Strength of Evidence Level: Blank
PURPOSE:
To provide guidelines for Telehealth Monitoring.

CONSIDERATIONS:
1. Patient’s initial daily transmissions shall be scheduled.
2. Data must be reviewed by the designated telehealth clinician(s) Monday-Friday during normal business hours.
3. Initial transmissions shall be reviewed and abnormal parameters communicated, according to policy, on the day of transmission.
4. The telehealth monitoring nurse(s) and Case Manager/clinician will communicate as needed regarding patient status.
5. Back-up data per agency-specific policy stored by Telemonitor Company.
6. The client shall be informed of the difference between the telehealth monitor and emergency response to avoid a potential delay in dialing 911.
7. Privacy, confidentiality and security of patient records shall be maintained in accordance to agency policy and regulations.

EQUIPMENT:
Agency standard protocols
Patient plans of care
Emergency guidelines

PROCEDURE:
Patient Enrollment/Setup Procedure
1. Verify the monitor and scale serial numbers.
2. Enter the patient information and set patient-specific alert limits, per clinical assessment.
3. Verify transmission of initial vital signs to the Central Station and update any other information.
4. Make an introductory phone call to patient during their first day of monitoring.

Reviewing and Responding to Alerts
1. Central Station assigns an alert status based upon the transmitted data, as determined by the patient’s alert limits and other set parameters.
2. Alert status of the data is not a clinical assessment of patient’s medical condition. It is the responsibility of clinicians to review data and make a clinical judgment of the patient’s condition and respond accordingly.
3. The clinician must enter specific high/low alert limits appropriate for the patient’s current condition.

Responding to Alerts
1. Review patient’s 7 day trend.
2. Contact patient/caregiver to obtain additional subjective data and determine possible cause of alert.
3. If necessary, ask patient to repeat vital signs to support clinical data.
4. Notify case manager for appropriate follow up.
5. Notify physician and fax requested trends, as necessary.

Responding to No Alert Limits Set
1. Telehealth monitoring nurse to set patient specific vital signs alert limits.
3. Verify that the alert parameters are appropriate for the patient’s current condition. Modify these limits as needed.
4. Review and respond to vital signs accordingly.

Responding to No Data Received
1. Verify if the patient performed vital signs outside of scheduled time.
2. If there is a notable trend that the patient is taking their vital signs outside of scheduled report time, notify case manager to change the time.
3. Look for documentation of specific days that patient is unavailable to obtain vital signs.
4. When appropriate, contact patient to determine reason for omission.

Patient Condition
1. Contact local EMS or emergency contact, if necessary.
2. Contact case manager.
3. Contact physician, as necessary, and fax MD requested trend for review.

Patient Omission
1. Reinforce importance of daily monitoring; encourage patient to complete procedure.
2. Instruct patient to complete monitoring session.

No Response at Patient’s Home
1. Call family/emergency contact, notify of lack of vital sign transmission and lack of response to phone call.

Responding to Incomplete Vital Signs
1. Contact patient to determine reason for omission.
2. If necessary, instruct patient to complete monitoring session.
Responding to Within Normal Limits
1. Review readings to ascertain any subtle changes that may indicate a need for intervention. For example, a 1/2 pound per day weight gain or a gradual increase in blood pressure with a decreasing oxygen saturation percentage.

Downtime Procedures - Power Failure in the Home
1. The patient is instructed to continue to monitor weight or other vital signs using available devices not requiring power during unexpected failure of power or phone system in the home. The client is instructed to continue to record vital signs/weight and contact the agency or physician according to care plan.

AFTER CARE:
1. Data will be printed and sent to medical records for inclusion in patient’s chart.
PURPOSE:
To provide guidelines on daily monitoring and management of telehealth patients.

CONSIDERATIONS:
1. The evaluation of patient data should be used in conjunction with the clinical assessment of the patient.
2. Patients are prioritized and triaged based on risk.
3. Risk is determined by the agency and the telehealth equipment being used.
4. Clinical parameters are to be established by the assessing nurse according to the agency’s policy. A nurse will be in communication with the patient and/or other members of the clinical team concerning parameters outside of the patient’s set parameters.

