Policy Title/Number: Guidelines for Electronic Documentation and Fetal Monitor Strip Storage and Archive in the GE QS System

Manual: Area Specific—Labor and Delivery

Categories:

Contributors: Elizabeth Fritz, RN, MSN
Sandra Smith, RN

Review Responsibility: OB PCC Executive Committee

Effective Date: 1997

Last Revised Date: 11/2008

Team Members Performing:

All faculty and staff
All faculty and staff providing direct patient care or contact
MD
RN
LPN
VUSN/VUSM students
Other licensed staff (specify):
Other non-licensed staff (specify):
Not Applicable

Guidelines Applicable to:

VUH
VMG*
VCH
VPH
VUSM
VUSN
Labor and Delivery, 4 South, 4 East, OB Gyn Clinics including TVC clinic, Medical Arts Group, and Medical Center North Women’s Clinic
Exceptions (specify): where fetal monitoring is necessary and transfer to selected areas listed above is not possible
Not Applicable

* Includes satellite sites unless otherwise specified.

Specific Education Requirements: Yes No Not Applicable
Unit based orientation.

Physician Order Requirements: Yes No Not Applicable
I. **Outcome Goal:**
To identify the appropriate procedures for electronic fetal monitor strip storage and archival. To outline the handling of paper fetal monitoring strips in the perinatal service. To identify downtime procedures in the event that the QS system is not functioning.

II. **Policy:**
Health care providers in the Women’s Patient Care Center and appropriate medical records staff will be able to identify the appropriate procedures for electronic fetal monitor strip storage and archival, as well as the handling of paper fetal monitoring strips at VMC. Staff will be able to identify downtime procedures in the event that the QS electronic fetal monitoring system is not functioning.

III. **Equipment/Supplies:**

**GE QS Fetal Monitoring and Archival System:**
The GE QS system is an electronic fetal monitoring and archival system for obstetric patients seen in the Women’s Patient Care Center. It is not currently used for nursing documentation. Staff caring for patients throughout the Women’s Patient Care Center will be able to demonstrate an understanding of the QS system including log-on, log-off procedures, admitting and transferring patients and the appropriate procedures to implement in the event of a system downtime.

IV. **Procedures:**

A. **Log on/log off Procedures**

- The system manager(s) or designee will provide a unique log-on ID and password to all system users.
- The user is responsible for maintaining a unique password
- Users are counseled when provided a user ID that the log-on ID provides an electronic signature on all patient records and is to be kept strictly confidential. Users are not to share log-on ID or passwords or to chart under another person’s ID.
- All entries will be electronically signed with log-on ID and the person is accountable for any and all entries made under the log-on ID.
- Users are instructed to log-off at the end of each interaction, however, the system provides automatic log-off if no use occurs within 15 minutes.
- All computer charting is considered part of the permanent medical record. Entries can be amended but not erased. Data may be entered up to 72 hours
after the event but the entry will reflect the date and time it was actually entered.

B. Admitting and Transferring Procedures

- Patients are admitted to the QS system only once using a unique medical record number. Check appropriate hold units prior to admitting the patient into the system.
- If the unique identifying number is not available the patient may be admitted using the last name. The medical record number is entered immediately when obtained.
- **DO NOT TURN ON FETAL MONITOR UNTIL THE PATIENT IS ADMITTED/TRANSFERRED INTO THE CORRECT BED IN THE QS SYSTEM.**
- All patients are transferred within the QS system prior to physical movement of the patient to another location, such as the operating room.
- At the end of patient stay, patients are transferred to the appropriate hold unit for data collection.

C. Fetal Monitoring in Areas without QS

This procedure is applicable to patients requiring fetal monitoring on units without an electronic fetal monitoring system for archival of fetal heart rate strip.

1. Non Stress Testing

- The RN is responsible for assessment, interpretation and documentation of the fetal heart rate according to *Guidelines for Fetal Heart Rate Monitoring*. The fetal heart rate strip is then presented to the provider for further interpretation and countersignature. The fetal heart rate strip is stamped with the patient’s addressograph, and with the current time and nurses initials. The strip is placed in the manila envelope marked “VUMC Fetal Heart Rate Monitor Strips.” This envelope is put into the chart as a permanent part of the medical record.
- If the NST is not reactive the RN will notify the provider immediately and, in addition to documenting the assessment and interpretation of the fetal heart rate, will also document any interventions performed by the nurse. See *Guidelines for Fetal Heart Rate Monitoring* for a list of interventions to be performed in the event of non-reassuring fetal heart rate tracing.

2. Continuous Fetal Monitoring without QS

- The RN will assess, interpret and document the fetal heart rate according to *Guidelines for Fetal Heart Rate Monitoring*. The provider will be notified of all non-reassuring findings. The strip is then stamped with the patient’s addressograph, with the appropriate times and nurse’s initials. The tracing is placed in the manila envelope marked “VUMC Fetal Heart Rate Monitor Strips” and into the chart as permanent part of the medical record.
D. QS Downtime

This procedure applies to areas where QS is used for electronic fetal monitoring and archival of fetal heart rate strips. In the event that the QS system is not functioning and electronic information from the fetal monitors is unable to be collected, the following procedures will be followed. In the event of a downtime for the other computerized charting systems, please see HED/Admin RX Downtime Procedures.

A system manager will be notified immediately. In the event that a system manager is not available, informational technology support staff will be notified via the VMC HELP desk (phone number 3-HELP).

The fetal heart rate assessment and documentation will be according to Guidelines for Fetal Heart Rate Monitoring.

During downtime, a hard copy of the fetal heart rate strip must be recorded and retained for the patient’s permanent medical record. This fetal heart rate strip is stamped with the patient’s addressograph, the time and the nurse’s initials. The strip is placed in the manila envelope imprinted with “VUMC Fetal Heart Rate Monitor Strips” and becomes a part of the patient’s permanent medical record.

V. Cross Reference

Guidelines for Fetal Heart Rate Monitoring


VI. Endorsement:

OB PCC Executive Committee

VII. Approval:

__________________________________________  Date
Howard Jones, MD
Interim Chair—Department of Obstetrics and Gynecology

__________________________________________  Date
Frank Boehm, MD
Vice Chair—Department of Obstetrics and Gynecology
Bennett Spetalnick, MD
Medical Director—Labor and Delivery

Lavenia Carpenter, MD
Medical Director—4 East

Bruce Beyer, MD
Medical Director—OB GYN Clinics

Robin Mutz, RNC, IBCLC, MPPM
Administrative Director of Women’s Patient Care Center

Nicole Herndon, RNC, MSN, NNP
Assistant Administrator Women’s Patient Care Center
Interim Manager Labor and Delivery

Mitzie Fudge, RN, MSN
Manager 4 East

Lynn Barabach, RN, MSN
Manager OB GYN Clinics