# **Example Of Narrative Charting For Nurses**

# **Example of Narrative Charting for Nurses: A Comprehensive Guide**

Nursing is a demanding profession requiring meticulous record-keeping. Narrative charting, a cornerstone of patient documentation, allows nurses to tell the story of a patient's care in a clear, concise, and chronological manner. But crafting effective narrative charts can feel daunting. This comprehensive guide provides clear examples of narrative charting for nurses, walking you through the process and highlighting best practices to ensure accurate, complete, and legally sound documentation. We'll cover everything from basic elements to advanced techniques, equipping you with the skills to confidently document patient care. Let's dive in!

# What is Narrative Charting?

Narrative charting is a method of documenting patient care using a story-like format. Unlike problem-oriented charting (POMR) or other structured systems, narrative charting offers flexibility, allowing nurses to freely describe patient assessments, interventions, and responses. It emphasizes a chronological order, providing a clear timeline of events. While offering freedom, this necessitates precise language and a focus on factual details to avoid ambiguity or misinterpretations.

#### **Key Elements of Effective Narrative Charting**

Effective narrative charting hinges on several crucial elements:

Factual Accuracy: Only record observable facts. Avoid opinions or subjective interpretations. "Patient appeared anxious" is acceptable; "Patient was being difficult" is not.

Chronological Order: Document events as they occur, using timestamps for clarity. This helps build a clear timeline of the patient's progress and care.

Completeness: Include all relevant information, ensuring no gaps in the patient's care story. This includes assessments, interventions, medications administered, patient responses, and any significant changes in condition.

Clarity and Conciseness: Use precise and straightforward language, avoiding jargon or medical abbreviations unless universally understood within your healthcare setting. Be concise without sacrificing important details.

Legibility: Ensure your handwriting is neat and easy to read. If using electronic charting, follow all system guidelines for formatting and legibility.

### **Example of Narrative Charting: Scenario 1 - Post-Operative Patient**

Patient: Jane Doe, 65-year-old female, post-abdominal surgery

Date/Time: October 26, 2024, 07:00 AM

Entry: Patient awake and alert. Vital signs stable: BP 120/80, HR 72, RR 16, Temp 98.6°F (oral). Incision site clean, dry, and intact with minimal drainage. Patient reports mild incisional pain (rated 3/10 on pain scale) relieved by prescribed morphine sulfate 2mg IV every 4 hours PRN. Patient ambulated to bathroom with assistance; tolerated well. Instructed patient on deep breathing exercises and incentive spirometry; patient demonstrated correct technique. Patient received 1000 mL of IV fluids since midnight. Ordered breakfast consumed with good appetite. Patient's emotional state is positive and cooperative.

#### **Example of Narrative Charting: Scenario 2 - Patient with Respiratory Distress**

Patient: John Smith, 78-year-old male, presenting with shortness of breath.

Date/Time: October 26, 2024, 14:30 PM

Entry: Patient presented to the emergency department complaining of shortness of breath and chest tightness. Respiratory rate 30 breaths/minute, shallow and labored. Oxygen saturation 88% on room air. Auscultation revealed crackles in the bilateral lung bases. Patient appears anxious and diaphoretic. Oxygen therapy initiated via nasal cannula at 2 L/min. ECG performed, showing sinus tachycardia. IV access established with normal saline infusing at 100 mL/hour. Albuterol nebulizer treatment administered; patient reported slight improvement in breathing after treatment. Respiratory therapist notified and consulted. Oxygen saturation improved to 92% on 2 L/min oxygen. Patient remains anxious but more comfortable. Further assessment and monitoring ongoing.

#### **Advanced Techniques in Narrative Charting**

Beyond basic documentation, consider these advanced techniques:

Using DAR (Data, Action, Response): This structured approach simplifies complex entries by clearly separating data, actions taken, and patient responses.

Integrating PIE (Problem, Intervention, Evaluation): Similar to DAR, PIE focuses on identifying problems, detailing interventions, and evaluating their effectiveness. This is particularly useful for tracking progress on specific patient issues.

Focusing on the Patient's Perspective: Whenever possible and appropriate, include the patient's own description of their symptoms and experiences. This provides a more holistic view of their care.

# **Avoiding Common Pitfalls in Narrative Charting**

Avoid generalizations: Use specific and measurable data whenever possible. Instead of "patient is doing well," document specific vitals and observations.

Don't leave gaps: Ensure a continuous flow of information, connecting events and explaining any significant changes in the patient's condition.

Never alter or erase entries: If a mistake is made, draw a single line through the error, initial it, and date the correction.

#### Conclusion

Narrative charting, while seemingly simple, requires careful attention to detail and a strong understanding of medical terminology and legal requirements. By mastering the elements discussed above and practicing consistently, nurses can create clear, accurate, and legally sound documentation that tells the complete story of patient care. Remember, thorough charting is not just about fulfilling administrative requirements; it's a critical component of ensuring patient safety and providing high-quality care.

#### FAQs

1. What are the legal implications of inaccurate narrative charting? Inaccurate or incomplete charting can lead to legal repercussions, including malpractice lawsuits. Accurate documentation protects both the patient and the nurse.

2. Can I use abbreviations in narrative charting? Only use universally accepted abbreviations within your healthcare setting. Avoid using ambiguous or unclear abbreviations that could lead to misinterpretations.

3. How can I improve my narrative charting skills? Practice regularly, participate in continuing education courses on documentation, and seek feedback from experienced nurses or supervisors.

4. What is the difference between narrative charting and SOAP notes? SOAP (Subjective, Objective, Assessment, Plan) notes are a structured form of charting, while narrative charting allows for more flexible, free-flowing documentation.

