

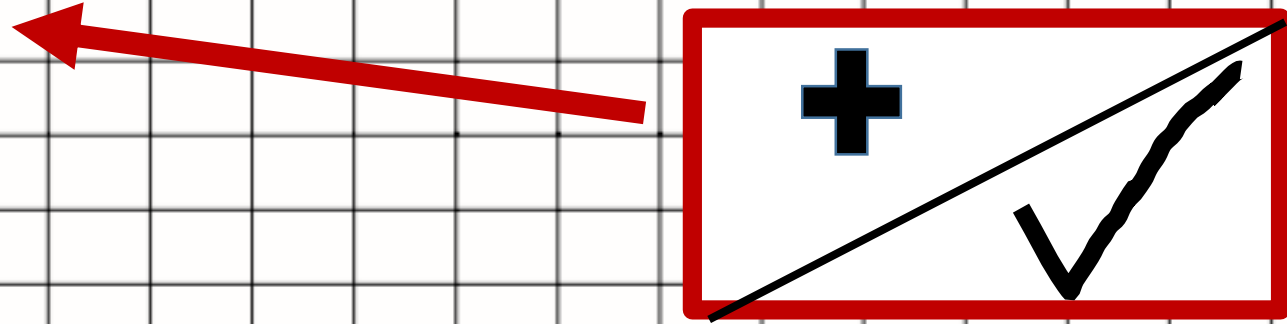
Upcoming Changes to the CCTC 24 Hour (ETA January-February 2015)

Summary of changes and expected documentation standards.

NURSING INTERVENTIONS (Initial when completed/assessed; *significant findings)														
TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20
RESTRAINTS	Code: + = On - = Off													
R Wrist ✓ CSM														
L Wrist ✓ CSM														
R Ankle ✓ CSM														
L Ankle ✓ CSM														
Magnetic Restraint														
VTE PROPHYLAXIS	Code: + = On - = Off													

Expected Documentation:

- Use a hash mark to divide each cell as shown. Top half is used to record + or – to indicate restraint use and bottom half to identify that CSM is adequate.



Expected Documentation:

- The section for the documentation of restraint use and confirming CSM has been reduced to one line per limb. This has been done to provide more blank lines at the bottom of the page.
- Please remember that this is **required documentation for any patient with restraints** in use. There must also be clinical documentation each shift to describe why the patient is restrained and what you have done to demonstrate **minimal restraint use**.
- You must also **verify that consent** has been **documented** (not a form, but documented in the clinical note). It is essential that consent is obtained and we can identify when it was recorded (importance of accurate documentation in the AI).
- You can apply restraints during the night for safety reasons, but consent **MUST** be obtained the following day. If consent is refused, a refusal of consent form and process must be completed.
- Remember: this is not only hospital policy, but these protocols are **mandated by Ontario Law**.

NURSING INTERVENTIONS (Initial when completed/assessed; *significant findings and document on A/I Flowsheet)																									
TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
RESTRAINTS Code: + = On - = Off																									
R Wrist ✓ CSM																									
L Wrist ✓ CSM																									
R Ankle ✓ CSM																									
L Ankle ✓ CSM																									
Magnetic Restraint																									
OTHER DRESSINGS/CARE * = Significant findings (Documentation on A/I Flowsheet Required)																									
INITIALS																									

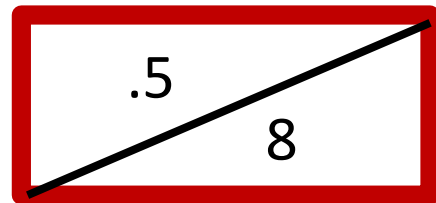
Expected Documentation:

- Lines recovered from the restraint section, and the extra lines from the VTE, Musculoskeletal and Catheter Change sections have all been moved to the bottom.
- Use the Other Dressings/Care lines to customize the graphic area according to patient’s individualized needs. Try to be consistent from shift to shift in the order and location of additional tracking (e.g. track content in the same area from shift to shift).

