Documentation Standards for Maternal and Child Health Nurses in Victoria

Victorian Association of Maternal & Child Health Nurses
ANMF (Vic Branch)

Victorian Maternal & Child Health Coordinators Group

ANMF
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Edition 1. Last modified 28 June 2016.

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Acknowledgements

The *Documentation Standards for Maternal and Child Health Nurses in Victoria* is the culmination of work completed as part of the Victorian Maternal and Child Health Nurse Documentation Project (the Project). The Project was a collaboration between the Victorian Association of Maternal and Child Health Nurses (VAMCHN) Special Interest Group, ANMF (Vic Branch), the Victorian Maternal and Child Health Coordinators Group (VMCHCG) and the Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)].

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The Maternal and Child Health (MCH) Nurse Documentation Project Steering Group (the Steering Group).
The Steering Group provided leadership, governance and MCH nursing expertise to the Victorian MCH Nurse Documentation Project. As detailed in on Appendix 6 it included the following representatives:

Victorian Maternal and Child Health Coordinators Group (VMCHCG)
Helen Watson (Kingston City Council)
Nicole Carver (Melton City Council)
Bernie Cavanagh (Ballarat City Council)

Victorian Association of Maternal and Child Health Nurses (VAMCHN)
Rayleen Breach (Hume City Council)
Deidre Stuart (Glen Eira Council)
Emma Meredith (Darebin City Council)

Australian Nursing & Midwifery Federation (Victorian Branch)
Belinda Clark, ANMF (Vic Branch) Professional Officer

Most importantly, the executives of VAMCHN and VMCHCG wish to thank MCH nurses from across Victoria who provided invaluable input throughout the Project.

Disclaimer

Preface

The Victorian Maternal & Child Health Coordinators Group sees the development of the Documentation Standards as an essential component of safe, ethical and competent maternal and child health nursing practice.

The Documentation Standards provide clear guidance to MCH nurses, support them to achieve high quality documentation and build on the strong platform provided by the *Department of Education & Early Childhood Development and Municipal Association of Victoria, Maternal and Child Health Service Program Standards* (Department of Education and Early Childhood Development (2009). The Documentation Standards promote MCH Service delivery and also articulate what it is that we do. The Documentation Standards support MCH nurses to complete and maintain accurate records of the assessments, interventions and evaluations undertaken by MCH nurses and are a useful tool in promoting effective communication between MCH nurses and other health professionals.

The Documentation Standards raise our own level of professionalism, boost the professional pride in the work that we do and highlight the critical role that MCH nurses play in delivering the high quality and evidence based Maternal and Child Health Service in a safe and consistent manner.

Pauline Petschel
Chairperson, Victorian Maternal and Child Health Coordinators Group. RN,RM,Grad Dip MCH, Grad Dip Community Health

It is with great pleasure that I commend to you the *Documentation Standards for Maternal and Child Health Nurses in Victoria*.

The Documentation Standards provide the Victorian Maternal and Child Health nurse with fresh insight into all elements of quality documentation and support the MCH nurse to view documentation within the professional, legal and ethical frameworks which govern our practice. The Documentation Standards articulate the 'accepted standards' of the profession and highlight that quality documentation is an integral component of practicing safely and competently, facilitating communication and fulfilling our duty of care. The development of the Documentation Standards is another well formulated and considered step in recognition of the professionalism of the Maternal Child Health nurse and recognises the valuable role we play in supporting families of Victoria into the future.

VAMCHN wishes to acknowledge and applaud all MCH nurses across Victoria who have helped shape the Documentations Standards at various stages of the Project including Ms Catina Adams, representatives from RMIT and La Trobe Universities and Ms Deborah Akers. In particular, we extend our thanks and appreciation to all members of the Maternal and Child Health Nurse Documentation Project Steering Group who gave so generously of their time and expertise to develop the Documentation Standards. Finally, I thank the Australian Nursing and Midwifery Federation (Victorian Branch) who have provided valuable support throughout the Project.

