
- Consideration to Expanding Unit
- Junior Staff
- Trials of draft documents
- Involve all stakeholders



Aims of New Documentation

- **Improve Quality**
- **Address Clinical Governance**
- **Audit Tool**
- **Improve Clinical Excellence**
- **Improve Time Management**
- **Incorporate Protocols and Guidelines**
- **Reinforce Education within Diverse Workforce**

Documentation

- Documentation will span a patient`s intensive care journey
- Inter link with supporting Documentation
- Interlinking with Discharge Documentation



RESULTS

- **User – friendly documents**
- **Support evidence based practice**
- **Delivering high quality personalised care**
- **Promote clinical excellence**
- **Education in a diverse workforce**
- **Facilitate audit and Research**

“Normalisation” Template for daily care.

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Ventilator	CPAP			PS				CPAP			PS		CPAP			PS		
Rehab	Bed		Physio sit out		Wash*		Bed	Rest period		Sit out,		Bed / Chair		Bed				
Ventilation																		
Rehab																		

This template is for guidance & can be altered to meet individual patient needs.

DAY

- Gradually extend CPAP periods during the day.
- Consider T/mask trials after 24 hrs of continuous CPAP (follow same template)
- Confirm weaning plan on ward round
- Encourage independence by washing when sat out.
- Facilitate rest period when feasible 14.00/15.00.

NIGHT

- Encourage a normal pattern of sleep
- Has a full nighttime review been deemed, not required at the ward round
- Cluster care (mouth care, suction, position change)
- Over night don't change equipment in room when patient asleep. (Transducers/vent tubing)
- Do not wake patient for a wash

What This Means

