

The importance of timely record keeping

Melissa is a community dietitian who works as part of a diabetes multidisciplinary team. On a Friday she does her dietetic clinic which finishes at 5pm. During the last hour of the day she usually writes up her notes and completes any letters or handover she requires. One Friday afternoon she got a call from her colleague and spent a good 40 minutes discussing a case. This meant she only had 20 minutes to get everything done and she wanted to leave at 5pm on the dot to get to her gym class. She decided that on this one occasion it would be ok to finish the last couple of records on Monday morning.

After a busy weekend she arrived at the office and found the unfinished notes from Friday. For one of the patients she couldn't remember if she had discussed how to treat a hypo or not. She decided she must have done, as she usually does. So she wrote in the notes she had completed this activity with the patient.

This patient had type 2 diabetes and had just been started on insulin, so they were coming in frequently. A month had gone by and the patient had seen the dietitian once more, and the nurse a handful of times. On the most recent visit to see the nurse the insulin dose was increased. The following day the patient had a severe hypo which led to an A&E admission.

The patient's diabetes MDT was informed of what happened, and that they didn't know how to treat the hypo, panicked and dialled 999.

This was preventable if the records were completed in a timely fashion.

What could & would have been different?

1. Melissa could have cut the call short with her colleague explaining she needed to use her time to write up notes, or prioritise clinic notes over letters in the 20 minutes she had, or left a little later for the gym once she had completed her notes.
2. If Melissa had written up her notes that day, she would have remembered that that patient had become tearful about the diagnosis. She had to use the session to comfort and reassure the patient, and was going to discuss hypo treatment on the patients next visit.
3. On the patients second visit to see Melissa she would have seen her reminder to discuss hypo treatment at this session. She would have ensured this was completed as per her previous record keeping informed her.
4. Following the visit to the nurse where the insulin dose was increased, and the patient had the hypo; The patient would not have panicked as much, treated the hypo and recovered.



Failure to comply with timely record keeping led to substandard care, a risk to the patient's safety, and use of NHS resources – all of which would have been preventable if the notes were completed in a timely fashion.