Bernice Boland
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Background to the Victorian Maternal and Child Health Nurse Documentation Project

In 2014, the Victorian Association of Maternal and Child Health Nurses (VAMCHN) and the Victorian Maternal and Child Health Coordinators Group (VMCHCG) identified the need to develop Documentation Standards for Maternal and Child Health Nurses in Victoria. VAMCHN and VMCHCG commenced the Victorian MCH Nurse Documentation Project (the Project) and the Victorian MCH Nurse Documentation Project Steering Group to provide leadership and governance to the Project. The Project initially aimed to:

- explore documentation practices within MCH nursing in Victoria;
- identify examples of quality MCH documentation;
- provide a list of accepted abbreviations to be used in MCH documentation; and
- develop a 'standard' for MCH nursing documentation in Victoria. The Project Methodology is outlined in Appendix 3.

Introduction and rationale

Documentation is an essential component of safe, ethical and competent maternal and child health (MCH) nursing practice. Documentation provides a permanent record of the assessments, interventions and evaluations undertaken by MCH nurses. High quality documentation is a critical element of effective communication between MCH nurses and other healthcare professionals – and promotes continuity of care.

MCH nurses must practice in accordance with the various Professional Codes, Standards and Guidelines set out by the Nursing and Midwifery Board of Australia (NMBA) and which govern the registration of registered nurses and midwives with the Australian Health Practitioner Regulation Agency (AHPRA).

The NMBA National Competency Standards for the midwife (NMBA, 2006) requires that midwives formulate documentation according to legal and professional guidelines and ensure that:
Documentation is contemporaneous, comprehensive, logical, legible, clear, concise and accurate
(page 4, NMBA, 2006).

MCH nurses must also complete documentation in accordance with relevant legislation, applicable Organisational Policy and Procedure and the overarching MCH Service Framework set out by the Department of Education and Training (DET) and the Municipal Association of Victoria (MAV).

The Documentation Standards have been informed by the practice domains outlined in the NMBA National Competency Standards for the midwife (NMBA, 2006) and the *NMBA National Competency Standards for the registered nurse* (now retired, NMBA 2006).

The Documentation Standards are intended to be read in conjunction with:

- the *Competency Standards for the Maternal and Child Health Nurse in Victoria* (VAMCHN, 2010)
- the various professional codes, standards and guidelines which apply to MCH nurses as a consequence of their registration with AHPRA as registered nurses and midwives
- relevant legislation
- organisational policies and procedures
- the comprehensive written MCH Service Framework set out by DET and MAV.

Appendix 2 itemises individual Codes, Guidelines, Standards and Legislation which are current at the time of publication – and which inform the scope of practice of MCH nurses in Victoria.

Outcomes

The *Documentation Standards for Maternal and Child Health Nurses in Victoria* establish and articulate the 'accepted standards of the profession' in respect to MCH nursing documentation in Victoria.

The Documentation Standards:

- can be easily used across Local Government Area (LGA) boundaries to assist with a smooth transition for families who transfer within the MCH Service to different LGAs
- provide a consistency of language for MCH nurses irrespective of the LGA in which they work
- enable consistency of terminology, supported by a list of acceptable abbreviations
- facilitate quality improvement and opportunities to improve evidence-based practice
- facilitate communication between MCH nurses and other health care professionals thus promoting continuity of MCH nursing care
- are consistent with the legislative, regulatory and professional framework that MCH nurses practise within and support MCH nurses to fulfil their duty of care.

VAMCHN and VMCHCG are pleased to release the *Documentation Standards for Maternal and Child Health Nurses in Victoria (*the Documentation Standards). The Documentation Standards are focused on MCH nurses practising within the Victorian MCH Service and can be utilised by MCH nurses irrespective of the prevailing Information Technology system (for example, Child Development Information System (CDIS), Maternal and Child Health System (MaCHs) or Xpedite).

VAMCHN and VMCHCG commit to reviewing the Documentation Standards within five years.