5. Are there any software tools that can assist with narrative charting? Many electronic health record (EHR) systems incorporate features that support narrative charting, offering tools for improved organization and efficiency.

example of narrative charting for nurses: Nursing Narrative Note Examples to Save Your License Lena Empyema, 2020-01-06 Nursing can be nuts. On a twelve-hour shift, the last thing most nurses want to do is sit down and draft a lengthy note describing the craziness that occurred. Written by a nurse, for nurses, this book is chock full of narrative note examples describing hypothetical situations to help you describe the, well, the indescribable. Some shifts are just like that!

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compromised human dignity. The book includes over 70 care plans that translate theory into clinical practice.Online Tutoring powered by Smarthinking--Free online tutoring, powered by Smarthinking, gives students access to expert nursing and allied health science educators whose mission, like yours, is to achieve success. Students can access live tutoring support, critiques of written work, and other valuable tools.

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example of narrative charting for nurses: Charting Spiritual Care Simon Peng-Keller, David Neuhold, 2020-08-10 This open access volume is the first academic book on the controversial issue of including spiritual care in integrated electronic medical records (EMR). Based on an international study group comprising researchers from Europe (The Netherlands, Belgium and Switzerland), the United States, Canada, and Australia, this edited collection provides an overview of different charting practices and experiences in various countries and healthcare contexts. Encompassing case studies and analyses of theological, ethical, legal, healthcare policy, and practical issues, the volume is a groundbreaking reference for future discussion, research, and strategic planning for inter- or multi-faith healthcare chaplains and other spiritual care providers involved in the new field of documenting spiritual care in EMR. Topics explored among the chapters include: Spiritual Care Charting/Documenting/Recording/Assessment Charting Spiritual Care: Psychiatric and Psychotherapeutic Aspects Palliative Chaplain Spiritual Assessment Progress Notes Charting Spiritual Care: Ethical Perspectives Charting Spiritual Care in Digital Health: Analyses and Perspectives Charting Spiritual Care: The Emerging Role of Chaplaincy Records in Global Health Care is an essential resource for researchers in interprofessional spiritual care and healthcare chaplaincy, healthcare chaplains and other spiritual caregivers (nurses, physicians, psychologists, etc.), practical theologians and health ethicists, and church and denominational representatives.

example of narrative charting for nurses: The Future of Nursing 2020-2030 National Academies of Sciences Engineering and Medicine, Committee on the Future of Nursing 2020-2030, 2021-09-30 The decade ahead will test the nation's nearly 4 million nurses in new and complex ways. Nurses live and work at the intersection of health, education, and communities. Nurses work in a wide array of settings and practice at a range of professional levels. They are often the first and most frequent line of contact with people of all backgrounds and experiences seeking care and they represent the largest of the health care professions. A nation cannot fully thrive until everyone - no matter who they are, where they live, or how much money they make - can live their healthiest possible life, and helping people live their healthiest life is and has always been the essential role of nurses. Nurses have a critical role to play in achieving the goal of health equity, but they need robust education, supportive work environments, and autonomy. Accordingly, at the request of the Robert Wood Johnson Foundation, on behalf of the National Academy of Medicine, an ad hoc committee under the auspices of the National Academies of Sciences, Engineering, and Medicine conducted a study aimed at envisioning and charting a path forward for the nursing profession to help reduce inequities in people's ability to achieve their full health potential. The ultimate goal is the achievement of health equity in the United States built on strengthened nursing capacity and expertise. By leveraging these attributes, nursing will help to create and contribute comprehensively to equitable public health and health care systems that are designed to work for everyone. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity explores how nurses can work to reduce health disparities and promote equity, while keeping costs at bay, utilizing technology, and maintaining patient and family-focused care into 2030. This work builds on the foundation set out by The Future of Nursing: Leading Change, Advancing Health (2011) report.

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**example of narrative charting for nurses:** <u>Illustrated Manual of Nursing Practice</u>, 2002 Completely revised and updated, this broad yet comprehensive edition contains twenty-nine chapters on nursing issues and clinical practice. Topics cover practice and process, documentation, legal issues, health promotion, physical assessment, I.V. therapy, surgical care, and more. Disorders are organized by body system and feature an overview of anatomy and physiology, assessment, diagnostic tests, medication, treatment, and home care, with coverage of care for maternal-neonatal, pediatric, geriatric, emergency, and psychiatric patients. Added features include grabbing nursing procedure graphics, complementary therapies, clinical pathways, and cultural information. Over 1,000 illustrations, charts, and graphs enhance the text, with a new appendix relating Internet sites for nurses.

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**example of narrative charting for nurses:** Foundations and Adult Health Nursing - E-Book Barbara Lauritsen Christensen, Elaine Oden Kockrow, 2013-12-27 Part of the popular LPN Threads series, this comprehensive text includes in-depth discussions of fundamental concepts and skills, plus medical-surgical content to help you provide safe and effective care in the fast-paced healthcare environment. Easy-to-read content, an enhanced focus on preparing for the NCLEX® Examination, and a wealth of tips and study tools make Foundations and Adult Health Nursing, 6th Edition, your must-have text!

**example of narrative charting for nurses:** Lippincott's Textbook for Nursing Assistants Pamela J. Carter, 2007-06-01 Now in its Second Edition, this textbook prepares students to work as nursing assistants in long-term care, acute care, and home health care settings, and provides a firm foundation for advancement to an LPN and ultimately an RN role. The book is written in a direct, conversational writing style with an emphasis on professionalism and humanism. This edition is significantly updated and has new photographs and illustrations. A front-of-book CD-ROM includes an audio glossary. An audiobook version of the entire text in MP3 format is available as a separate purchase. A student-edition DVD, containing selected procedures from Lippincott's Video Series for Nursing Assistants, is also available as a separate purchase.

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