EQUIPMENT:
- Telephone line
- Telephone
- Cell phone
- Telephone cord and line splitter, as needed
- Telehealth monitoring equipment
- Telehealth monitoring accessories – sphygmomanometer, scale, glucometer, pulse oximeter etc as needed
- Power cords, adaptors and connection cables, as needed

PROCEDURE:
1. Access the telehealth monitoring program based on the manufacturer’s instructions/recommendations.
2. Follow the vendor’s user guide to admit the patient into the agency’s telehealth program utilizing the parameters received from the initial referral source.
3. Review the patient results that are imported from the patient’s telehealth unit to the agency.
4. Take appropriate action to address any results that are outside of accepted parameters.

Review the following:
1. Readings outside the accepted parameter for the patient.
2. Any patient behaviors that may have resulted in the reading.
3. Teaching completed and patient response to that teaching.
4. Any telephone contact or voicemail the clinician responsible may have had with the patient.
5. Any requests for vital signs that were not transmitted.

An in-home visit should be completed if:
1. The patient is presenting symptoms that cannot be adequately assessed by a regular phone call.
2. An intervention is warranted that cannot be accomplished without clinician assistance.

AFTER CARE:
Complete the following documentation and incorporate it into the clinical record:
1. All telephone calls to the patient.
2. Follow-up calls for results outside of the accepted parameters that are imported from the patient’s telehealth unit to the agency.
3. Patient results.
4. All patient monitoring readings.
5. Any pertinent assessment findings, problems identified and intervention taken. Include what was taught, patient response, and progress toward goals.

REFERENCES:
PURPOSE:
To provide guidelines on the proper transport and installation of the telehealth system components.

CONSIDERATIONS:
1. Inspect each telehealth component to ensure that each is working properly and is clean prior to transporting to patient’s home. (See Telehealth-Removal/Cleaning and Clearing of Data Section.)
2. Transport equipment and accessories in a clean bag or designated carrying case to prevent equipment damage or soiling.
3. Utilize manufacturer’s instruction booklet to guide set-up, installation and patient teaching.
4. A falsely high blood pressure reading may result when the cuff is too narrow or small. A falsely low reading may result with a too-wide or large cuff.
5. Instruct the patient on the proper use and purpose of the telehealth monitor. Provide verbal instruction and actual demonstration of proper use with a return demonstration.

EQUIPMENT:
Telehealth equipment
Accessories- blood pressure cuff, scale, glucometer and or pulse oximeter, etc.
Telephone cord
Telephone line splitter
Power cords and adaptors, as needed
Connecting cables

PROCEDURE:
1. Perform hand hygiene.
2. Adhere to standard precautions.
3. Explain procedure and purpose to patient.
4. Assemble equipment in the designated location.
5. Ensure proper blood pressure cuff size.
6. Set up per manufacturer’s guidelines.
7. Provide patient with educational material.
8. Instruct patient on the safety issues regarding the equipment, cuff placement and monitoring hours.
9. Explain to the patient/caregivers that the telehealth monitor is for collection of information only and is not a substitute for the emergency 911- response system.

AFTER CARE:
1. Document that equipment was installed and instruction in use of equipment was provided.
PURPOSE:
To identify modes of delivery for telehealth and its usefulness in reducing avoidable hospitalization. To identify considerations and procedures prior to implementing telehealth.

CONSIDERATIONS:
1. Teletriage – is a reactive process part of daily operations which addresses unscheduled interactions/questions by patient or caregiver or when submission of telemonitoring data is received. Agency staff will follow-up based on assessment which may include:
   a. Education/counseling.
   b. Home treatment advisement.
   c. In-home nursing visit.
   d. Referral to physician or hospital.
   e. Disease management specific intervention.
   f. Urgent/emergency intervention.
2. Telehealth Monitoring – is a proactive process which monitors the patient health status data through the use of in home equipment. The goal is to improve self management skills while proactively monitoring patient health data. When changes are noted to patient’s baseline parameters, nurses will assess for cause and report findings as needed to physician.