Documentation Standards for Maternal and Child Health Nurses in Victoria

The Documentation Standards have been introduced to complement the Competency Standards for the Maternal and Child Health Nurse in Victoria (VAMCHN, 2010). A similar format has been used for consistency to the extent that each defined Standard has been further defined as individual elements with validation provided for each.

1. Documents in accordance with legislation affecting MCH nursing practice

1.1 Identifies and complies with legislation relevant to MCH nursing practice

Validation:

- initiates and documents contact with family on receipt of the Birth Notification in accordance with the *Child Wellbeing and Safety Act 2005* (Vic)
- creates, stores, transmits, retains, archives and destroys health records in accordance with the *Health Records Act 2001* (Vic)
- obtains and records informed consent from the family to use personal information in accordance with the Privacy Act 1988 (Cth) and the *Privacy and Data Protection Act 2014* (Vic)
- documents to demonstrate compliance with mandatory reporting requirements in accordance with the *Children, Youth and Families Act 2005* (Vic) .

1.2 Fulfils duty of care through completing documentation in accordance with the accepted and recognised standards of MCH nursing practice

Validation:

- ensures written communication is completed contemporaneously, comprehensively, logically, legibly, clearly, concisely and accurately
- documents consultations in accordance with the MCH Service Framework prescribed by the Department of Education and Training (DET) and the Municipal Association of Victoria (MAV)
- includes location, date and time and length of consultation
- includes the type of consultation and the names of all present
- objectively documents nursing observations and assessments
- records themes and concerns reported by the client and agreed interventions
- records subjective data such as the use of the client's own words in quotation marks
- where applicable, utilises automated fields contained within electronic MCH software program
- utilises free text field to record MCH care which is not otherwise comprehensively and accurately documented within automated fields contained within the prevailing electronic MCH software program
- avoids duplication of information
- avoids Documentation by Exception[1].

1. Documentation by Exception is presently **not** appropriate in community based MCH nursing practice. There are no established, agreed protocols to support its use (unlike hospital nursing and midwifery practice settings where detailed and formalised protocols have been established).

1.3 Ensures correct spelling and use of acceptable abbreviations applicable to the MCH nursing context

Validation:

- uses abbreviations and symbols listed in Appendix 1 of this document.

2. Integrates departmental and organisational policies and guidelines into documentation practices

2.1 Documents in accordance with the MCH Key Ages and Stages Framework prescribed by the Department of Education and Training (DET) and the Municipal Association of Victoria (MAV)

Validation:

- documents in accordance with the MCH Service Framework set out by DET and MAV
- collects and records data as prescribed in the *Department of Education and Early Childhood Development, Maternal and Child Health Service: Practice Guidelines 2009* (Department of Education and Early Childhood Development, 2009).

2.2 Documents practice in accordance with policies and procedures of the employing LGA or other employer.

Validation:

- integrates knowledge of organisational policies and procedures in all aspects of documentation and MCH nursing practice
- participates in audits of clinical documentation
- ensures ethical use of electronic log-in systems.

3. Practices in accordance with the professional and ethical framework (including relevant Codes, Standards and Guidelines) applying to registered nurses and midwives

3.1 Demonstrates commitment to respect, promote, protect and uphold the fundamental rights and dignity of people who are both recipients and providers of nursing and healthcare in all aspects of documentation

Validation:

- demonstrates respect for the culture, diversity and informed decision making of people in all aspects of documentation
- documents objectively and respectfully to demonstrate acknowledgement of an individual's cultural values, beliefs, practices and experiences.

3.2 Demonstrates ethical management of people's privacy and confidentiality without compromising health and safety

Validation:

- treats personal information obtained in a professional capacity as private and confidential
- documents whether consent has been obtained to disclose personal information
- documents, using professional judgement and giving due regard to the interests, wellbeing and safety of the persons in their care when making decisions regarding disclosure of personal information
- demonstrates an understanding of the *Code of Ethics for Nurses in Australia* (NMBA, 2008).

