

A Guide to Writing as a Nurse

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This article focuses on the different forms of writing found in the nursing field, how they relate to P-CHAT terms, and why they are so important to the profession. Helderman also explores nursing in general: what nurses do and some of the skills needed to be a good nurse (Figure 1).



Figure 1: Two nurses at ISU.

Let's Get it Started in Here!

In many fields, communication is critical to success. Nursing is a prime example. However, not all communication comes from talking with one another around an operating table. Rather, the majority of nursing communication comes in the form of written language. From SOAP charts¹ to care plans, nurses read and interpret texts constantly to know what their residents need and learn how they should best provide for those needs.

In order for us to know what texts are used in nursing we need to know the context behind the system. Nursing, according to *Britannica*, is: “The profession that assumes responsibility for the continuous care of the sick, the injured, the disabled, and the dying” (Buhler-Wilkerson). The key

1. SOAP Charting Format: A medical chart system, in which S = Subjective (what the client says, or their subjective impressions), O = Objective (what the provider's findings are, or the clinical data), A = Assessment (any changes, the diagnosis, or what the client's condition is), and P = Plan for the next treatment (further studies and suggested treatment).

Activity System

According to the ISU Writing Program, activity systems are cooperative interactions aimed at achieving a goal. As a lens, the activity system helps us to analyze the psychological and social processing of achieving that goal. Each system a goal(s) which is achieved through the work of people and the tools they use.

word here is “continuous.” Nurses work around the clock, day in and day out, providing all the care necessary to the patient. The American Nurses Association claims that “21st Century nursing is the glue that holds a patient’s health care journey together. Across the entire patient experience, and wherever there is someone in need of care, nurses work tirelessly to identify and protect the needs of the individual” (“What is Nursing?”). Nursing is an **activity system**—it is a field that has existed since the days of Florence Nightingale, and nurses communicate

not only with patients, but also with the doctors and other nurses caring for them. Nurses constantly have to navigate changes happening in the field as dialogue and research evolves in the medical world.

As defined by the ISU Writing Program, P-CHAT is “An attitude and approach to studying texts that acknowledges them as complex and situated in specific histories, cultures, and activities that can never be divorced from one another” (ISU Writing). P-CHAT is essentially a new way of breaking down and thinking about all different kinds of writing and information. P-CHAT is divided into seven key terms:

- Representation: how we think about and plan texts;
- Distribution: how we distribute texts;
- Reception: how the text is taken up;
- Socialization: how people interact with the text and each other;
- Activity: the actions and practices accompanying texts;
- Ecology: the forces that exist beyond the text;
- and Production: the means by which the text is made (ISU Writing).

Each of the core components of P-CHAT are key in the nursing field, as nurses are constantly socializing with the texts and each other, distributing texts amongst the members involved with the resident’s care, producing charts and reports on a patient’s well-being, and so forth. Production and distribution, in particular, are key to success in the nursing field, as they are closely tied to nursing documentation. Nursing can be looked at through the lens of P-CHAT in order to help us understand the complex activities taking place, the different engagements amongst the nurses, and the texts that are key to the job, the patients, and the medical unit as a whole.

You Must File Your Paperwork, Wazowski

Charting and documentation is crucial to the profession of nursing. An old mantra I picked up from a former teacher, Diane Schreifels—who was an RN and the Director of Nursing at Carmi Manor—was: “If you didn’t document it, it didn’t happen.” In many cases, not documenting something properly, or forgetting to document at all can lead to serious problems for the resident, from something as minor to showering a resident twice to potentially killing a resident due to the wrong dosage of a certain drug. This isn’t like *Monsters Inc*, where you can just forget to turn in your paperwork and have everything still run fine. There are people’s lives on the line, and one mistake could have enormous consequences, so nurses must ensure that their charting and documentation gets in on time and is done properly.

