Clarifying Note Added to RC.02.01.01, EP 2

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO HOSPITAL ACCREDITATION PROGRAM
Effective September 13, 2020

Record of Care, Treatment, and Services (RC) Chapter

RC.02.01.01

The medical record contains information that reflects the patient's care, treatment, and services.

Element(s) of Performance for RC.02.01.01
2. The medical record contains the following clinical information:
   - The reason(s) for admission for care, treatment, and services
   - The patient’s initial diagnosis, diagnostic impression(s), or condition(s)
   - Any findings of assessments and reassessments
   - Any allergies to food
   - Any allergies to medications
   - Any conclusions or impressions drawn from the patient’s medical history and physical examination
   - Any diagnoses or conditions established during the patient’s course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses.
   - Any consultation reports
   - Any observations relevant to care, treatment, and services
   - The patient’s response to care, treatment, and services
   - Any emergency care, treatment, and services provided to the patient before his or her arrival
   - Any progress notes
   - All orders
   - Any medications ordered or prescribed
   - Any medications administered, including the strength, dose, route, date and time of administration
   - Any access site for medication, administration devices used, and rate of administration
   - Any adverse drug reactions
   - Treatment goals, plan of care, and revisions to the plan of care
   - Results of diagnostic and therapeutic tests and procedures
   - Any medications dispensed or prescribed on discharge
   - Discharge diagnosis
   - Discharge plan and discharge planning evaluation
   (See also PC.01.02.03, EP 6; PC.01.03.01, EP 23; PC.03.01.03, EPs 1, 8; PC.06.01.01, EP 1)
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   **Note 1:** When rapid titration of a medication is necessary, the hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation.

   **Note 2:** For the definition and a further explanation of block charting, refer to the Glossary.

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   - Any adverse drug reactions
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(See also PC.01.02.03, EP 6; PC.01.03.01, EP 23; PC.03.01.03, EPs 1, 8; PC.06.01.01, EP 1)
Glossary definition for block charting: A documentation method that can be used when rapid titration of medication is necessary in specific urgent/emergent situations defined in organizational policy. A single “block” charting episode does not extend beyond a four-hour time frame. If a patient’s urgent/emergent situation extends beyond four hours and block charting is continued, a new charting “block” period must be started. The following minimum elements must be documented in each block charting episode:
- Time of initiation of the charting block
- Name(s) of medications administered during the block
- Starting rates and ending rates of medications administered during the charting block
- Maximum rate (dose) of medications administered during the charting block
- Time of completion of the charting block
- Physiological parameters evaluated to determine the administration of titratable medications during the charting block