ARROWHEAD REGIONAL MEDICAL CENTER
Department of Nursing Policy (NRS)

SECTION:	V. GENERAL NURSING	SUB SECTION:	DOCUMENTATION

SUBJECT: BLOCK CHARTING - MEDICATION TITRATION DOCUMENTATION

APPROVED BY: _____
Chief Nursing Officer

POLICY

I. This policy defines the actions and workflows required to minimize the documentation burden and prioritize patient care during the rapid administration and titration of medications using block charting during emergent/urgent situations as defined in the triggering events section.

II. Block charting is used to document the multiple-dose and rate changes made to an infusion over a period of time and within parameters defined.

III. This policy applies to all patients requiring documentation of titratable continuous medication administration throughout the hospital i.e. patients in care areas which includes but not limited to the Post-Anesthesia Care Units, Emergency Department, Trauma Department.

PROCEDURES

I. Triggering Events

    A. Triggers for Block Charting initiation include but not limited to any critically ill patient requiring rapid active titration of volume/fluid and/or eligible medications in order to reach or maintain physiologic stability which include but not limited to immediate postoperative, active resuscitation, or emergent hemodynamic stabilization periods.

    B. This policy may also be invoked during burn activation fluid resuscitation and/or extensive wound care and escharotomies and/or procedures.

    C. The bedside nurse makes the decision to initiate block charting after consultation with the charge Registered Nurse (RN) or designee.

II. Identifications of the continuous infusions medications affected by this policy include but not limited to the following agents:

    A. Vasoactive medications:

        1. Dopamine
        2. Dobutamine
        3. Epinephrine
        4. Norepinephrine

        5.   Phenylephrine
        6.   Milrinone
        7.   Nitroglycerin
        8.   Nitroprusside
        9.   Nicardipine
        10.   Diltiazem
        11.   Labetalol
        12.   Esmolol

B.   Pain medications:

        1.   Morphine
        2.   Fentanyl
        3.   Hydromorphone

C.   Sedative medications:

        1.   Propofol
        2.   Midazolam
        3.   Lorazepam
        4.   Dexmedetomidine
        5.   Ketamine

III.   Documentation of block charting is done within the medical record and the following information is required:

A.   Date and time of block charting initiation
B.   Reason for initiation of block charting
C.   Name(s) of medications administered during block charting
D.   Rate of eligible medication(s) at the initiation of block charting session
E.   Maximum rates achieved of eligible medication(s) during the entire block charting period
F.   Assessment method and/or titration goal used during the titration of eligible medication(s)
G.   Rate of eligible medication(s) at the completion of block charting session
H.   Date and time of block charting completion

IV.   Each individual block charting session is limited to the duration necessary to achieve clinical stability or to a maximum duration of four (4) hours (whichever occurs first). In the event that clinical stability cannot be achieved within a four (4) hour period an additional block charting session may be initiated upon consultation with the Charge Nurse or designee.

V.   The RN follows the provider's titration order as specified in the "Continuous Medication Infusion Titration Order Set".
This order set includes but is not limited to the following:

A.   Medication name
B.   Medication route
C.   Initial or starting rate of infusion
D.   Incremental units the rate can be increased or decreased
E.   Frequency for incremental doses - how often dose (rate) can be increased or decreased
F.   Maximum rate (dose) of infusion

    G.   Prescribed objective clinical endpoint e.g. Critical Care Plan Observation Tool (CPOT), Mean Arterial Pressure (MAP), Sedation - Agitation Scale (SAS)

VI.   The RN administers the titratable medications per Arrowhead Regional Medical Center (ARMC) Policy:

    A.   Department of Pharmacy Policy No. 5.35 - High Alert Medication Practice
    B.   Department of Pharmacy Policy No. 5.40 - Preparation, Distribution, and Dispensing of Drugs and Chemical
    C.   Department of Nursing No. 571.00 - Medication Administration: General Guidelines
    D.   Administrative Policies and Procedures (ADM) 690.36 - IV Admixture and Administration.