The SOAP Chart

Throughout my research on this topic, one of the most important forms of writing was the Subjective, Objective, Assessment, and Planning Chart, or the SOAP chart (Figure 2). According to the National Center for Biotechnology

<p>SOAP Notes are used in MOWINS for high-risk participants. Standard Abbreviations list is available in the Health and Nutrition Assessment Handbook (HNAH), located in the WOM.</p>	
<h1>SOAP Note</h1>	
<p>Start Note by: MOWINS will capture this Date & Time: MOWINS will capture this</p>	
S	<p>1. Patient, significant other, family, or staff tells the professional 2. Can include symptoms, feelings, history, and progress 3. May be in format of 'patient reports...' or given as a direct quote, as, "I don't have any appetite at all today."</p>
Subject	<p>4. THESE STATEMENTS ARE CHOSEN TO ILLUSTRATE A POINT MADE IN THE ASSESSMENT</p>
O	<p>1. SPECIAL DIET: 2. ANTHROPOMETRIC DATA: (Height, weight, IBW, % IBW, % usual weight, TSF percentile and/or % std, AMC percentile and/or % std) 3. LAB RESULTS: (1/21 Albumin 3.5, Total Lymphocyte County 1367, etc) 4. CLINICAL OBSERVATIONS RELATING TO NUTRITIONAL ASSESSMENT: (+ or – edema, emaciation, decubitous ulcer)</p>
Objective	
A	<p>Interpretation of 1. Caloric needs for ... (weight loss, breastfeeding, or weight gain, as instructed by physician) 2. Diet and/or weight history. Limit to several sentences, summarized, most relevant to the problem (calories consumed, about food or exercise habits, pattern of meals/snacks (or lack of it), nutritional adequacy of overall intake)</p>
Action	<p>3. Nutrient inadequacies from nutrition assessment 4. Need to provide different food...: to instruct or not</p>
P	<p>1. Will...gather more information...say which YOU will gather 2. Recommend... as, further referrals 3. Recommend diet change to... 4. Recommend vitamin mineral supplement... 5. Will monitor....food selection, weight every other day, food intake</p>
Plan	<p style="text-align: right; font-weight: bold;">obfuscata.com</p>

Figure 2: Sample SOAP chart.

Information, or NCBI, “The SOAP note is a way for healthcare workers to document in a structured and organized way. It helps guide healthcare workers to use their clinical reasoning to assess, diagnose, and treat a patient based on the information provided by them” (Podder et al.). As the name suggests, this charting is broken down into its key four components. Using Diane Schreifels’s words, Subjective is what the patient tells you, Objective is what you see or measure, Assessment is what the patient’s status is, and Planning is what you are going to do next to care for the patient.

SOAP charting can be produced on paper but is usually done using a tablet or computer. The nurse is the person who produces the chart, but the software is made by IT developers, as well as hardware companies that make the computers and tablets. As stated before, charting is commonly done online, so not only does the chart’s production matter, but so too does the means in which it can be produced. There is also a lot of socialization and use for the document. The SOAP chart is a very valuable tool to communicate what the patient is going through to the other doctors and nurses caring for that patient. This coincides with what P-CHAT defines as socialization, which is how people interact with the text and each other. The chart helps all the members of the care team to know what their roles are and how they need to interact with their partners and the patient to provide the care they need.

I Just Want to Talk; or, How Communication Can Save Lives

Everyone communicates each day in various ways. After all, reading and writing are communication skills, so you wouldn’t be reading this if you lacked them. Though for nurses, good communication skills mean so much more than just saying words well. As the University of New Mexico puts it, “Every step of the way, from patient intake to patient discharge and beyond, nurses must communicate well to provide comprehensive care” (“Importance of Communication in Nursing”).

Communication is key to ensuring patient trust as well. According to the NCBI, “What of course in any case should be avoided by the caregivers is silence and indifference to the questions of the patient. In the best cases, the patient will leave disappointed and, in the worst really indignant with nurses” (Kourkouta and Papathanasiou). So, communication not only has great upside when done properly, but also great consequence when done poorly.

The Care Plan

The care plan is another form of writing (Figure 4). Diane Schreifels described the care plan as the “roadmap” to patient care. According to Matt Vera of *Nurselabs.com*, the care plan should “Promote evidence-based nursing care and to render pleasant and familiar conditions in hospitals or health centers,” “Support holistic care which involves the whole person including physical, psychological, social and spiritual in relation to management and prevention of the disease,” and “Identify and distinguish goals and expected outcome.” (“Nursing Care Plans (NCP): Ultimate Guide and Database”). Essentially, the care plan acts in the long term, whereas SOAP charting is more built around short-term treatments.

