

Section: Division of Nursing

Index: 7430.032c

GUIDELINE

Page: 1 of 3

Approval: _____

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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MINOR PROCEDURES

(Scope)

TITLE: MINOR PROCEDURE NURSING RECORD GUIDELINE

PURPOSE: To outline pertinent information to be obtained from patient before minor procedure to be performed.

NATURE OF FORM: Permanent part of patient's chart.

PERSON RESPONSIBLE: RN performing initial assessment.

CONTENT: Where there is a , indicate answer by using: a) ✓ = yes
b) 0 = no
c) - = not applicable

1. Write in procedure to be performed.
2. Write name of physician performing procedure.
3. Write in time procedure is scheduled.
4. Write in date of procedure.
5. Write in time procedure begins.
6. Write in time procedure ends.
7. Write in time patient is discharged.
8. (✓), (0), or (-) - if person to drive patient home.
9. (✓), (0), or (-) - if patient is wearing identification band.
10. (✓), (0), or (-) - if patient has signed the consent for the procedure.
11. (✓), (0), or (-) - if patient has completed the prep for the procedure.
12. (✓), (0), or (-) - if patient has had nothing by mouth since midnight before the procedure.
13. A. Level of Consciousness
B. Behavioral/Emotional status
C. Health Habits
D. Comm Barrier/Deficits/Barriers to learning

14. (✓), (0), or (-) - if patient has a pacemaker.
15. (✓), (0), or (-) - if patient has a heart murmur.
16. (✓), (0), or (-) - if patient has hip prosthesis or hardware.
17. (✓), (0), or (-) - if patient if patient is pregnant.
18. (✓), (0), or (-) - and fill in the date of the last menstrual period and write in date when applicable.
19. (✓), (0), or (-) - if patient has dentures, they are in place, they have been removed, patient has no dentures, the dentures have been returned to the patient, the question of dentures is not applicable.
20. (✓), (0), or (-) - if patient has any physical disabilities and a brief description of the disabilities is written on the line below.
21. Write in patient's height.
22. Write in patient's weight.
23. NKA is written if the patient has no known allergies; if the patient has allergies to medications, they are to be listed.
- 23a. Latex allergy
24. Patient's last medical and surgical history.
25. List of medications (current).
- 25a. Anticoagulant therapy, when stopped.
26. (✓), (0), or (-) - skin condition: pink, pale, warm, cool, dry, moist.
27. (✓), (0), or (-) - patient's vital signs.
28. (✓), (0), or (-) - if patient receives pre-procedure teaching (see nursing care plan).
29. (✓), (0), or (-) - if patient verbalizes understanding of teaching (see nursing care plan).
30. (✓), (0), or (-) - if Bicap Heater Probe used and the settings are written.
31. (✓), (0), or (-) - if Valley Lab cautery used, the settings are written, pad placement is written and the skin condition at pad placement site, pre- and post-procedure, is written.
32. (✓), (0), or (-) - if biopsy taken and sent to Lab.

33. (✓), (0), or (-) - if other lab work is drawn or other specimens are sent to the Lab (E.G. bacterial cultures)
34. Write in date medication is ordered, medication and dosage given, route medication was given, time medication was given, initials of the person administering the medication.
35. Write in all aspects of the nursing process, not already noted in above section, and the time performed are written in this section and signed by RN performing the care.
36. Post-procedure vital signs and oxygen saturation (when applicable) are written in and the time is also recorded.
37. Post-procedure skin condition - a (✓) is placed in the box next to the appropriate assessment.
38. 0-10 pain assessment related to this admission – acute.
39. Pain assessment not related to this admission - chronic.
40. (✓) or (0) is placed in the box that discharge instructions are given.
41. Addressograph stamp.
42. (✓) or (0) if patient/responsible person verbalizes understanding of the discharge instructions.
43. If patient is discharged via wheelchair, stretcher or ambulatory.
44. Nurse/nurses assisting with the procedure and/or assessment fill in their signature and initials.