4. Documents to facilitate communication and continuity of care

4.1 Establishes and maintains documentation according to organisational guidelines and procedures to facilitate continuity of care

Validation:

- integrates organisational policies and procedures into all aspects of MCH nursing documentation
- utilises organisational templates and tools where applicable.

4.2 Communicates effectively through documentation to establish and maintain collaborative working relationships with relevant health care professionals and service providers to facilitate a collaborative approach to continuity of care

Validation:

- ensures that the plan of care, including referrals, is documented comprehensively and recorded in the client's history
- documents all communication with other services working with the family
- demonstrates due diligence and professional judgement in reviewing existing documentation prior to undertaking a consultation.

4.3 Documents a clear plan in partnership with families to facilitate continuity of care

Validation:

- documents a complete record of the consultation including the family's presenting concerns, observations and assessment, planning, interventions and evaluation
- ensures that the documented agreed plan of care is clear, current, relevant and individualised to meet the client's needs.

5. Uses documentation to demonstrate critical thinking and to facilitate quality improvement and research

5.1 Uses documentation as a tool to critically reflect on and enhance MCH nursing practice

Validation:

- uses documentation to demonstrate the application of evidence-based practice, professional judgement and critical thinking in the provision of care
- uses documentation to identify individual learning needs through reflective practice and self-evaluation.

5.2 Accurately records assessments and interventions to facilitate MCH nursing research and quality improvement activities

Validation:

- completes health record fields as applicable to the consultation
- ensures documentation in the free text field is comprehensive, accurate, logical, legible, clear, concise and avoids duplication.

5.3 Utilises documentation to identify research opportunities and support evidence-based practice

Validation:

- utilises a continuous improvement process to identify issues in MCH nursing practice that may inform future research
- participates in case studies, peer review activities and clinical audits
- uses documentation in reviews of practice outcomes, standards and guidelines and new initiatives
- uses relevant literature and research findings to improve current practice.

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The Children, Youth and Families Act 2005. (Vic) http://www.austlii.edu.au/au/legis/vic/consol_act/cyafa2005252/ Accessed 27 June 2016.

Appendix 1. Accepted MCH nurse abbreviations

The following abbreviations have been drawn from the extensive consultation completed as part of the MCH Nurse Documentation Project. They articulate the accepted standards of the MCH nursing profession and are intended to promote clear, concise and effective communication.

A

Abs	antibiotics
ac	before food
A/F	artificially fed
A/N	antenatal
ant font	anterior fontanelle
APH	ante-partum haemorrhage
approp	appropriate
approx	approximate
appt	appointment
ARM	artificial rupture of membranes
ASAP	as soon as possible
ASD	atrial septal defect
ATSI	Aboriginal and Torres Strait Islander
Ax	assessment

B

BA	bowel action
Ba	baby
BBA	born before arrival
BD	twice daily
B/F	breastfed
BN	birth notification
BP	blood pressure
B/W	birth weight

C

CALD	culturally & linguistically diverse
CHD	congenital heart disease
Chn	children
Cm	centimetres
CMV	cytomegalovirus
CP	cerebral palsy
CPD	cephalo-pelvic disproportion

D

D&C	dilation & curettage
DDH	developmental dysplasia of hip
DNA	did not attend
DOB	date of birth
DVT	deep vein thrombosis
DW	discharge weight

E

EBM	expressed breast milk
EDD	expected date of delivery
EHVS	enhanced home visiting service
EMCH	enhanced maternal and child health
EPDS	Edinburgh postnatal depression scale
Enc	encouraged
Epis	episiotomy
Eval	evaluation

F

F/U	follow up
Fa	father
FBE	full blood examination
FCM	full cream milk
FD	forceps delivery
FDIU	foetal death in utero
FV	family violence

G

G1 P0	Gravida (no.) Para (no.)
GA	general anaesthetic
Gest	gestation
GOR	gastro oesophageal reflux
GP	general practitioner
GTT	glucose tolerance test

H

HC	head circumference
H/V	home visit
Hb	haemoglobin
Hep B	hepatitis B
Hib	haemophilus influenza b
HITH	Hospital in the Home
HIV	human immunodeficiency virus
HT	hypertension

