

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

An evaluation of nursing documentation
as it relates to pro re nata (prn) medication
administration.

A research report presented in partial fulfillment of
the requirements for the degree of

Master of Nursing
in
Mental Health

at Massey University, Albany Campus,
New Zealand.

Frances Heather Jenkinson

2003

Abstract

Aims of the project:

1. To investigate if documentation related to pro re nata (Latin, prn) medication administration by mental health nurses, in a particular Forensic Psychiatry Clinic, in a metropolitan city in New Zealand, complies with the requirements of the National Mental Health Sector Standards (Ministry of Health, 1997), the specific District Health Board's policies, the local policies of the Forensic Psychiatry Clinic, the Code of Conduct for Nurses and Midwives (Nursing Council of New Zealand, 1999) and follows the nursing process.
2. To investigate whether there are any variations in the documentation practices between nursing shifts.

Methods: A retrospective file audit was conducted at a forensic psychiatry clinic in a city in New Zealand. Non-random sampling was used. Data was collected from all admissions in 2002 that had prn medication administered during the first four weeks. A document questionnaire was designed to capture the required data to answer the research questions

Results: From the sample of 27 files data was collected from up to 170 nursing entries. This was primarily a descriptive and exploratory study. None of the nursing entries met all the requirements of the National Mental Health Sector Standards (Ministry of Health, 1997), company policies, local area policies and/or the Code of Conduct for Nurses and Midwives (Nursing Council of New Zealand, 1999) in relation to nursing documentation. Nearly 47% of the prn medication administered had no documentation, apart from that in the medication-recording chart, to indicate it had been given. Approximately 85% of prn administrations had no evidence of an assessment prior to administration. Where it was documented that a client had requested medication, nearly 82% had no evidence of assessment. A large number of prn medications were administered from prescriptions that did not meet legal or policy requirements. Evidence of planning was lacking in the documentation with nearly 98% of the notes not indicating the rationale for a choice of route of administration where this was permitted on the prescription. No nursing entry offered a rationale for the choice of dose where this was allowed. The name of the medication, dose, route and/or time administered was frequently missing. Of the prn administrations considered for an outcome, nearly 60% had no documented outcome. Little difference was found in the nursing documentation between the shifts. However it was noted that for day and afternoon shift, the earlier in the shift the medication was administered the less likely there was to be any mention of the medication being administered.

Conclusion: The findings established extremely poor documentation practices. The lack of evidence of patient assessment, prior to administration of the medication in the documentation, raises the issue of whether this is being done prior to prn medication administration or simply not being documented. The documentation left questions about decision making in the planning of administration. The large number of medication administrations lacking a documented outcome raises uncertainty about nurses' knowledge of evaluating care, or even whether they are actually evaluating the care given. As a result of these findings, it is recommended that further research in this area be undertaken in New Zealand.

*This work is dedicated to my mother
who passed away in March 2003
and gave me
so much encouragement.*

Acknowledgements

I would like to thank my supervisor Dr M. J. Nicol for his support and advice during the past year. I would also like to give special thanks to the management and my fellow nurses at the local forensic psychiatry clinic, New Zealand for their ongoing support and encouragement over the last four years. Sincere thanks must also be given to the local District Health Board and forensic psychiatry clinic for permission to carry out this project. A final thanks to my husband Len for his patience and enduring life as an 'academic widower' whilst I studied.