PROCEDURE	PHYSICIAN	PROCEDURE DATE	PROCEDURE TIME	START TIME	FINISH TIME	DIC TIME																				
1	2	4	3	5	6	7																				
CODE: YES = <input checked="" type="checkbox"/> NO = <input type="checkbox"/> N/A = <input type="checkbox"/>																										
ALLERGIES <u>23</u> LATEX ALLERGY <u>23a</u> <input type="checkbox"/> YES <input type="checkbox"/> NO PRE-PROCEDURE DIAGNOSIS _____ <input type="checkbox"/> PAST MEDICAL & SURGICAL HISTORY: <u>24</u>				PAIN ASSESSMENT (NOT RELATED TO THIS ADMISSION (DATE)) Pain/Discomfort: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Where? <u>38</u> Type: <input type="checkbox"/> Burning <input type="checkbox"/> Dull <input type="checkbox"/> Pressure <input type="checkbox"/> Heavy <input type="checkbox"/> Sh <input type="checkbox"/> Cramping <input type="checkbox"/> Other: Duration: <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent Intensity (0 = no pain, 10 = worst) (Circle): 0 1 2 3 4 5 6 7 8 9 10 (3) (5) (3) (4) (7) (9) (9) What Relieves the Pain? <input type="checkbox"/> Resting <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Medication																						
<input type="checkbox"/> MEDICATIONS: <u>25</u> ANTICOAGULANT THERAPY <input type="checkbox"/> WHEN STOPPED <u>25a</u> SKIN CONDITION <input type="checkbox"/> PINK <input type="checkbox"/> PALE <input type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> DRY <input type="checkbox"/> MOIST VITAL SIGNS B/P _____ TEMPERATURE _____ PULSE _____ RESPIRATION _____ SEE CONSCIOUS SEDATION FORM <input type="checkbox"/> <u>27</u>				PAIN ASSESSMENT (NOT RELATED TO THIS ADMISSION (DATE)) Pain/Discomfort: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Where? <u>39</u> Type: <input type="checkbox"/> Burning <input type="checkbox"/> Dull <input type="checkbox"/> Pressure <input type="checkbox"/> Heavy <input type="checkbox"/> Sharp <input type="checkbox"/> Cramping <input type="checkbox"/> Other: Duration: <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent Intensity (0 = no pain, 10 = worst) (Circle): 0 1 2 3 4 5 6 7 8 9 10 (3) (5) (3) (4) (7) (9) (9) What Relieves the Pain? <input type="checkbox"/> Resting <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Medication																						
PRE PROCEDURE ASSESSMENT <input type="checkbox"/> PERSON TO DRIVE PATIENT HOME <u>9</u> <input type="checkbox"/> PACEMAKER <u>14</u> <input type="checkbox"/> ID BAND <u>9</u> <input type="checkbox"/> HEART MURMUR <u>15</u> <input type="checkbox"/> PROCEDURE CONSENT <u>11</u> <input type="checkbox"/> HIP PROSTHESIS <u>16</u> <input type="checkbox"/> PREP COMPLETED <u>11</u> <input type="checkbox"/> OR HARDWARE <input type="checkbox"/> NPO SINCE MIDNIGHT <u>12</u> <input type="checkbox"/> PREGNANT <u>17</u> <input type="checkbox"/> PAIN PRIOR TO PROCEDURE <u>13</u> <input type="checkbox"/> LMP <u>18</u> <input type="checkbox"/> DENTURES <u>19</u> <input type="checkbox"/> IN PLACE <input type="checkbox"/> NONE <input type="checkbox"/> NOT <input type="checkbox"/> REMOVED <input type="checkbox"/> RETURNED <input type="checkbox"/> APPLICABLE <input type="checkbox"/> PHYSICAL DISABILITIES <u>20</u> HEIGHT <u>21</u> WEIGHT <u>22</u>				SINGLE DOSE ORDERS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE ORDERED</th> <th>MEDICATION AND DOSAGE</th> <th>ROUTE</th> <th>TIME GIVEN</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">34</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			DATE ORDERED	MEDICATION AND DOSAGE	ROUTE	TIME GIVEN	34															
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34																										
LEVEL OF CONSCIOUSNESS <input type="checkbox"/> ALERT/ORIENTED <u>13A</u> <input type="checkbox"/> CONFUSED/DISORIENTED <input type="checkbox"/> RESPONSIVE <input type="checkbox"/> UNRESPONSIVE <input type="checkbox"/> SEDATED <input type="checkbox"/> OTHER				BEHAVIORAL/MOTIVATIONAL STATUS <input type="checkbox"/> CALM/RELAXED <u>13B</u> <input type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> OTHER																						
HEALTH HABITS Y N COMMENTS TOBACCO USE ALCOHOL USE <u>C</u> STREET DRUG USE SLEEP PROBLEMS <u>13</u> HERBS VITAMINS OTHER				NURSING CLINICAL RECORD AND FLOW SHEET TIME <u>35</u>																						
COMM BARRIER/DEFICITS/BARRIERS TO LEARNING Y N COMMENTS & INTERVENTIONS DENIES PHYSICAL <u>13D</u> MENTAL LANGUAGE READING WRITING CULTURAL/SPIRITUAL <input type="checkbox"/> Pt. Not a Candidate for Teaching																										
CAUTION <input type="checkbox"/> BICAP SETTINGS <u>30</u> <input type="checkbox"/> VALLEY LAB SETTINGS <u>31</u> <input type="checkbox"/> PAD PLACEMENT <input type="checkbox"/> SKIN CONDITION				POST PROCEDURE TIME _____ PULSE _____ B/P <u>36</u> TEMP _____ RESP. _____ O ₂ SAT. _____ SKIN CONDITION: <input type="checkbox"/> PINK <input type="checkbox"/> PALE <input type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> DRY <input type="checkbox"/> MOIST <u>31</u> <input type="checkbox"/> DISCHARGE INSTRUCTIONS GIVEN <u>40</u> <input type="checkbox"/> PATIENT/RESPONSIBLE PERSON VERBALIZES UNDERSTANDING OF <u>42</u> DISCHARGE INSTRUCTIONS. <input type="checkbox"/> PATIENT DISCHARGED VIA: <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> POST PROCEDURE PAIN - 0-10 <u>35</u>																						
PATHOLOGY <input type="checkbox"/> BIOPSY <u>32</u> <input type="checkbox"/> OTHER LAB <u>33</u>				NURSE'S SIGNATURE & INITIAL VALIDATION <u>44</u> <u>44</u>																						

41