I

Imm	immunisation
IUD	intra-uterine device
IUGR	intra-uterine growth retardation
IVP	intravenous pyelogram

K

KAS	key age & stage

L

L	left
LBW	low birth weight
LUSCS	lower uterine segment caesarean section

M

MGF	maternal grandfather
MGM	maternal grandmother
Misc	miscarriage
MIST	Melbourne initial screening test
MMR	measles mumps rubella vaccine
Mo	mother

M continued

MRSA	Methicillin-resistant Staphylococcus aureus
Mx	management

N

NAD	no abnormalities detected
NB	nota bene - note well
NESB	non-English speaking background (now CALD)
NICU	Neonatal Intensive Care Unit
nocte	night
NVD/NVB	normal vaginal delivery/birth

O

O/E	on examination
O2	oxygen
O/P	outpatient

P

P	plan, planning
paed	paediatrics, paediatrician
pc	after food
PE	pre-eclampsia
PEDS	parents evaluation of development status
PGF	paternal grandfather
PGM	paternal grandmother
PKU	phenylketonuria
post font	Posterior fontanelle
PPH	postpartum haemorrhage
PRN	as required
PV	per vagina

Q

QID	four times a day

R

R	right
Ref	refer
Refd	referred
resps	respirations
R/V	review
Rh	rhesus
Rh NEG	rhesus negative
Rh POS	rhesus positive
Rpt	repeat
Rx	treatment

S

S&S	signs and symptoms
S/B	seen by
satis	satisfactory

S continued

SBR	serum bilirubin
SCN	Special Care Nursery
SFD	small for dates
Sib	sib(s) sibling(s)
SIDS	sudden infant death syndrome
Sl	slight
SpPth	speech pathologist
STI	sexually transmitted infection
SUDI	sudden unexpected death of infant
Sx	symptoms

T

TDS	three times day
TOP	termination of pregnancy
TPR	temperature pulse respirations
Tx	transfer

U

umbi	umbilicus
URTI	upper respiratory tract infection
UTI	urinary tract infection

V

VSD	ventricular septal defect
Vx	vertex

W

Wt/wt	weight

Y

Yrs/yrs	years

other

1/24 or 1hr	one hour
1/7 or 1d	one day
1/52 or 1wk	one week
1/12 or 1mth	one month
32/40	(no) weeks gestation
%ile	percentile
<	less than
>	greater than
=	equal to
+	plus
-	minus
-ve	negative
+ve	positive

Appendix 2. Scope of Practice: Codes, Guidelines, Standards and Legislation which are current at the time of publication – and which inform the scope of practice of MCH nurses in Victoria

1. The Documentation Standards should be read in conjunction with the professional codes, standards and guidelines set out by the Nursing and Midwifery Board of Australia.

These include but are not limited to the following:

- *National competency standards for the registered* nurse (now retired, NMBA, 2006).
- *Registered nurse standards for practice* (NMBA, 2016).
- *National competency standards for the midwife* (NMBA, 2006).
- *Code of ethics for nurses in Australia* (NMBA, 2008).
- *Code of ethics for midwives in Australia* (NMBA, 2008).
- *National framework for the development of decision-making tools for nursing and midwifery practice* (NMBA, 2007).
- *Code of Professional Conduct for Nurses in Australia* (NMBA, 2008).
- *Code of Professional Conduct for Midwives in Australia* (NMBA, 2008).

MCH nurses can access these and other relevant Codes, Standards and Guidelines at http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx

2. The Documentation Standards should be read in conjunction with comprehensive written MCH Service Framework set out by DET and MAV. These include but are not limited to the following:

- *Enhanced Maternal and Child Health Service Guidelines 2003-2004*. Department of Education and Early Childhood Development (2003).
- *Department of Education & Early Childhood Development and Municipal Association of Victoria, Maternal and Child Health Service: Key Ages and Stages Framework*. Department of Education and Early Childhood Development (2009).
- *Department of Education & Early Childhood Development and Municipal Association of Victoria, Maternal and Child Health Service Program Standards*. Department of Education and Early Childhood Development (2009).
- *Department of Education and Early Childhood Development, Maternal and Child Health Service: Practice Guidelines 2009*. Department of Education and Early Childhood Development (2009).
- *Maternal and Child Health Service Guidelines*. Department of Education and Early Childhood Development (2011).