Table of Contents

AIMS OF THE PROJECT	1
INTRODUCTION	2
LITERATURE REVIEW	4
THE IMPORTANCE OF NURSES' DOCUMENTATION	4
QUALITY OF DOCUMENTATION	4
WHY NURSES DO NOT DOCUMENT	5
PRN MEDICATION ADMINISTRATION	6
PRN MEDICATION DOCUMENTATION	7
METHODOLOGY	10
THEORETICAL FRAMEWORK	10
METHOD	10
ETHICS	10
DEVELOPMENT OF THE RESEARCH TOOL	11
VALIDITY AND RELIABILITY	12
SAMPLING	12
DATA COLLECTION	13
DATA ANALYSIS	13
DEFINITION OF TERM	13
RESULTS	14
SAMPLE CHARACTERISTICS	14
BASIC DOCUMENTATION REQUIREMENTS	14
ASSESSMENT DOCUMENTATION REQUIREMENTS	15
PLANNING DOCUMENTATION REQUIREMENTS	18
INTERVENTION DOCUMENTATION REQUIREMENTS	19
OUTCOME OR EVALUATION DOCUMENTATION REQUIREMENTS ...	19
NURSING SHIFT DOCUMENTATION DIFFERENCE	22
Assessment documentation per nursing shift	23
Planning documentation per nursing shift	26
Intervention documentation per nursing shift	27
Outcome documentation per nursing shift	29
DISCUSSION	31
LIMITATIONS	36
RECOMMENDATIONS	38
CONCLUSION	39
REFERENCES	40
APPENDIX A: Documentation requirements	44
APPENDIX B: Data collection questionnaire	46
APPENDIX C: Occurrence of variables	53
APPENDIX D: Number of prn doses administered per drug per week	54
APPENDIX E: Number of prn administrations per time of day	55
APPENDIX F: Documented evidence of assessment per drug	56
APPENDIX G: Documented evidence of assessment per nursing rank	62
APPENDIX H: Documented evidence of assessment per prescription and non-prescription drug	64
APPENDIX I: Prescription non-compliance	65
APPENDIX J: Documented evidence of outcome per drug	67
APPENDIX K: Documented evidence of outcome per nursing rank	72
APPENDIX L: Prn medication administered per nursing shift	74
APPENDIX M: Assessment per nursing shift	75
APPENDIX N: Prescription/non-prescription assessment per nursing shift	77
APPENDIX O: Documented evidence of assessment per nursing shift and drug	81
APPENDIX P: Outcome documentation per nursing shift	94

List of Tables

TABLE 1:	Summary of documentation errors by nurses.....	8
TABLE 2:	Basic requirements present in nursing entries.....	15
TABLE 3:	Categories of assessment.....	16
TABLE 4:	Frequency of documented evidence of assessment.....	17
TABLE 5:	No documented evidence of assessment per medication	17
TABLE 6:	Categories of outcome.....	21
TABLE 7:	Frequency of documented evidence of outcome.....	21
TABLE 8:	Basic requirements per nursing shift.....	23
TABLE 9:	No documented assessment per prescription/non-prescription medications per nursing shift.....	24
TABLE 10:	Source of information as documented by nursing staff.....	25
TABLE 11:	Nursing shift comparisons of prn medication being administered for what it was prescribed.....	27
TABLE 12:	Medications administered per nursing shift with no documented evidence of administration in nursing notes.....	29
TABLE F1:	Benztropine – frequency of documented evidence of assessment	56
TABLE F2:	Chlorpromazine - frequency of documented evidence of assessment	56
TABLE F3:	Clonazepam - frequency of documented evidence of assessment	57
TABLE F4:	Haloperidol - frequency of documented evidence of assessment	57
TABLE F5:	Zopiclone - frequency of documented evidence of assessment	58
TABLE F6:	Lactulose - frequency of documented evidence of assessment	58
TABLE F7:	Lorazepam - frequency of documented evidence of assessment.....	59
TABLE F8:	Mylanta - frequency of documented evidence of assessment.....	59
TABLE F9:	Panadeine - frequency of documented evidence of assessment.....	60
TABLE F10:	Paracetamol - frequency of documented evidence of assessment.....	60
TABLE F11:	Salbutamol - frequency of documented evidence of assessment.....	61
TABLE F12:	Voltaren - frequency of documented evidence of assessment.....	61
TABLE G1:	Frequency of RN's documented evidence of assessment.....	62
TABLE G2:	Frequency of ENs' documented evidence of assessment.....	62
TABLE G3:	Frequency of HAs' documented evidence of assessment.....	63
TABLE G4:	Frequency of Unknown nursing rank's documented evidence of assessment.....	63
TABLE H1:	Frequency of assessment per prescription drugs.....	64
TABLE H1:	Frequency of assessment per non-prescription drugs.....	64
TABLE I1:	Prescriptions without a frequency and number of administrations.....	65
TABLE I2:	Prescriptions without a maximum dose in 24 hours and number of administrations.....	65
TABLE I3:	Prescriptions without an indication and number of administrations.....	66
TABLE J1:	Benztropine - frequency of documented outcome.....	67
TABLE J2:	Chlorpromazine - frequency of documented outcome.....	67
TABLE J3:	Clonazepam - frequency of documented outcome.....	68
TABLE J4:	Haloperidol - frequency of documented outcome.....	68
TABLE J5:	Zopiclone - frequency of documented outcome.....	69
TABLE J6:	Lactulose - frequency of documented outcome.....	69
TABLE J7:	Lorazepam - frequency of documented outcome.....	70
TABLE J8:	Mylanta - frequency of documented outcome.....	70
TABLE J9:	Panadeine - frequency of documented outcome.....	71
TABLE J10:	Paracetamol - frequency of documented outcome.....	71
TABLE K1:	Frequency of documented outcome by RNs.....	72
TABLE K2:	Frequency of documented outcome by ENs.....	72
TABLE K3:	Frequency of documented outcome by Has.....	73
TABLE K4:	Frequency of documented outcome by unknown rank.....	73
TABLE M1:	Day shift frequency of documented evidence of assessment.....	75
TABLE M2:	Afternoon shift frequency of documented evidence of assessment.....	75
TABLE M3:	Night shift frequency of documented evidence of assessment.....	76
TABLE N1:	Frequency of assessment by day shift.....	77
TABLE N2:	Frequency of assessment by afternoon shift.....	77
TABLE N3:	Frequency of assessment by night shift.....	78
TABLE N4:	Frequency of assessment by day shift.....	78

