“Charting” patient care appears straightforward, yet it presents numerous challenges. Upon admission to the PACU, nurses identified gaps in documentation concerning the placement and removal of LDAs by preoperative and intraoperative nursing staff. This included oversight regarding Peripheral IVs, Drains and Surgical Incisions, impacting postoperative nursing practice, patient care continuity and outcomes.

To ensure continuity of patient care, it is crucial to have up-to-date and precise documentation that accurately reflects the current state of the patient’s LDA status.

### Methods

**Data Collection**
Unit documentation issues were captured through a survey by PACU nurses using QR code technology.[See Fig. 1]

**Pre Intervention Chart Review**
(N=49) charts were reviewed to identify non-compliant nursing staff with documentation of placement and removal of LDAs.

**Information Sharing**
Conducted staff in-services with pre and intraoperative nurses emphasizing importance of LDAs placement and removal and its impact on postoperative care.

**Post Intervention Chart Review**
(N=12) charts were reviewed over the three month period to evaluate effectiveness of intervention.

### Discussion
Preop and Intraoperative nursing feedback revealed that the completion of simultaneous clinical tasks is one of the factors that lead to suboptimal documentation.

### Key Findings
- Improved accuracy and timeliness of LDAs documentation.
- Surgical Incision dressings, Peripheral IVs (PIVs), and urethral catheters were the most common missing LDAs.
- Previously documented LDAs were not removed from LDA Avatar even years after placement.
- Continuous chart audit reviews and staff in-services in pre and intraoperative areas are required to sustain improvement.

### Results

**Nursing Compliance with LDA Documentation**
- Missing LDA placement documentation
- LDA not removed from patient’s documentation

**Fig. 1.** Survey to capture units issues/concerns

---

### References