HEALTHCARE RESOURCE · FREE RESOURCE

Documentation *Best Practices.*

A risk-aware framework for writing cognitive-communication notes that hold up under review.

WHAT'S INSIDE

- What to know before you write
- What every note should capture
- Language that creates unnecessary risk
- A quick do / don't reference

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GUIDE · 3 PAGES

For Healthcare Teams

Writing Notes That Protect the Patient — and the Team

Good documentation isn't more documentation. It's the right behavioral detail, captured consistently, so the chart tells an accurate story to whoever reads it next.

BEFORE YOU WRITE

- [ ] **Know who else will read this note: care team, family, auditors, and potentially attorneys**
- [ ] **Separate observed behavior from clinical interpretation in your own mind first**
- [ ] **Have the patient's baseline (if known) in front of you for comparison**

WHAT EVERY COGNITIVE-COMMUNICATION NOTE SHOULD CAPTURE

- [ ] **The specific task or context, not just a global impression**
  "Followed 2-step commands in a quiet room" beats "alert and oriented."
- [ ] **What was observed, in behavioral terms**
  What the patient said or did, not only your conclusion about it.
- [ ] **Any factors that may have affected performance**
  Fatigue, pain, sedation, hearing, language, or time of day.
- [ ] **Functional relevance**
  How the finding connects to safety, consent, or discharge planning.
- [ ] **Follow-up or referral status**
  What was recommended, and whether it happened.

WHY THE BEHAVIORAL DETAIL MATTERS

"Patient confused" is a conclusion that can be challenged. "Patient could not state the day, month, or reason for admission when asked directly" is an observation that stands on its own — in a chart review, a survey, or a courtroom.

DO

Document specific, observable behavior tied to a specific task and context.

DON'T

Rely on global labels ("pleasant," "cooperative," "confused") as a stand-in for functional detail.

RED-FLAG LANGUAGE TO AVOID

- [ ] Vague global descriptors used without supporting behavioral detail
- [ ] Copy-forwarded cognitive status that doesn't reflect today's presentation
- [ ] Conclusions about capacity or competency outside your scope of practice

Let's talk

EJT

Want this built into your *team's* workflow?

I provide documentation audits and staff training on cognitive-communication charting, built around real risk-management scenarios — not generic compliance slides.

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10+ Years
CLINICAL EXPERIENCE

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