MCH nurses can access these and other information regarding comprehensive written MCH Service Framework set out by DET and MAV at http://www.education.vic.gov.au/childhood/professionals/health/Pages/mchpolicy.aspx

3. The Documentation Standards should be read in conjunction with legislation that impacts on MCH practice. These include but are not limited to the following:

- *Charter of Human Rights and Responsibilities 2006* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Equal Opportunity Act 2010* (Vic)
- *Family Violence Protection Act 2008* (Vic)
- *Freedom of Information Act 1982* (Vic)
- *Health Act 1958* (Vic)
- *Health Practitioner Regulation National Law (Victoria) Act 2009*
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Records Act 1973* (Vic)
- *Mental Health Act 2014* (Vic)
- *Occupational Health and Safety Act 2004* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Racial and Religious Tolerance Act 2001* (Vic)
- *Victorian Public Records Act 1973* (Vic)

MCH nurses can access these and other relevant legislation at http://www.austlii.edu.au or http://www.legislation.vic.gov.au/

Appendix 3. Victorian MCH Nurse Documentation Project methodology

The methodology for the Victorian MCH Nurse Documentation Project is described below:

1. In 2014, Ms Catina Adams was engaged by representatives of VAMCHN and VMCHCG to:

- undertake a literature review to examine MCH nursing documentation practices and to identify existing written guidance. This revealed that little to no research had been completed on MCH nursing documentation in the Victorian setting
- undertake consultations with MCH nurses at nine Local Government Areas (LGA) across Victoria. To ensure the sample was reflective of the workforce, the LGAs included rural, metropolitan and interface areas including:

    - City of Ballarat
    - City of Casey
    - City of Greater Geelong
    - City of Melbourne
    - City of Stonnington
    - City of Wodonga
    - Maribyrnong City Council
    - Melton City Council
    - Surf Coast Shire
    - Wyndham City Council.

    Over 150 MCH nurses were consulted to help identify examples of high quality MCH nurse documentation

- prepare the *Draft Documentation Standard for the Maternal and Child Health* Nurse in Victoria 2 January 2015. This was released during January 2015 and made available to MCH nurses and key stakeholders including representatives from La Trobe and RMIT Universities, the then Department of Education and Early Childhood Development and the Municipal Association Victoria.
- collate feedback provided by MCH nurses and key stakeholders.

2. In early 2015, Ms Adams provided a Draft Report to the Steering Group and this concluded her involvement in the Project.

3. During 2015, the Steering Group collaborated to develop further iterations of the *Draft Documentation Standard for the Maternal and Child Health Nurse in Victoria*.

The Steering Group continued to seek input from MCH nurses across Victoria including representatives from La Trobe and RMIT Universities. The Steering Group provided a significantly revised version of the *Draft Documentation Standards for the Maternal and Child Health Nurse in Victoria* to the executives of VAMCHN and VMCHCG.

4. In 2016, the executives of VAMCHN and VMCHCG finalised the Documentation Standards with the expert advice and assistance of Ms Deborah Akers.

Appendix 4. Sample MCH data/documentation reference checklist

This data/documentation reference checklist can be used to review all MCH consultations. It can be adapted to include specific Local Government Area requirements. For the avoidance of doubt, not every item cited in the checklist is appropriate for review at each Key Ages and Stages, Additional needs or other consultation. The individual MCH nurse is encouraged to use his/her professional judgment to determine which of these items is relevant to the particular consultation.