SUCTION CODE: 1 = Small 2 = Mod 3 = Copious M= Mucous P = Purulent B = Blood	BLADDER PRESSURE		
	TOTAL RR		
	VENT. PRESSURES		
	MINUTE VOLUME		
	AC/SIMV/Oscillator wobble		
	PS / PAV / BI-LEVEL		
	PC / VC		
	FiO ₂ / PEEP		
	MASK / NP		
	Preoxygenate / Hyperventilate		
	SUCTION: ETT/Trach/NT/OT		

Expected Documentation:

- Circle the therapy that applies and enter data into box as usual. This has been done to utilize space better and provide more lines for continuous infusions.
- Enter FiO₂/PEEP as



SUI	SUCTION: ETT/Trach/NT/OT				
	Heparin units/hr				
	Heparin bolus (units) or PTT				
	GLUCOSE				
	INSULIN u/hr or DEXTROSE				
VASOACTIVE MEDS CHART DOSE/HOUR	Weight _____ kg				
	INITIALS				

Expected Documentation:

- Record heparin infusions in units per hour
- Record bolus or PTT measurements in the box below. Use a hash mark to identify bolus / PTT.
- Medications must still be recorded in the MAR
- This will eliminate the need for the anticoagulant tracking record
- This tracking area provides a visual display of the patients anticoagulation response

500
/ 44



SUI	SUCTION: ETT/Trach/NT/OT				
	Heparin units/hr				
	Heparin bolus (units) or PTT				
	GLUCOSE				
	INSULIN u/hr or DEXTROSE				
VASOACTIVE MEDS CHART DOSE/HOUR	Weight _____ kg				
	INITIALS				

Expected Documentation:

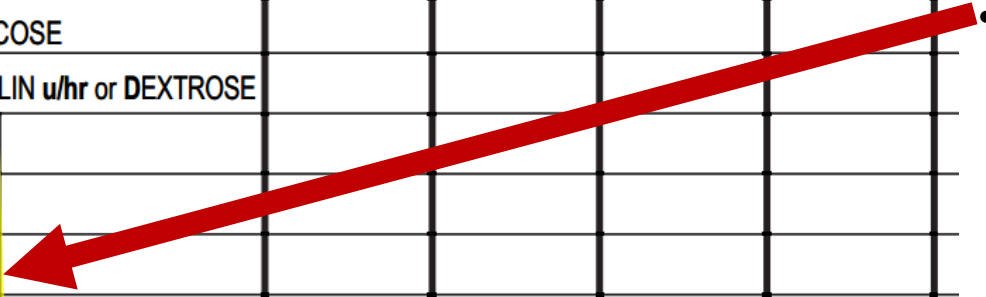
- A row has been added to record insulin u/hr or DEXTROSE to display glycemic control more clearly
- Medications must also be recorded in the MAR



SUI	SUCTION: ETT/Trach/NT/OT				
	Heparin units/hr				
	Heparin bolus (units) or PTT				
	GLUCOSE				
	INSULIN u/hr or DEXTROSE				
VASOACTIVE MEDS CHART DOSE/HOUR	Weight _____ kg				
	Weight _____				
	INITIALS				

Expected Documentation:

- Enter the patient's weight on the graphic here to make it easier to calculate dose/kg/hr.
- Additional lines have been added for vasoactive infusion.



Rectal Exam						
Comfort: Refer to pain, sedation and delirium scales.	Sleep Codes					
NSR (0-10) or CPOT (0-8)						
VAMAAS						
SWAP Pass/Fail						
EPS/NMS (+* or -)						
SLEEP						

Expected Documentation:

- Delirium has been removed from this tracking area in the neurological sections as it is a once per shift assessment, recorded on the AI
- Swap and EPS/NMS are here for use if a SWAP or EPS/NMS assessment is performed after the start of shift assessment. The same way we have a spot for pain and sedation assessment.