



Team Name: Acute Care	Reference Number: CLI.4510.PR.002
Team Lead: Director: Acute Community Hospitals	Program Area: Across Hospital Units
Approved by: Regional Lead – Acute Care & Chief Nursing Officer	Policy Section: General
Issue Date: December 17, 2018	Subject: Chart Forms – Acute Care
Review Date:	
Revision Date: January 16, 2023	

PROCEDURE SUBJECT:
Chart Forms – Acute Care

PURPOSE:
To ensure that high quality forms are used in acute care health records.

To ensure that staff have access to indications and directions for use of standardized regional approved chart forms not attached to other specific policies, guidelines or procedures.

- PROCEDURE:**
1. For printing of approved chart forms, access the activated links below and print required form(s). Do not photocopy.
 2. Review directions for use and documentation expectations specific to each form included within supporting documents below.

Integrated Progress Notes (IPN)	<i>Directions</i>
Frequent Monitoring Record	<i>Directions</i>
Cardiac Rhythm Strip Record	<i>Directions</i>
Neurological Assessment Record: Acute Care	<i>Directions</i>
Signature Record	<i>Directions</i>
Prescriber Order Sheet	<i>Directions</i>
Clinical Record	<i>Directions</i>
Patient Assessment Flowsheet	<i>Directions</i>
Medication Administration Record (MAR) : STAT and Non-Recurring Medications	<i>Directions</i>
Medication Administration Record (MAR): Scheduled	<i>Directions</i>
Medication Administration Record (MAR): PRN	<i>Directions</i>
Fluid Balance Record – 8 Hours	<i>Directions</i>
Fluid Balance Record – 12 Hours	<i>Directions</i>

SUPPORTING DOCUMENTS:

CLI.4510.PR.002.FORM.01	Integrated Progress Notes (IPN)
CLI.4510.PR.002.FORM.02	Frequent Monitoring Record
CLI.4510.PR.002.FORM.03	Cardiac Rhythm Strip Record
CLI.4510.PR.002.FORM.04	Neurological Assessment Record: Acute Care
CLI.4510.PR.002.FORM.05	Signature Record
CLI.4510.PR.002.FORM.06	Clinical Record
CLI.4510.PR.002.FORM.07	Patient Assessment Flowsheet
CLI.4510.PR.002.FORM.08	Medication Administration Record (MAR): STAT and Non-Recurring
CLI.4510.PR.002.FORM.09	Medication Administration Record (MAR): Scheduled
CLI.4510.PR.002.FORM.10	Medication Administration Record (MAR): PRN
CLI.4510.PR.002.FORM.11	Fluid Balance Record – 8 Hours
CLI.4510.PR.002.FORM.12	Fluid Balance Record – 12 Hours
CLI.4510.PR.002.FORM.13	Prescriber Order Sheet
CLI.4510.PR.002.SD.01	Integrated Progress Notes (IPN): Directions
CLI.4510.PR.002.SD.02	Frequent Monitoring Record: Directions
CLI.4510.PR.002.SD.03	Cardiac Rhythm Strip Record: Directions
CLI.4510.PR.002.SD.04	Neurological Assessment Record: Acute Care: Directions
CLI.4510.PR.002.SD.05	Signature Record: Directions
CLI.4510.PR.002.SD.06	Clinical Record: Directions
CLI.4510.PR.002.SD.07	Patient Assessment Flowsheet : Directions
CLI.4510.PR.002.SD.08	Medication Administration Record (MAR): STAT and Non-Recurring Medications: Directions
CLI.4510.PR.002.SD.09	Medication Administration Record (MAR): Scheduled: Directions
CLI.4510.PR.002.SD.10	Medication Administration Record (MAR): PRN Directions
CLI.4510.PR.002.SD.11	Fluid Balance Record – 8 Hours: Directions
CLI.4510.PR.002.SD.12	Fluid Balance Record – 12 Hours: Directions
CLI.4510.PR.002.SD.13	Prescriber Order Sheet: Directions