SOP Template: Documentation of Patient Questions and Responses Given

This SOP details the process for **documentation of patient questions and responses given**, emphasizing accurate, clear, and timely recording of patient inquiries and the corresponding information provided by healthcare professionals. It ensures consistent communication, supports patient understanding, and maintains comprehensive medical records for quality care and legal compliance.

1. Purpose

To define the standardized procedure for documenting patient questions and the responses provided in order to enhance communication, improve care quality, and fulfill legal and regulatory documentation requirements.

2. Scope

This SOP applies to all healthcare professionals responsible for patient care and documentation in the clinical setting.

3. Responsibilities

- Healthcare Professionals: Accurately document all patient questions and the responses provided at the time of encounter.
- Supervisors/Managers: Ensure staff adherence to the SOP and provide training as needed.

4. Procedure

- 1. Identification: Recognize and acknowledge all patient questions, whether verbal or written, during the interaction.
- 2. **Documentation Timing:** Document questions and responses as soon as possible, ideally immediately after the interaction or within the same shift.
- 3. Documentation Location:
 - Record in the patient's medical record/EHR under the appropriate section (e.g., Progress Notes, Communication Log).
- 4. Details to Document:
 - o Date and time of the patient question.
 - o Exact wording or clear summary of the patient's question.
 - The response provided, including advice, information, or instructions.
 - Name and role of the healthcare professional providing the response.
- 5. **Verification:** Confirm patient understanding of the response when possible, and note this in documentation.
- 6. Follow-Up: If further information is required, document the follow-up actions and expected timelines.
- 7. **Confidentiality:** Ensure that documentation complies with HIPAA and other patient privacy regulations.

5. Documentation Example

Date/Time	Patient Question	Response Given	Staff Name/Role	Patient Understanding
2024-06- 01 10:45	"Can I take this medication with food?"	Advised patient that the medication may be taken with food to minimize stomach upset.	J. Smith, RN	Patient verbalized understanding.

6. Audit and Review

- Documentation will be audited monthly for completeness and compliance.
- Findings will be used for process improvement and staff education.

7. References

- Institutional Policy on Medical Record Documentation
- HIPAA Privacy Rule
- · State-specific medical recordkeeping regulations

8. Revision History

Date	Version	Change Description
2024-06-03	1.0	Initial SOP issued.