C.H.A.R.T. DOCUMENTATION

C- Chief Complaint

Often a direct quote
May include information gained from the initial assessment
May be a one-phrase summary of why the patient has called for assistance

H- History (Hx)

Describes history of the present illness or injury
Includes pertinent negatives
Past medical history, routine medications and allergies
“Subjective”, since you are dealing with what the patient is telling you

A- Assessment (Ax)

Objective portion of the narrative
List results of your initial assessment & physical exam including such things as:

- LOC
- Vital Signs
- Skin color, temperature and moisture
- Obvious injuries
- Distal Neurovascular Function (PMS)

Include pertinent negatives: List findings in the same “head to toe” fashion as you examine the patient

R- Treatment (Rx)

What you did for the patient, in the order performed
Be as specific as possible here
Don’t just write down that “c-spine precautions were taken”. Describe instead that “a regular Stiff Neck collar and a KED were applied to remove the patient from the vehicle onto a Henley Board”.

**T-Transport (Tx)**

Where did you take the patient
What (if anything) occurred during transport
How the patient responded to treatment

**DOCUMENT A REFUSAL**

Document that you:

- Encouraged pt. to go to ED or be treated
- Pt. understood the seriousness of the decision
- Encouraged to call 911 immediately if condition changes or there is a change of mind.
- A signed release does not mean that the pt. can’t call us back….immediately if wanted.

**WRITING TIPS**

No two providers write a narrative in exactly the same way. Become consistent in the way you write narratives so that they become natural to you.

The narrative **MUST** be written at the hospital and the hospital copy left there to be included in the patient’s medical record.

Be sure to get a physician’s or nurse’s signature on the report prior to leaving the appropriate copy with the patient’s chart.

Remember that it is not only in your patient’s best interest, but also for your own protection to make your reports as complete, legible and organized as possible.