EQUIPMENT:
Scope and Standards of Practice
Board Regulations
Telephone line
Telephone
Cell phone
Telephone cord and line splitter, as needed
Telehealth monitoring equipment
Telehealth monitoring accessories – syphgmomanometer, scale, pulse oximeter etc., as needed
Power cords, adaptors and connection cables, as needed

PROCEDURE:
1. Identify scope and standards of nursing practice and regulatory issues related to practice and use of telecommunications technology.
2. Identify agency staff most qualified and trained to provide telehealth services in accordance to standards and regulations.
3. Implement agency policies and procedures to support telehealth program and nursing practice.
4. Implement best practices, protocols and algorithms to support telehealth and management of chronic conditions in addition to exacerbations of conditions and emergencies.
5. Ensure documentation tools exist to record all patient and caregiver encounters.
6. Ensure documentation tools exist to facilitate effective communication with physicians and other healthcare personnel.

AFTER CARE:
1. Evaluate patient satisfaction with telehealth program.
2. Evaluate agency staff performance and competency in supporting telehealth program.
3. Evaluate physician’s and other healthcare provider’s satisfaction with telehealth program.
4. Evaluate patient outcomes, including hospitalizations and emergency room visits.
5. Evaluate adherence to scope and standards of nursing practice and regulations.

REFERENCES:
PURPOSE:
To determine the appropriate patient and home for the use of telehealth equipment.

CONSIDERATIONS:
1. Patients who benefit from telehealth typically have or meet the following conditions:
   a. Chronic Disease.
   b. Chronic Obstructive Pulmonary Disease.
   c. Hypertension.
   d. Heart Failure.
   e. High risk for emergent care or hospitalization.
2. Self-monitoring is the periodic and scheduled collection of clinical data by the patient to measure his/her own health status. Commonly measured data includes: blood pressure, weight and temperature. Self-monitoring can be done by the patient or by a caregiver that has the necessary skills for self-monitoring.
3. The caregiver can be a relative, friend, paid caregiver (such as a private duty care worker or an attendant at an assisted living facility). A caregiver that provides assistance with self-monitoring may live with the patient or be with the patient at all times, but can also be an intermittent caregiver that does not live with the patient.
4. Patient (or caregiver) skills necessary for self-monitoring for home telehealth monitoring include the ability to:
   a. Accept the use of home telehealth to promote his or her health status. (The patient or caregiver must accept and understand the responsibility for self-monitoring.)
   b. Interact with technology, adhere to medical treatments and/or medication adherence, and participate on a daily basis with telehealth equipment.
   c. Cognitively function and use telehealth equipment. A caregiver may be able to assist with reminders and cues.
   d. Hear, answer, and talk clearly on a telephone. (The patient or caregiver must have no hearing, speech, language or communication barriers preventing telephone correspondence.)
   e. Read and participate physically and safely with the use of the telehealth equipment.
   f. Ability to accurately perform and communicate the necessary self-monitoring activities (such as obtaining weights, blood pressure, etc.).
   g. Support telehealth connections and technological requirements in the home environment.
5. Exclusions or patients not appropriate for telehealth include:
   a. Patient is physically/cognitively unable to participate and has no caregiver to assist.
   b. Patient has history of psychological issues and/or behavioral problems that would prevent participation.
   c. Home environment is unsafe and/or not conducive for home monitoring.
   d. Patient will be on service for less than 2 weeks.
   e. Patient will be receiving high frequency skilled visits.
   f. Patient/caregiver refuses to participate.
   g. Patient/caregiver refuses homecare.
   h. Absence of/or unusable phone (i.e. digital) line if required.

EQUIPMENT:
Knowledge of agency/vendor technical requirements for telehealth equipment
Most recent OASIS assessment prior to the consideration of the placement of telehealth equipment

PROCEDURE:
1. Ask the patient directly if he/she is willing to participate on a daily basis with telehealth equipment.
2. Review patient’s diagnoses, health status changes, frequency of in-home visits, presence of caregiver, and phone and home technology.
3. Review patient’s risk for hospitalization or emergent care use in addition to recent institutional discharges.
4. Assess the patient’s cognitive status. Consider the response to the OASIS item (M1700) Cognitive Functioning. If the patient scored 1 or 2, require a caregiver to be present. If the patient scored 3 or greater, consider the cognitive impairment level too high for telehealth participation.
5. Assess the patient’s physical ability to participate in telehealth. Consider the response to OASIS item (M1850) Transferring. If the patient scored 1 or 2, require a caregiver to help the patient to participate in telehealth. If the patient scored 4 or greater, “bedfast”, consider that the patient is not a candidate for telehealth.
6. Assess the patient’s response to the OASIS item (M1870). Feeding or Eating, to determine the patient’s ability to handle the manual dexterity needed to use telehealth equipment. If the patient requires any level of assistance, consider that telehealth may not be appropriate or care is required.

