PURPOSE:

Accurate, clear, concise and timely documentation of doctor's orders in the Kardex.

SCOPE

Applies to all Nursing Service Division (department/ section/ unit) staff of Dr. Pablo O. Torre Memorial Hospital and Student Nurse under the Supervision of the RCI Clinical Instructors.

PERSON RESPONSIBLE:

Registered Nurse, Student Nurse under the supervision of the RCI Clinical Instructors

GUIDELINES:

1. Nursing documentation is the responsibility of the Registered Nurses or in the case of student Nurses, it should be countered check by a Clinical instructors or Staff nurse assigned.
2. All documentations should be written legibly as it is a basis for future and research.
3. Abbreviation are strongly discourage and only universally accepted abbreviation can be used
4. All admitted patients should have a Kardex issued by Admitting Section upon admission.
5. All entries must be pencil except the general data (room#, name, age, status, doctor/s, date, surgery, anesthesia, diagnosis (chief complaints) it should be on blue or black ink.
6. Any changes from the existing entries shall be done by crossing out the data indicating the remarks (increased, decreased, discontinued etc) and the date.
7. Crossed out entries should not be erased for reference purposes. However, should space be needed for new entries, crossed out items dated earliest maybe erased to accommodate new entries.

8. Keep Kardex updated, clean and neat at all times. If with multiple erasures and changes ,it maybe remade anytime indicating the date, name and signature of staff responsible under special notation using red ink.
9. Attach old Kardex in the last portion of the patient's chart.
10. Each new entry must be properly dated.
11. Upon discharge , Kardex must be attached to the patient's chart.

PROCEDURE:

1 Nurse on duty fills out all necessary information accordingly.

1.1 General data (Room#, Name, Age, Status, Doctor/s, Date, Surgery, Anesthesia, Diagnosis, Chief complaints).

1.2 *Diet*

1.3 Priorities - Vital signs monitoring, Neuro Vital Signs, Abdominal Status, Daily Weight, Attachments including Life Sustaining Equipment, Intake and Output, Hourly Urine Monitoring, Oxygen Supplements, Voiding Due of Post-Op or Post Partum Patients, Morphine Precaution includes Date and Time, CVP Monitoring, DNAR Status, Schedule of PT/OT, Presence of weights, Traction, Molds, Cast, Drains, Sackings, Activity and Limitation, Allergies other than Food.

1.4 Diagnostic examinations

1.4.1 Laboratories - indicate if done, requested(req.), still to request (still to req.) or follow-up result (ff-up).

1.4.2 DIS Procedures - indicate if done, requested (req.), still to request (still to req.) or follow-up result (ff-up)

1.4.3 NICIS Procedures - indicate if done, requested (req.), still to request (still to req.) or follow-up result (ff-up)

1.4.4 RTS Procedures - indicate if done, requested (req.),still to request (still to req.) or follow-up result (ff-up)

1.5 Special Notations

1.5.1 Contemplated Surgeries with date and time, CP Evaluation Consultant, Anesthesiologist, Informed Consent for OR and other Procedures (include if with OR Schedule, if Okay for O.R. and the name of the billing/admitting personnel.

1.5.2 Morphine Protocols

1.5.3 Referrals and Consultations - under the remarks write seen, examined and done by the Resident on duty (name) or Referred Attending Physician.

1.5.4 Special orders: Prepare intubation and folks appraised of patient's condition.

1.5.5 Schedule of diagnostic exams to be done at Operating Room, Delivery Room, Emergency Department that requires consent, anesthesia and preparations needed.

1.5.6 Removal of Drains/tubings

1.5.7 Schedule of Hemodialysis – under the remarks write if Okay for the procedure and the name of the billing/admitting personnel.

