

Documentation

Documentation

Accurate and complete documentation is necessary to ensure proper communication between members of the care team. There are also certain documentation requirements that might not seem clinically relevant, but that are required to maintain trauma program accreditation. The trauma service uses problem-based documentation for H&Ps and progress notes.

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- Do NOT use the "Generate Note" button!
- Use the Rounding tab and click on Progress Notes, or
- Use the Admission tab and click H&P Notes, or
- Use the Discharge tab and click Discharge Summary.

Update the problem list every day and every night, and whenever a new problem is identified.


The screenshot displays a medical software interface. At the top, there is a navigation bar with several tabs: Summary, Chart Review, QMC, Notes, Manage Orders, Intake/Output, Post-op Transfer, and Rounding. The 'Rounding' tab is currently selected. Below the navigation bar, the 'Rounding' section is active, showing a 'Problem List' panel. The 'Problem List' panel includes a search bar with the text 'Search for new problem' and a '+ Add' button. Below the search bar, there is a section titled 'Hospital (Problems being addressed during this admission)'. Under this section, a problem is listed: 'Motorcycle accident'. Below the problem list, there is a '+ Current Assessment & Plan Note' button. On the left side of the interface, there is a sidebar menu with various options under the 'DOCUMENTATION' heading, including Communication, BestPractice, Problem List (which is highlighted), Expected Discha..., Progress Notes, Treatment Team, and Write Handoff. Below the sidebar menu, there is a section for 'ORDERS'.

Handoff Tool

Surg Trauma Check-In: This box of the handoff tool is intended to be used by the overnight APP/resident to communicate with the day team. Any events that occurred overnight or tests that require follow up should be documented in this box. Every order or page needs to be entered in this box. You should also document your decision making process. Include the date of the entry, so that old events can be deleted by the day team.

Present on Admission Trauma Quality Measure

My Note must select this to populate list

Present On Admission Trauma Quality Measure  1. Click on the "Present on admission.." box to open up choices.

Service: Date of Service: 6/26/2019 10:16 AM
 Cosign Required Cosigner:

INJURY SUMMARY:
 Active Problems:
 * No active hospital problems. *

CONSULTS NOTIFIED
 {Trauma consult:3049805}

ASSESSMENT AND PLAN:
 Admit patient to {cond:304930} in {cond:304929} condition.

Neuro/Pain: Neurologically {cond:304940}. Cervical collar *** Pain control with ***
Cardiovascular: Hemodynamically {stable/unstable:60080}. Monitor vitals per unit routine, will monitor closely.
Resp: On {Trauma o2:304924588}. Titrate O2 per protocol, Encourage IS for pulmonary hygiene.
GI/Nutrition: Diet {diet:304926360} IV fluids ***
GU/Renal: Monitor UOP ***

Present On Admission Trauma Quality Measure

2. Choose the measures pertinent to your patient.

<input type="checkbox"/> Hemorrhagic Shock	<input type="checkbox"/> Neurologic Shock
<input type="checkbox"/> Hypovolemic Shock	<input type="checkbox"/> Cardiogenic Shock
<input type="checkbox"/> Septic Shock	<input type="checkbox"/> GCS < 9
<input type="checkbox"/> Cerebral Edema	<input type="checkbox"/> Brain Compression
<input type="checkbox"/> Liver Laceration (with grade)	<input type="checkbox"/> Primary Coagulopathy
<input checked="" type="checkbox"/> Secondary Coagulopathy Related To Meds	<input type="checkbox"/> Thrombocytopenia
<input type="checkbox"/> Platelet Dysfunction	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Atrial Fibrillation
<input type="checkbox"/> Arrhythmia (Other)	<input type="checkbox"/> Acute Kidney Injury
<input checked="" type="checkbox"/> Chronic Kidney Disease 1	<input type="checkbox"/> Chronic Kidney Disease 2
<input type="checkbox"/> Chronic Kidney Disease 3	<input checked="" type="checkbox"/> Chronic Kidney Disease 4
<input type="checkbox"/> Chronic Kidney Disease 5	<input type="checkbox"/> Acute Respiratory Failure
<input type="checkbox"/> Acute On Chronic Respiratory Failure	<input type="checkbox"/> Mechanical Vent
<input checked="" type="checkbox"/> Chronic Respiratory Failure	<input type="checkbox"/> Undernourished
<input type="checkbox"/> Obesity	<input type="checkbox"/> Chronic Anemia
<input checked="" type="checkbox"/> Hyponatremia	<input type="checkbox"/> Hypernatremia
<input type="checkbox"/> Hypokalemia	<input checked="" type="checkbox"/> Hyperkalemia
<input type="checkbox"/> Hypovolemia	<input type="checkbox"/> Fluid Overload

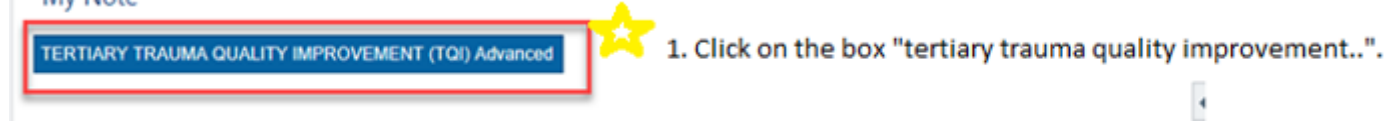
PAWS: Alcohol withdrawal is potentially lethal, but is preventable. Accurately assessing whether a patient is at risk for withdrawal is essential. A PAWS Score must be documented on every trauma patient. If unable to be obtained at the time of admission, it should be documented in tertiary note.