AFTER CARE:
1. Communicate with the patient, caregiver, and the physician regarding patient’s eligibility for telehealth.
2. Review general guidelines for other considerations.
REFERENCES:


PURPOSE:
To ensure collaborative communication between agency and physician. To ensure proactive monitoring occurs to reduce avoidable hospitalization and improve the quality of home healthcare services.

CONSIDERATIONS:
1. Physicians need education and communication on the benefits of telehealth:
   a. Reduce avoidable hospitalizations.
   b. Early identification of disease exacerbations.
   c. Improve patient self care management.
   d. Reduce unscheduled nurse visits.
2. Physicians need information on the type of telehealth technology that will be implemented:
   a. Teletriage.
   b. Telephone monitoring.
   c. Telemonitoring.
3. Physicians, in collaboration with agency, need to establish baseline monitoring parameters that are appropriate for each patient including:
   a. Vital signs.
   b. Weight.
   c. Oxygen saturation.
4. Physicians, in collaboration with agency, need to establish alternative care arrangements or acceptable interventions to address urgent issues which require attention but not emergency room care, including:
   a. Oncall physician – in home visit services.
   b. Extended physician office hours.
   c. Urgent care center referrals.
   d. Other care providers offering more intensive medical services beyond that of home health.
   e. In-home interventions that are acceptable to implement to address changes in patient health status parameters.

EQUIPMENT:
Agency standard order and plan of care forms

PROCEDURE:
1. Explain the telehealth program to patient/caregiver and leave written instructions.
2. Contact physician and describe patient’s risk for hospitalization or injury.
3. Explain to physician telehealth program and patient’s ability to participate.
4. Solicit for physician input to provide protocol on:
   a. Patient normal or baseline health data parameters.
   b. Reportable findings for health data.
   c. Standard interventions for chronic conditions and urgent/emergent situations.
5. Identify frequency of telehealth encounters and parameters for discontinuation of program.
6. Identify physician’s preferred communication regarding telehealth encounters.
7. Send plan of care for physician signature and include the following components:
   a. Frequency of monitoring per care plan.

AFTER CARE:
1. Assess patient’s response to telehealth program.
2. Evaluate patient’s satisfaction with telehealth program.
3. Document in patient’s chart communication with patient and physician.
4. Evaluate physician’s responsiveness to telehealth encounters requiring follow-up.

REFERENCES:
PURPOSE:
To provide guidelines on the proper removal and cleaning of the telehealth system components.

CONSIDERATIONS:
1. Treat all equipment and accessories as contaminated when removed from home.
2. Keep all equipment and accessories boxed tightly for 48 hours prior to cleaning or sending to vendor for cleaning.
3. Use care when cleaning the LCD lens to avoid scratches.
4. Keep liquid out of the open areas in and around the buttons, where the case joins, or around the openings in the appliance.
5. DO NOT spray cleaner directly on the appliance or peripheral accessories.
6. DO NOT immerse the equipment or accessories in water or any other liquid.

EQUIPMENT:
- Plastic bag for storage
- Gloves
- Soft cloth

PROCEDURE:
Removal:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Disassemble all equipment, cables and accessories.
4. Place all components, including cables and accessories, into plastic box.
5. Ensure bag/box is closed and secured tightly.
6. Return “dirty” equipment to office for cleaning.
7. Document the equipment and accessories that were removed on installation/deinstallation checklist. Return checklist to telehealth nurse.

Clearing Of Data:
1. Follow specific equipment instructions related to clearing data or resetting of equipment.

Cleaning:
1. Ensure all equipment is unplugged prior to cleaning.
2. Don gloves and remove equipment from plastic bag.
3. Perform cleaning procedure according to applicable OSHA regulations and manufacturer’s guidelines.
4. Utilize antibacterial wipes as provided by agency to wipe down entire outer surface of the appliance, scale, accessories, blood pressure unit, cuff and tubing.
5. Leave solution on the appliance as appropriate per wipe instructions or as recommended by manufacturer.
6. Allow appliance and accessories to air dry.