1.5.8 Blood reservations including blood transfusion

1.5.9 Removal of sutures or packing

1.6 Medication. All ordered standing medications

1.7 PRN Medications. Any PRN medication

1.8 Treatments

1.8.1 USN

1.8.2 Warm/cold compress

1.8.3 Heat lamp treatment

1.8.4 *Sponge bath*

1.8.5 Topical medications

1.8.6 Eye, ear, nose installation/irrigation

1.8.7 *Vaginal/rectal applications*

1.8.8 Hot Sitz Bath

1.9 Stat and Single Future Orders

1.9.1 Any medication to be given at a later date/time but not to exceed 2 times

1.9.2 All medication and treatment ordered to be implemented immediately only once

1.9.3 Orders necessary for pre-operative preparation and medication

1.9.4 Orders necessary for preparation of diagnostic procedures

1.10 IV Fluids

1.10.1 Includes IVs and blood transfusions ordered in series and appropriately numbered and checked as hooked up

1.10.2 Specify either pre-operative, post operative, Piggy back, Set B or blood unit

1.10.3 Specify need to refer for follow up or to be referred to Resident on Duty or direct to Attending Physician

1.10.4 Indicate if to be terminated after a specific number of IV or for Heparin lock

1.10.5 IVF's ordered in series and appropriately numbered, amount of solution, rate, remaining solution, time due, and incorporation, if any. If infused via infusion pump or syringe pump specify the due date of infusion set.

2 Nurse on duty reviews the transcribed order.

DOCUMENTATION:

Kardex

DISSEMINATION:

1. Policies and Procedures Manual
2. Hospital Communicator

APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**GIA P. BANDRIA, RN** Head Nurse		7/8/22
Verified by:	**RICHARD S. MONTILIJAO, RN** OIC Policy Development		7/7/2022
	SHALAINE SOCORO L. DURAN, RN Nurse Manager for Operations		7/8/2022
	HANNAH KHAY S. TREYES, RN, MN Chief Nurse		7/8/2022
Reviewed:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		7/08/2022
Recommending Approval:	**MARIA LIZA C. PERAREN, RN, MAN** Nursing Division Officer		7/8/2022
	FREDERIC IVAN L. TING, MD OIC- Total Quality Division		7/8/22
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		
Approved:	**GENESIS GOLDI D. GOLINGAN** *President and CEO*		

DR. PABLO O. TORRE MEMORIAL HOSPITAL B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100		
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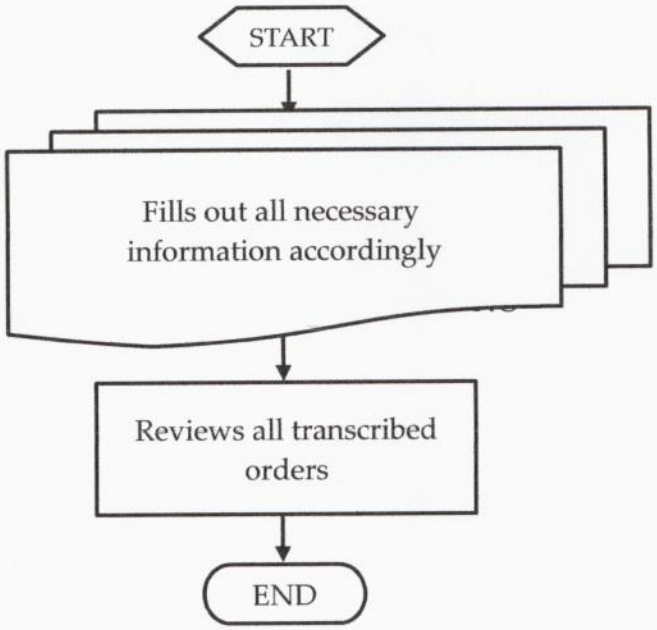
	Department/Section:	Nursing Service Division
	Document Title:	**KARDEXING**

FLOWCHART



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KEY TASKS	PERSON RESPONSIBLE
1 Fills out all necessary information accordingly. 1.1 General data 1.2 Diet 1.3 Priorities 1.4 Diagnostic examinations 1.5 Special Notations 1.6 Medication 1.7 PRN Medications 1.8 Treatments 1.9 Stat and Single Future Orders 1.10 IV Fluids	Nurse-on-duty
2. Reviews the transcribed order.	

APPROVAL:

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