TABLE N5:	Frequency of assessment by afternoon shift.....	79
TABLE N6:	Frequency of assessment by night shift.....	79
TABLE N7:	Combined prescription medication assessment per shift.....	80
TABLE N8:	Combined non-prescription medication assessment per shift.....	80
TABLE O1:	Benztropine – day shift - frequency of documented assessment.....	81
TABLE O2:	Benztropine – afternoon shift - frequency of documented assessment.....	81
TABLE O3:	Chlorpromazine - day shift - frequency of documented assessment.....	82
TABLE O4:	Chlorpromazine - afternoon shift - frequency of documented assessment.....	82
TABLE O5:	Chlorpromazine - night shift - frequency of documented assessment.....	83
TABLE O6:	Clonazepam - day shift - frequency of documented assessment.....	83
TABLE O7:	Clonazepam - afternoon shift - frequency of documented assessment.....	84
TABLE O8:	Clonazepam - night shift - frequency of documented assessment.....	84
TABLE O9:	Haloperidol - afternoon shift - frequency of documented assessment.....	85
TABLE O10:	Zopiclone - afternoon shift - frequency of documented assessment.....	85
TABLE O11:	Zopiclone - night shift - frequency of documented assessment.....	86
TABLE O12:	Lactulose - day shift - frequency of documented assessment.....	86
TABLE O13:	Lactulose - afternoon shift - frequency of documented assessment.....	87
TABLE O14:	Lorazepam - day shift - frequency of documented assessment.....	87
TABLE O15:	Lorazepam - afternoon shift - frequency of documented assessment.....	88
TABLE O16:	Lorazepam - night shift - frequency of documented assessment.....	88
TABLE O17:	Mylanta – day shift - frequency of documented assessment.....	89
TABLE O18:	Mylanta - afternoon shift - frequency of documented assessment.....	89
TABLE O19:	Mylanta - night shift - frequency of documented assessment.....	90
TABLE O20:	Panadeine - day shift - frequency of documented assessment.....	90
TABLE O21:	Panadeine - afternoon shift - frequency of documented assessment.....	91
TABLE O22:	Paracetamol – day shift - frequency of documented assessment.....	91
TABLE O23:	Paracetamol - afternoon shift - frequency of documented assessment.....	92
TABLE O24:	Paracetamol - night shift - frequency of documented assessment.....	92
TABLE O25:	Salbutamol inhaler - day shift - frequency of documented assessment.....	93
TABLE O26:	Voltaren - afternoon shift - frequency of documented assessment.....	93
TABLE P1:	Quality of outcome documentation by day shift nursing staff.....	94
TABLE P2:	Quality of outcome documentation by afternoon shift nursing staff.....	94
TABLE P3:	Quality of outcome documentation by night shift nursing staff.....	94

Aims of the Project

The aims of this project are as follows:

1. To investigate if documentation related to prn medication administration by mental health nurses, in a particular forensic psychiatry clinic, in a metropolitan city in New Zealand, complies with the requirements of the National Mental Health Sector Standards (Ministry of Health, 1997), the specific District Health Board's policies, the local policies of the Forensic Psychiatry Clinic, the Code of Conduct for Nurses and Midwives (Nursing Council of New Zealand, 1999) and follows the nursing process.
2. To investigate whether there are any variations in the documentation practices between nursing shifts.