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Tertiary Exam

Note type "Trauma Tertiary Survey"

"Tertiary Trauma Quality Improvement" hyperlink located within note or box at the top



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Advanced Care Planning

- Within first 24 hrs of admission (ideally, at time of trauma tertiary), complete an advanced care planning discussion and assessment with every patient.
- The ACP discussion should be documented in EPIC under the note type "advanced care planning" using the dotphrase .ACSACPINITIALDISCUSSION
- All Category II patients require a family meeting within 72 hrs of admission. This follow-up ACP discussion should be documented in EPIC using the note type "advanced care planning" using the dotphrase ".ACSACPFOLLOWUP"

Triggers for Palliative and Geriatric Consults

- Palliative Care

- Positive palliative care screen *
- Frailty score >3 *
- Pre-existing end-stage or terminal condition
- A diagnosis with median survival <6mos
- Death expected during same ICU/hospital stay
- GCS<8 for greater than 1 wk in patients>55yrs
- Multi-system organ failure
- Family disagreement with team, advanced directive or each other lasting >2 days
- Futility considered or declared by medical team
- Family request
- Acute care surgery attending discretion

- Geriatric Medicine

- Trauma patient >75 yrs of age at admission
- Age 65-75, consider consultation if below conditions present:
 - Dementia
 - >= 10 home prescription medications
 - >= 2 ED visits or inpatient hospital admissions in past 6 months
 - Not living independently OR residents of nursing homes/assisted living facilities
 - Provider discretion.

*frailty and palliative care screening tools provided in advanced care planning note template.

Frailty Screening Tool – 5 item FRAIL Questionnaire

F: Fatigue	Does the patient fatigue or get exhausted easily?
R: Resistance	Does the patient have difficulty walking up one flight of stairs independently?
A: Ambulation	Does the patient have difficulty walking one block (several hundred yards)?
I: Illnesses	Does the patient have 5 or more illnesses (comorbidities, including hypertension, diabetes, cancer [other than minor skin cancer], chronic lung disease, heart attack, congestive heart failure, angina, asthma, arthritis, stroke, and kidney disease)?
L: Loss of weight	Has the patient lost weight (5 to 10 percent) over the last six months to one year?

- 3 or more "Yes" answers indicates possible frailty
- 1 to 2 "Yes" answers indicates possible pre-frailty

Source: Morley JE, Malmstrom TK, Miller DK. A simple frailty questionnaire (FRAIL) predicts outcomes in middle aged African Americans. *J Nutri Health Aging.* 2012;16(7):601-608.

Palliative Care Screening Tool

	Negative Screen	Category 1: Positive Screen	Category 2: Positive Screen
Traumatic Injury Severity	Non-life-threatening injuries	Potentially life-threatening injuries	Anticipated high risk of hospital mortality due to injury
Disability	Non-disabling trauma injuries	Potentially disabling injuries	Permanent disability or functional outcome incompatible with patient's wishes
Previous Functional Status	Healthy, no serious chronic illness	One or more serious illness, frailty, older age	Chronic serious illness, frailty, older age
Surprise Question	Surprise question: YES	Surprise question: MAYBE or NO	Surprise question: NO
Example: Young Patient	Young with... <ul style="list-style-type: none"> • Multiple fractures • Mild TBI • Abdominal GSW • Pneumothorax 	Young with ... <ul style="list-style-type: none"> • Spinal cord injury • Moderate TBI • Amputation • Any trauma plus shock 	Young with... <ul style="list-style-type: none"> • Severe TBI • High spinal cord injury • Major hemorrhage • Multiple amputation
Example: Older Patient		Older or chronically ill with... <ul style="list-style-type: none"> • Mild TBI • Multiple fractures • Chest trauma • Low spinal cord injury 	Older, frail, or end organ failure with... <ul style="list-style-type: none"> • Mild TBI • Multiple rib fractures • Any spinal cord injury • Any injury requiring surgery

Adapted for trauma patients from: Weissman DE, et al. *Patient Screening and Conversation Categories, Improving Generalist palliative care for hospitalized seriously ill patients*. The Palliative Care Network of Wisconsin. Available at: <https://www.mypcnw.org/about1-c22s6>. Accessed May 3, 2017.

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