



Rancho Los Amigos National Rehabilitation Center  
**DEPARTMENT OF NURSING**  
**ADMINISTRATIVE**  
**POLICY AND PROCEDURE**

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**SUBJECT:** Nursing Care and Documentation Guidelines During  
Crisis Conditions

**Policy No.** A122  
**Effective Date:** 12/2020

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**Purpose of Procedure:** To provide guidelines for the delivery of nursing care during crisis conditions. During times of public health emergencies and crisis, the standards of nursing care may need to change. While the primary goal in any disaster is to maintain usual standards of care as much as and for as long as possible, crisis standards of care may need to be implemented on a regional or statewide basis, mandated by resource scarcity. Prior to this point, many changes in practice patterns are appropriate in order to conserve resources and minimize risk to staff without diverging from usual standards of care.

**Definition:**

1. **Pandemic:** The Centers for Disease Control (CDC) defines a pandemic as an epidemic that has spread over several countries or continents, usually affecting a large number of people.
2. **Contingency Planning and Implementation:** The process by which systems through planning aim to protect a basic standard of care for as long as possible. Contingent changes in practice patterns and resource allocation must be undertaken prior to invoking crisis standards of care.
3. **Crisis Standards of Care:** Crisis standards of care are invoked at a regional or state-wide level and are defined as a substantial change in usual health care operations. These changes are made necessary by a pervasive (e.g. pandemic respiratory infection) or catastrophic disaster. It is recognized that this level of care may fall below the usual standard of care in the community.

**Policy:**

Per the American Nurses Association (ANA) (2008)

The most critical standards for clinicians providing care during a crisis situation (after triage has been performed and patients have been transferred for care) are:

- Maximizing worker and patient safety;
- Maintaining airway and breathing, circulation and control of blood loss; and
- Maintaining or establishing infection control

Less important actions could be delayed or assigned to others. For example;

Family members

- Personal hygiene
- Assisted ambulation
- Feeding

Non-licensed personnel

- Blood pressure checks
- Administration of medications
- Documentation of care
- Feeding

As outlined in the ANA standards above, during times of crisis conditions, nursing care and documentation standards may be altered. During or after catastrophic events, nurses are called upon to provide the best care possible given the resources and physical conditions under which they are working. Guided by the ANA principles above, the following document outlines modifications of nursing care and documentation standards under crisis conditions. Nursing care during crisis conditions is defined as those patient care tasks that have higher priority for completion when staff and supply/equipment resources are limited. As the needs of patients increase and resources become limited, patient care services may have to be limited. Treatments may need to be modified based on patient's symptoms. Use of alternative strategies for patient placement may be needed such as placing mattresses on the floor. Although changes to the current practices may be made, the goal will be to continue to provide optimal patient care; while implementing practice pattern changes to conserve resources and decrease exposure.

**A critical element of nursing care during times of crises is reassurance to both the patient and family that while the patterns of nursing care may change – Patient safety will continue to be the priority**

### **Bundling of Care**

The bundling of care is encouraged as part of the contingency and crisis plans. Bundle care activities so they can be accomplished concurrently. Position monitoring equipment such that observations may be made via window without entering room.

### **Crisis Standards of Nursing Care**

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The table below represents only a guideline. Nursing staff and support personnel will always perform the highest possible level of care.

Parameters	ICU	PCU/ Med/Surg & Rehabilitation
Admission (within 12 hours)	<ul style="list-style-type: none"> <li>Allergies</li> <li>Reported Height and Weight</li> <li>Family Contact information</li> <li>Resuscitation Status</li> <li>Screening:</li> <li>Fall Risk</li> <li>Braden</li> <li>Current alcohol or drug use</li> <li>Suicide risk</li> </ul>	<ul style="list-style-type: none"> <li>Allergies</li> <li>Reported Height and Weight</li> <li>Family Contact information</li> <li>Resuscitation Status</li> <li>Screening:</li> <li>Fall Risk</li> <li>Braden</li> <li>Current alcohol or drug use</li> <li>Suicide risk</li> </ul>
Admission Assessment (within 4 hours)	<ul style="list-style-type: none"> <li>Focused on disease or symptoms</li> <li>Example: For COVID-19 patients focus on Respiratory and Cardiovascular</li> </ul>	<ul style="list-style-type: none"> <li>Focused on disease or symptoms</li> <li>Example: For COVID-19 patients focus on Respiratory and Cardiovascular</li> </ul>
Routine Assessment (RN/ LVN)	Q4 hrs	Q shift
Vital Signs & Pain (any staff)	Q2 hrs	Daily based on nursing judgement
Patient observation (Including restraints check) (any staff)	Q2 hrs	Q4 hrs
Narrative Notes (RN & LVN) Summarize significant events or changes by exception only	Q shift	Q shift
IV Site with Continuous Infusion	Q2 hrs	Q4 hrs
Tubes/Catheters	Q Shift based on nursing judgement	Q shift
Patient hygiene Baths/ incontinence care/ G Tube care/ Trach care/ Ostomy care / Foley/Peri- Care	PRN	PRN
Oral Hygiene	Q4 hrs	Daily
Linen change	PRN	PRN
Central line dressing change	Q weekly and PRN	PRN
Wound Dressing	As ordered	As ordered
Respiratory Management Coach patient cough and deep breath and to use Incentive spirometer Suction Patient	PRN	PRN

**Medication Administration**

- Continue appropriate drug and dose administration

- Administer medications using the eight rights (right: patient, drug, route, dose, time, reason, response, document) – Scanning may not be available
- Consider home medications
  - To the extent possible, patients may be encouraged to bring their own medications
  - Collaborate with providers regarding home medications
  - Collaborate with patient taking their home medications and properly document the administration of home medications
  - Nursing to collaborate with pharmacy to ensure that home medication is properly labeled and identified at the patient's bedside.
- If oral therapy is not feasible or indicated consider IM, SQ or IV injections (Refer to Attachment A - Guidelines only initiated when authorized by the Chief Nursing Officer).
- If IV medications must be used, consider alternative methods to include IV push instead of drip, compounding strategies to minimize IVF use such as mixing in drip.
- Discontinue KVO orders
- Collaborate with Nutrition and Pharmacy for rehydration solution
- Coordinate with care team for alternate pain/sedation strategies (e.g. intermittent vs continuous infusions).
- Reserve IV pumps, if limited, for use of critical medications such as hemodynamic support, sedatives, and analgesics.
- Ensure all IV pumps are maintained and charged
- Maintain standards for administration of blood or blood products (note, blood transfusions may need to be limited to only active bleeding states, survivable states; modification of transfusion threshold may be necessary)

#### **Elimination**

- Patients who need assistance – provide bedpan/bedside commode and line bedpan/bucket with plastic bag, so receptacle can be cleaned, and reused by other patients if needed (last option)
- I & O and weighing – completed and documented as needed

#### **Documentation**

- Documentation may need to be completed using downtime forms.

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**Developed by:** Isabel Duff, MSN, RN, Angelica Lopez, MSN, RN, AGCNS-BC, CCRN, CRRN, CNRN, Victoria Alvarenga, MSN, RN, CNS, CRRN & Bincy Mathew, MSN, RN, CMSRN

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*Adapted in part from: Appendix E Delivery of Care Guidelines for Essential Inpatient Nursing Care. Louisiana Department of Health and Hospitals, ESF-8 Health and Medical Section, State Hospital Crisis Standard of Care, Guidelines in Disasters. Version 3.0 August 2014.*

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