MCH Nurse	Date	Type of visit		
HISTORY	**Present**	**Absent**	**N/A**	**Comment**
○ Birth ○ Pregnancy details ○ Antenatal				
○ Mother ○ Father ○ Sibling				
DEMOGRAPHICS	**Present**	**Absent**	**N/A**	**Comment**
○ Name ○ Address ○ Landline ○ Mobile phone ○ Email				
○ Enrolment ○ Birth notification (BN) ○ If no BN then reason given				
○ Aboriginal & Torres Strait Islander Origin (ATSI)				
○ Country of birth ○ Year of arrival in Australia ○ Interpreter required?				
○ Health Care Card status (all services) ○ Medicare number recorded (if required)				
CONSULTATIONS	**Present**	**Absent**	**N/A**	**Comment**
○ Privacy Act discussed				
○ Breastfeeding status noted				
○ Defined data fields aligning with MCH Framework for each of 10 KAS visits plus additional MCH visits				
○ Follow up				
○ Immunisation status				
○ Telephone calls documented ○ Emails copied into free text field				
○ Counselling ○ Referral ○ Recommended contact				
PROCESSES	**Present**	**Absent**	**N/A**	**Comment**
○ Approved standard abbreviations				
○ Documentation completed on the day of the consultation				
○ Information about mother, father, carer documented in relevant free text field				
○ All contact details of other services involved with family documented				
NOTES (FREE TEXT FIELD)	**Present**	**Absent**	**N/A**	**Comment**
○ Purpose				
○ Identify who is present at consultation				
○ Family, health and wellbeing				
○ Review of previous issues/advice/referrals				
○ Current concerns/issues				
○ Child: physical/developmental/growth/nutrition/health				
○ Mother: maternal health and wellbeing/mother/child interactions				
○ Immunisation Status				
○ Anticipatory guidance				
○ Plans/actions/discussions				
○ Next appointment: date				

Appendix 5. Sample templates of free text field documentation

The following sample templates are provided as guidance only. They may be helpful in practice for MCH nurses wishing to use a more structured approach for consistency of language and compliance with this standard.

Sample one: Subjective information/data includes feedback, reports or statements from the client and can be recorded using the client's words in quotation marks. Child's notes and parent's notes are separated.

1. Identify who is present.
2. Briefly describe any current concerns/issues as identified by parent/carer.
3. Briefly review any previous issues/advice/referrals
    a. about the child, e.g. physical, developmental, growth, nutrition or health
    b. about family, e.g. health and wellbeing, mother/child interactions, family dynamics (issues specific to parent documented in relevant notes).
4. Briefly describe any current concerns/issues identified by the nurse.
5. Summarise plan, agreed actions, advice and discussions.

Sample two:
Use of a framework to prompt the documentation:

O Observation - who is present, how are they interacting
E Examination – of anything not identified within the automated fields of the program
D Discussion – with parents about feeding, findings of examination, development
P Planning – next appointment, follow-ups required
R Referrals – if made during this consultation, or notes as to previous referrals
I Information – includes the Parent Information Pack, but may include other information

Sample three:
1. Purpose.
2. Identify who is present at consultation.
3. Family, health and wellbeing.
4. Review of previous issues/advice/referrals.
5. Current concerns/issues.
6. Child: physical/developmental/growth/nutrition/health.
7. Mother: maternal health and wellbeing/mother/child interactions.
8. Immunisation Status.
9. Anticipatory guidance.
10. Plans/actions/discussions.
11. Next appointment: date.

Appendix 6. Maternal and Child Health (MCH) Nurse Documentation Project Steering Group Representatives

Victorian Maternal and Child Health Coordinators Group (VMCHCG)

Helen Watson (Kingston City Council)
Nicole Carver (Melton City Council)
Bernie Cavanagh (Ballarat City Council)

Victorian Association of Maternal and Child Health Nurses (VAMCHN)

Rayleen Breach (Hume City Council)
Deidre Stuart (Glen Eira Council)
Emma Meredith (Darebin City Council)

Australian Nursing & Midwifery Federation (Victorian Branch)

Belinda Clark, ANMF (Vic Branch) Professional Officer