

# LAKE NICHOLAS COMMUNITY HOSPITAL

## CLINICAL PRACTICE POLICY

<b>Policy Number:</b>	CPG-2024-001
<b>Effective Date:</b>	01/01/2024
<b>Review Date:</b>	01/01/2025
<b>Department:</b>	Clinical Operations

### PURPOSE:

This policy establishes guidelines for clinical documentation standards to ensure quality patient care and regulatory compliance.

### SCOPE:

This policy applies to all clinical staff, including physicians, nurses, and allied health professionals providing patient care services.

### POLICY:

1. All clinical encounters must be documented within 24 hours
2. Documentation must include patient assessment, diagnosis, and treatment plan
3. All entries must be signed and dated by the responsible provider
4. Abbreviations must conform to the approved abbreviation list
5. Late entries must be clearly identified as such

### PROCEDURE:

#### A. Documentation Requirements

- Chief complaint
- History of present illness
- Review of systems
- Physical examination findings
- Assessment and diagnosis
- Treatment plan

#### B. Quality Assurance

- Random chart audits conducted quarterly
- Feedback provided to clinical staff
- Corrective action plans for deficiencies

Lake Nicholas Community Hospital  
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Policy Review Committee  
Approved: 11/18/2025