AFTER CARE:
1. Store cleaned units in the designated storage cabinet/area for next installation.
2. Document serial number, with date cleaned, into logbook for tracking or label equipment with date cleared.
PURPOSE:
To provide guidelines for implementing telehealth monitoring.

CONSIDERATIONS:
1. Telehealth monitoring is a proactive process which monitors the patient health status data through the use of in-home equipment. The goal is to improve self-management skills while proactively monitoring patient health data. When changes are noted to patient’s baseline parameters, nurses will assess for cause and report findings, as needed, to physician. The goal is to:
   a. Reduce avoidable hospitalizations.
   b. Early identification of disease exacerbations.
   c. Improve patient self-care management.
   d. Reduce unscheduled nurse visits.
2. Agency staff will follow-up based on health status assessment which may include:
   a. Education/counseling.
   b. Home treatment advisement.
   c. In-home nursing visit.
   d. Referral to physician or hospital.
   e. Disease management specific intervention.
   f. Urgent/emergency intervention.
3. Evaluation of telehealth monitoring will occur periodically.
4. Consider some of the following information:
   a. Process Evaluation
      (1) Number of phone monitoring patient encounters.
      (2) Number of telehealth monitor alert events.
      (3) Other data as deemed necessary.
   b. Outcome Evaluation
      (1) Patient and provider demographics.
      (2) Disease-related measures.
      (3) Cost per case.
      (4) Nursing productivity.
      (5) Patient and provider satisfaction.
   c. Utilization rate of other healthcare services and impact of Outcome Based Quality Improvement (OBQI)/Outcome Based Quality Monitoring (OBQM) data:
      (1) Emergent, unplanned care rates.
      (2) Acute care hospitalization rates.
      (3) End result OBQI measures.
      (4) Home Health Compare.
      (5) OBQM measures/adverse events.

EQUIPMENT:
Agency standard protocols
Patient plans of care
Emergency guidelines

PROCEDURE:
1. Patient referral is accepted per agency policy.
2. Patient review will consist of:
   a. Diagnoses, health status changes, frequency of in-home visits, presence of caregiver, phone and information technology.
   b. Risk for hospitalization or emergency room utilization in addition to recent institutional discharges and surgical procedures.
   c. Functional and cognitive abilities in addition to phone use capability.
3. Patient informed consent is obtained and review of HIPAA and confidentiality of data is completed.
4. Installation of telehealth monitoring equipment is completed.
5. Plan of care is developed, incorporating the use of telehealth and telephone monitoring encounters and will include:
   a. Patient normal or baseline health data parameters.
   b. Reportable findings for health data.
   c. Standard interventions for chronic conditions and urgent/emergent situations.
   d. Frequency of telehealth monitoring encounters and parameters for discontinuation of program.
6. Physician orders are obtained.
7. Patient education will include:
   a. The purpose of telehealth is NOT to replace an emergency response system. In the event of an emergency, 911 is called.
   b. Telehealth monitoring is to proactively monitor patient’s health status.
   c. Telehealth is not a replacement for clinician visits; it is to complement them.
   d. Patient’s active role in self-monitoring and recording of health information.
   e. Proper technique in collecting health status data according to agency and device policy.
   f. How to answer subjective questions via telehealth monitoring equipment.
   g. What to do in the event of a power failure.
8. Telehealth monitoring schedule is developed and shared with patient and agency staff.
9. Telehealth monitor is implemented in coordination with in-home visits.

AFTER CARE:
1. Agency staff will document telehealth encounters according to agency policy.
2. Patient information gathered during the telehealth encounters will be used for patient case conferences and considered when reviewing the plan of treatment/plan of care.
3. Telehealth monitoring may be discontinued when the clinician deems the process is no longer necessary. The patient/caregiver and physician should be informed and agree.
REFERENCES:
PURPOSE:
Home telemonitoring is an adjunct to your home healthcare and provides the ability to review some of your health data, like blood pressure, weight, and by asking questions about your health without actually making a visit to your home.

CONSIDERATIONS:
1. Telemonitoring is not an emergency response system or device. You will need to call 911 in case of medical emergency.

EQUIPMENT:
Grounded/tested/safe three-prong electrical outlet that can be used for the monitoring unit
Phone line

EQUIPMENT SAFETY:
1. Avoid eating or drinking beverages when using the equipment.
2. Avoid setting beverages beside the equipment to prevent spills.
3. Keep small children and pets out of the area where the equipment is located.
4. DO NOT allow neighbors, friends, or relatives to use the equipment. This equipment is for the use of the designated patient.
5. DO NOT use the equipment during an electrical storm.
6. If any damage should occur to the equipment, discontinue use and contact the agency.

