



Documentation

a critical aspect of client care

5.4 Contact Hours | \$30*

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Documentation is designed to reinforce the importance of documenting patient care. Documentation is the best evidence that a nurse has adhered to the nursing standard of care. This course provides examples of various types of charting and highlights scenarios of correct and incorrect documentation practices. Users get hands-on practice through workbook exercises.

Course Authors

This course was developed by the National Council of State Boards of Nursing (NCSBN) and written by Kathleen Laganá, RN, PhD, PCNS.

Who Should Take This Course?

This program is for every nurse in every practice setting at every level of practice.



Recognize

documentation as a critical aspect of client care and the multiple purposes of medical record documentation.

Identify

characteristics of effective documentation methods and the role of the nursing process in client care documentation.

Review

common documentation errors related to patient injury and documentation errors associated with litigation.

Compare

challenges and advantages of electronic documentation.

Cite

documentation requirements in the Nurse Practice Act.

* Prices subject to change. Please check online for current pricing.

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DOC1110

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