REFERENCES: Department of Nursing Policy No. 571.00 – Medication Administration: General Guidelines
Department of Nursing Policy 520.00 Documentation, Nursing
Department of Pharmacy Policy 5.35 - High Alert Medication Policy
Department of Pharmacy Policy No. 5.40 - Preparation, distribution and dispensing of drugs and chemical
ADM 690.36 IV admixture and administration
The Joint Commission (TJC). (2020). *Medication Administration - Titration Orders – Documentation During Rapid Titration.* Retrieved from https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/medication-management-mm/000002337
TJC. (2021). *Medication Administration - Titration Orders.* Retrieved from https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/medication-management-mm/000002114/
American Association of Critical-Care Nurses (2019). *Titration of continuous infusion medications in critical care areas.* Retrieved from https://www.aacn.org/education/ce-activities/community-sharing/csed002/titration-of-continuous-infusion-medications-in-critical-care-areas

DEFINITIONS: N/A

ATTACHMENTS: **Attachment A: Block Charting for Continuous Medication Infusion Titration Flowsheet**

APPROVAL DATE:

7/23/2021	**Medical Executive Committee**
5/13/2021	**Critical Care Committee**
	Applicable Administrator, Hospital or Medical Committee
5/20/2021	**Pharmacy and Therapeutics Committee**
	Applicable Administrator, Hospital or Medical Committee
6/4/2021	**Nursing Standards Committee**
	Applicable Administrator, Hospital or Medical Committee
5/20/2021	**Patient Safety Quality Committee**
	Applicable Administrator, Hospital or Medical Committee
	Board of Supervisors
	Approved by the Governing Body

EFFECTIVE: **8/9/2021**

REVISED: **N/A**

REVIEWED: **N/A**

ATTACHMENT A

ARROWHED REGIONAL MEDICAL CENTER

BLOCK CHARTING FOR CONTINUOUS MEDICATION INFUSION TITRATION FLOWSHEET

Flowsheet table column headers (repeated for each of six medication columns): MEDICATION | CONCENTRATION: | PHYSIOLOGIC GOAL: | DOSING UNIT: | START | END | MAX

Left-side vitals section: **Vitals at end of block charting** — CUFF/ALINE (MAP, SBP/DBP), SPO2, RESP, HR, Reason for Block Charting, START TIME EACH BLOCK, END TIME EACH BLOCK

SEDATION AGITATION SCALE (SAS)
1 - Unarousable
2 - Very sedated; arouses to physical stimuli, does not speak or follow commands
3 - Sedated; difficult to arouse, awakens with verbal stimuli or gentle shaking, drifts off
4 - Calm and cooperative; follows commands, awakens easily
5 - Agitated; anxious, attempting to sit up, calms to verbal instructions
6 - Very agitated; does not calm with verbal instructions, biting endotracheal tube (ETT)
7 - Dangerous agitation, pulling at ETT, striking at staff or thrashing around

CRITICAL CARE PAIN OBSERVATION TOOL (CPOT)
0 - 2 minimal to no pain
3 - 8 Unacceptable level of pain

SCORING GUIDE
Facial expression = 0 -2
Body Movements = 0 -2
Muscle Tension = 0 -2
Compliance with ventilator = 0 -2

INSTRUCTIONF FOR USE:
1. Charge nurse approval required for each 4 hour block
2. Document the following during block charting:
** Starting dose of the medication
** Ending dose of the medication
** Maximum dose used during the block charting
** Date and time of initiation
** Reason for initiation of block charting

REASON FOR BLOCK CHARTING
I - Immediate post-operative period
A - Active resuscitation
H - Emergent hemodynamic stabilization
B - Burn activation fluid resuscitation
E - Extensive wound care/escharotomies
O - Other:

Patient Identification

Date: _____
Pt. Weight _____ KG

RN: _____   SIGNATURE: _____
Charge RN: _____   SIGNATURE: _____

RN: _____   SIGNATURE: _____
Charge RN: _____   SIGNATURE: _____