

- **DOCUMENTATION IN PSYCHIATRIC NURSING**

- **PROBLEM ORIENTED RECORDING**

- Established by **Lawrence Weed** in 1960s.
- The data are **arranged according to the problems** the client has rather than the source of the information.
- Member of the health team contribute to the **problem list, plan of care, and progress notes.**

- **FDAR**

- **FOCUS CHARTING**

- A method of charting that uses key words or foci to describe what is happening to the client.

- **3 COLUMNS OF RECORDING** are usually used:

- 1. DATA and time

- 2. Focus

- 3. Progress notes

- ❖ The Progress Notes are organized into: DAR

- ✓ DATA

- ✓ ACTION

- ✓ RESPONSE

- **DATA**

- category reflects the assessment phase of the nursing process and consists of observation of client status and behaviors, including data from flow sheet (e.g. Vital signs).

- The nurse records both subjective and objective data in this section.

- **ACTION**

- Category reflects planning and implementation and includes immediate and future nursing actions.

- It also include any changes to the plan of care.

- **PROGRESS NOTES**

- RESPONSE:**

- Category reflects the evaluation phase of the nursing process and describes the client's response to any nursing and medical care.

- Sample Charting:

- NARRATIVE RECORDING**

- Is a traditional part of the source-oriented record.

- **SOURCE-ORIENTED RECORD:** is a traditional client record.

- Each person or department makes notations in a separate section or sections of the client's chart.

- Ex.

- **The Admission Department:** Admission sheet.

- **The physician:** physician's order/Doctor's order sheet.

- **The nurses:** Nurse's notes

- **Narrative Recording**

- In this type of record, information about a particular problem is distributed throughout the record.

- It consists of written notes that include routine care, normal findings, and client problems.

- There is no right or wrong order to the information, although chronological order is frequently used.

-

- **PROCESS RECORDING**

- Is a verbatim (word -for- word) account of conversation.

- It can be taped or written and includes all verbal and nonverbal interactions of both the client and nurse.

- One method of writing a process recording is to make two columns on a page.

- First column: list what the nurse and client said along with the associated nonverbal behavior.

- Second column: contains an analysis about the nurse's responses.

Psychiatric Nursing Documentation Training

Camilla Rothe



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Table of Contents Psychiatric Nursing Documentation Training

1. Understanding the eBook Psychiatric Nursing Documentation Training
 - The Rise of Digital Reading Psychiatric Nursing Documentation Training
 - Advantages of eBooks Over Traditional Books
2. Identifying Psychiatric Nursing Documentation Training
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Psychiatric Nursing Documentation Training
 - User-Friendly Interface
4. Exploring eBook Recommendations from Psychiatric Nursing Documentation Training
 - Personalized Recommendations
 - Psychiatric Nursing Documentation Training User Reviews and Ratings
 - Psychiatric Nursing Documentation Training and Bestseller Lists

5. Accessing Psychiatric Nursing Documentation Training Free and Paid eBooks
 - Psychiatric Nursing Documentation Training Public Domain eBooks
 - Psychiatric Nursing Documentation Training eBook Subscription Services
 - Psychiatric Nursing Documentation Training Budget-Friendly Options
6. Navigating Psychiatric Nursing Documentation Training eBook Formats
 - ePub, PDF, MOBI, and More
 - Psychiatric Nursing Documentation Training Compatibility with Devices
 - Psychiatric Nursing Documentation Training Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Psychiatric Nursing Documentation Training
 - Highlighting and Note-Taking Psychiatric Nursing Documentation Training
 - Interactive Elements Psychiatric Nursing Documentation Training
8. Staying Engaged with Psychiatric Nursing Documentation Training
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Psychiatric Nursing Documentation Training
9. Balancing eBooks and Physical Books Psychiatric Nursing Documentation Training
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Psychiatric Nursing Documentation Training
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Psychiatric Nursing Documentation Training
 - Setting Reading Goals Psychiatric Nursing Documentation Training
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Psychiatric Nursing Documentation Training
 - Fact-Checking eBook Content of Psychiatric Nursing Documentation Training
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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