RECORD

Facts • Times • Assessments • Actions • Notifications

Build the timeline

When was the concern identified? Who observed what, and when?

Describe the facts

Record objective observations, assessment findings and relevant resident statements without speculation.

Account for actions

What interventions occurred, who was notified, when, and what was the response?

Close the loop

Document reassessments, outcomes, handoff and follow-up per your organization’s charting policies.

Educational reflection aid. Follow current orders, scope of practice and workplace policies. Do not record patient identifiers on this handout.