


Name of Policy: <u>Nursing Documentation of Titrations</u> Policy Number: 3364-110-05-16 Department: Nursing Service Approving Officer: AVP Patient Care Services/Chief Nursing Officer (CNO) Responsible Agent: AVP Patient Care Services/Chief Nursing Officer (CNO) Scope: The University of Toledo Medical Center (UTMC)	
Effective Date: 8/1/2023 Initial Effective Date: 8/1/2020	
<input checked="" type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

(A) Principle Statement

In the critical care setting, charting each individual rate change can potentially create undue burden when a patient requires frequent titrations of a medication. Registered Nurses (RN’s) may utilize block charting as a form of documentation in the critical care setting.

(B) Purpose of Policy

To provide guidelines for use of block charting documentation of titration of medications in the critical care setting.

(C) Definition and requirements

Block Charting: a documentation method that can be used when rapid titration of medication is necessary in specific urgent/emergent situations defined by the need to adjust the rate of infusion more often than every 30 minutes to maintain the ordered physiological goal.

- A single block charting instance cannot exceed a four-hour time frame.
- If a patient’s urgent/emergent situation exceeds four hours and block charting is to be continued, the current block charting must be closed and a new instance of block charting must be created.
- The following minimum elements must be documented in each block charting instance:
 - Time of initiation of the block charting
 - Name(s) of medications administered during the block
 - Starting rates and end rates of medications administered during the block charting
 - Maximum rate (or dose) of medications administered during the block charting
 - Time of completion of the block charting
 - Physiological parameters evaluated to determine the administration of titratable medications during the charting block

(C) Pausing Titrated Medications

It is allowed to intermittently pause the infusion of titrated medication if the patient no longer meets the criteria for the infusion based on the assessment of physiological parameters.

- If the medication needs to be restarted based on the assessment of the patient and physiological parameters of the titrated medication, the medication should be restarted at the rate required

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immediately before pausing the infusion. The infusion can then be further titrated based on instructions located in the medication order.

- If a physician places a new order for the paused infusion, or places an order specifically outlining how the infusion should be restarted, this new order should supersede the standard approach of restarting at the rate prior to the pause.

<p>Approved by:</p> <p>/s/ _____ Date _____</p> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p><i>Review: Policy & Standard Committee, 8/2020 Review/Revision Completed By: Kellie Buschor, PharmD, BCPS, BCCCP, Critical Care Clinical Pharmacist</i></p>	<p>Review/Revision Date: 8/1/2020 8/1/2023</p>
<p>Next Review Date: 8/1/2026</p>	
<p>Policies Superseded by This Policy: NEW</p>	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.