TRANSMISSION OF DATA
1. Your phone line will be used to transmit data, so you cannot receive or initiate calls during the transmission process.

POWER FAILURE
1. In the event of a power failure continue to monitor weight or other vital signs using available devices not requiring power during unexpected failure of power or phone system in the home.
2. Record vital signs/weight and contact the agency or physician according to care plan.
Strength of Evidence Level: Blank
PURPOSE:
To provide guidelines for implementing teletriage.

CONSIDERATIONS:
1. Teletriage is a reactive process, part of daily operations, which addresses unscheduled interactions/questions by patient or caregiver or when submission of telemonitoring data is received. Agency staff will follow-up based on assessment which may include:
   a. Education/counseling.
   b. Home treatment advisement.
   c. In-home nursing visit.
   d. Referral to physician or hospital.
   e. Disease management specific intervention.
   f. Urgent/emergency intervention.
2. All patients/caregivers are eligible to receive teletriage care.
3. All patients/caregivers are instructed in the process for contacting agency staff with questions or problems. Instruction is given at the start of care, resumption of care, and as needed, and is documented in the medical record.
4. Agency staff is available via telephone to answer questions or assist with clinical problems 24 hours a day, 7 days per week, including holidays and weekends.
5. All teletriage patient encounters are documented in the medical record.
6. Agency staff is instructed not to give patients their personal contact information, such as home phone numbers and cell phone numbers as patient use of these can impede safe and efficient patient care.
7. Patients/caregivers calling the agency with a clinical question or problem receive immediate attention by a registered nurse.
8. All calls that have a potential clinical nature will be promptly forwarded to a nurse.
9. The nurse providing teletriage care will make every attempt to have the patient’s medical record available at the time of the teletriage patient encounter. (Absence of the patient’s medical record at the time of the contact will be noted in the documentation of the teletriage patient encounter.) In the event that the medical record is not available, every attempt will be made to have a registered nurse familiar with the patient provide the teletriage care.
10. Teletriage care will follow the nursing process and will include assessment, planning, intervention and evaluation/follow-up.
11. The teletriage assessment will determine the acuity level of the patient and the patient’s risk level (likelihood that a serious health condition exists at the time of the encounter).
12. All patients assessed as having a high risk level will receive instruction to seek 911 paramedic transport.
13. Patients that are terminally ill and/or are requesting no emergent care will have this clearly documented on the physician orders and care plan.
14. Patients are not considered candidates for immediate PRN nursing visits as a result of refusing to seek 911 paramedic transport upon the recommendation of the teletriage nurse as the homecare agency is not an emergent care provider.

EQUIPMENT:
Agency standard protocols
Patient plans of care
Emergency guidelines

PROCEDURE:
1. Agency administration will review and provide established standards of clinical practice for the clinicians.
2. Agency staff will be oriented and have access to the standards of clinical practice, along with the accompanying policy and procedures.
3. Agency staff will be apprised of updates and/or changes in the standards of clinical practice.
4. Agency staff will assess, diagnose, evaluate, and treat per the standards of clinical practice when patients call to report concerns and symptoms.
5. Agency staff will be expected to instruct patients in self-monitoring and recording of information.
6. Agency staff will consider the source of clinical data when collecting symptom information and use self-monitoring data and telemonitoring data, if available.
7. The physician will be contacted anytime a patient’s symptoms warrant medical attention.
8. Decision support tools (i.e., algorithms, protocols, or guidelines) may be implemented for clinicians to use.

AFTER CARE:
1. Teletriage patient encounters may result in the need for the patient to seek 911 paramedic transport for emergent care as the homecare agency is not an emergent care provider. 911 paramedic transport for emergent care will be coordinated with the patient’s physician and/or the transferring facility at the time of the transport.
2. All teletriage patient encounters and resulting care will be coordinated with the patient’s healthcare team at the agency.
3. Physician contacts will be made based upon the needs of the patient and the preferences of the ordering physicians.
4. All teletriage care coordination will be documented in the medical record.
REFERENCES:
REFERENCES


