Dear Mary

by Mary Annas

Dear Mary is a monthly feature in which readers can ask about any nursing care issue that concerns them. Answers will be supplied by Mary Annas or a consulting nurse, physician, lawyer, or ethicist where appropriate. Readers are also invited to comment on the answers. Letters to Dear Mary may be handwritten. All inquiries should be addressed to Mary Annas, Nursing Law & Ethics, P.O. Box 9026, JFK Station, Boston, MA 02114.

Dear Readers:

Nursing Law and Ethics and "Dear Mary" are now more than a year old. I'd like to thank all of you who have responded to this column for taking the time to write and for the thoughtfulness of your responses. Several people have said that they enjoyed the column a lot, but would like to see it "branch out" and have more diversity by addressing issues which pertain to a certain specialty of nursing, such as geriatric care, especially in relation to nursing home patients, elderly patients treated in day and evening clinics, etc. Others would like more emphasis on adolescent medical care and the problems confronting those who deal with this age group.

One issue that troubled a few people in the first months was the title of this column. Since I've had no comments on the title for the past 8 months I think most readers have come to regard this as a minor issue (as I had from the beginning), or one that has been settled.

My own priorities for "Dear Mary" this year are diverse and hopefully will be stimulating to readers. I'd like to encourage more of you to comment on both the questions and my responses. (Remember, letters to this column need not be typed.) I am also considering the idea of a specific topic for readers to give their opinions on each month. Letters would center around a particular problem or issue, announced in advance.

Please feel free to send in your letters and comments at P.O. Box 9026, Boston, MA 02114.

Mary Annas

Dear Mary,

It is the policy where I work for nurses, occupational therapists, physical therapists, respiratory therapists, and doctors to chart on the same notes. All are filed under "progress" in a patient's chart. Recently some doctors have complained that "nurses are charting too much," *i.e.*, nurses are charting routine daily care rather than just changes in a patient's condition. The director of nursing has appealed to the administration and submitted a plan to requisition "nurses notes" that would be separate from the rest of the chart. Her attempt has been unsuccessful and we still have only the regular progress notes to chart on. Several of us are uncomfortable omitting data we consider pertinent, and have continued our usual practice. Some doctors criticize us for doing so. Would you advise us to continue charting as we feel best or record less information?

Lisa
Hanover, New Hampshire

Dear Lisa,

In some hospitals nurses feel that doctors don't even read nursing notes. Your problem does require a solution lest the doctors at your hospital become less inclined to read what nurses have charted on the patients' records.

In dealing with this matter, some hospitals have devised a flow sheet which lists routine procedures, *e.g.*, dressing changes, catheter care, etc., with spaces for initials or comments. These become part of the patient record, are signed by the nurse caring for the patient on each shift, but are not meant to take the place of a S.O.A.P. or narrative progress note. They do, however, provide a quick reference as to routine care given on a particular shift. It often happens, of course, that the S.O.A.P. or regular progress note will contain additional, more detailed information.

As students we are told to document everything. The reason given, other than the obvious need to provide an accurate, complete record, is to make sure that all procedures which may result in a charge to the patient are sufficiently documented so that insurance companies and those responsible for patient bills can see that such procedures were unquestionably performed.

You are right to continue with your usual practice until the administration comes up with an alternate plan or accepts one already submitted to it. You might explain to the doctors who complain that the current procedure is under review and may soon be revised. However, though the doctors may still object, your responsibility is to the patient's well-being, and that includes maintaining accurate, complete charts.

Dear Mary,

I work in a small private hospital in Vermont. I graduated from a large teaching hospital program and have had some problems adjusting to the routines and policies of a hospital staffed only by private physicians. I often have trouble deciding when to call a doctor regarding a patient's condition. It's one thing when house staff are always available, but calling a private physician at home, especially when he is covering for someone else and doesn't really know the patient, can be difficult.

I've been criticized for calling when the doctor claimed I could have made the decision myself or that my question could have waited till morning. Can you comment?

Pam
Montpelier, Vermont

Dear Pam,

Though responding to your question is difficult because of the lack of clinical specifics, here are some general ideas on the subject.

In hospitals that don't have house staff, the on-call system provides continuous medical coverage without requiring every doctor to be in the hospital twenty-four hours a day. There is security in having house staff always available, especially on nights and evenings. But in less populated areas the on-call system makes sense, though, as you have discovered, there can be problems with it.

When talking to an on-call physician, it can be helpful to give a short report including the patient's condition and relevant history. In private hospitals several days have sometimes elapsed since the physician has seen the patient, and ordinary progress or deterioration may not have been reported.

Consider talking with your supervisor to discuss both the specific (protested) incidents and the general question of when to call the patient's physician. Perhaps your supervisor can offer some guidelines to aid you in making these decisions.

Nurses are, as usual, caught in the middle on this one. You were criticized for calling. But if the patient had deteriorated or suffered because the doctor was not called, you'd have been criticized even more — and with justification.

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