

Computerized documentations replacement to paper reports in nursing

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Abstract

Background: The documentation process about patients care formalized during the years of Florence Nightingales. She wrote that the communication between caregivers and nurses is so important. During 1960 to 1970, had been used the electronic systems in accounting (payable, receivable).after that they used it in laboratory, radiology, pharmacy, and at least in nursing. Today the considerate use of computerized systems in nursing documentation, admissions, discharges, and transfers of patients.

Materials and methods: This study is a review article based on the information and data, which is published in the internet, journals and associated researches.

Result: A computerized system in hospitals documentation requires a human resources consideration for implementable. Organization the information technology (IT) committee can facilitate the use of this method for nurses.

Conclusion: Nursing record systems, effects on nursing practice and health care outcomes. The electronic health record is an essential tool for advancing patient safety. In this method, decision making and its power become faster and easier. Continuing health care's is easy. In this way the percentage of Errors become decreased and documenting is carefully. In this method we can use standard Data terminology and save our time. On the other hand with using this method of documentation, we can facilitate shift changing and sharing the information.

Keywords: computerized documentation, Reporting, Nursing