

10A NCAC 13B .3804 PATIENT CARE

- (a) Each patient's need for nursing care related to his or her admission shall be determined by a registered nurse. Patient needs shall be reassessed when warranted by the patient's condition.
- (b) Each patient's nursing care shall be based upon assessed needs and shall be coordinated with the therapies of other disciplines.
- (c) The patient's medical record shall include documentation of:
 - (1) the initial assessment and reassessments of patient clinical status;
 - (2) patient care needs;
 - (3) interventions performed to meet the patient's nursing care needs;
 - (4) implementation of physician's orders;
 - (5) the nursing care provided; and
 - (6) the patient's response to, and the outcomes of, the care provided.
- (d) Each plan of care shall be initiated within 24 hours of admission. The plan of care shall become a part of the clinical record.
- (e) The nursing care plan shall be readily available to all physicians and facility personnel involved with the care of the patient.

*History Note: Authority G.S. 131E-79;
Eff. January 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22, 2017.*