Like SOAP charting, the care plan’s production is completed by the nurses and makes use of either computer technology or traditional paper-and-pen methods, the means of production varying depending on which form the nurse chooses. The care plan also showcases **activity** and **socialization** in each step of its production and use. The information used

PLAN OF CARE KARDEX Month/Year: _____

	DAY	INITIALS	
		Days	Nights
HEARING <input type="checkbox"/> Adequate <input type="checkbox"/> Kind of hearing <input type="checkbox"/> Wears hearing aids: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Place resident when speaking	1		
SPEAKS <input type="checkbox"/> English <input type="checkbox"/> Other (specify): <input type="checkbox"/> Writing message <input type="checkbox"/> Uses sign language <input type="checkbox"/> Braille <input type="checkbox"/> Sign/pictograms/cards <input type="checkbox"/> Communication board <input type="checkbox"/> No communication skills	2		
ALERTS <input type="checkbox"/> Code status <input type="checkbox"/> Allergies	3		
VISION <input type="checkbox"/> Adequate <input type="checkbox"/> Impaired <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> None	4		
ADAPTATION <input type="checkbox"/> Independent <input type="checkbox"/> Assist of 1 <input type="checkbox"/> Assist of 2 <input type="checkbox"/> Situated w/ chair <input type="checkbox"/> Stair <input type="checkbox"/> Stairchair <input type="checkbox"/> Adaptive equipment <input type="checkbox"/> Other (specify):	5		
BATHING <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Shower <input type="checkbox"/> Bath <input type="checkbox"/> Bed Bath <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assist of 1 <input type="checkbox"/> Assist of 2	6		
MOBILITY <input type="checkbox"/> Independent <input type="checkbox"/> Assist of 1 <input type="checkbox"/> Assist of 2 <input type="checkbox"/> Care of <input type="checkbox"/> Transfer bar <input type="checkbox"/> Adaptive equipment	7		
RESTRAINTS Specify: _____ _____ _____	8		
TRANSFER <input type="checkbox"/> Independent <input type="checkbox"/> Assist of 1 <input type="checkbox"/> Assist of 2 <input type="checkbox"/> Mechanical lift	9		
PERSONAL HYGIENE <input type="checkbox"/> Brush teeth <input type="checkbox"/> Comb hair <input type="checkbox"/> Perineum care <input type="checkbox"/> Shaving <input type="checkbox"/> Make-up application <input type="checkbox"/> Independent <input type="checkbox"/> Assist of 1 <input type="checkbox"/> Assist of 2	10		
DRESSING <input type="checkbox"/> Independent <input type="checkbox"/> Assist of 1 <input type="checkbox"/> Assist of 2 <input type="checkbox"/> Day clothes <input type="checkbox"/> Paper/Disposable <input type="checkbox"/> Adaptive equipment	11		
EATING <input type="checkbox"/> Independent <input type="checkbox"/> Repetitive feeding <input type="checkbox"/> Diet of <input type="checkbox"/> Restorative feeding <input type="checkbox"/> Dependent on staff <input type="checkbox"/> Feeding tube Location of drip: <input type="checkbox"/> Nasogastric <input type="checkbox"/> Intero. <input type="checkbox"/> Other:	12		
TOILETING <input type="checkbox"/> Continence of Bowel <input type="checkbox"/> Continence of Urine <input type="checkbox"/> Incontinence <input type="checkbox"/> Urine bedpan/void <input type="checkbox"/> Urine bedpan/void <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assist of 1 <input type="checkbox"/> Assist of 2 <input type="checkbox"/> Wears incontinence briefs <input type="checkbox"/> Scheduled toilet plan (specify):	13		
RESTORATIVE	14		
	15		
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		
	31		

Transcribed by: _____

NAME Last First Middle Initialing Physician Room No. Room/Bed

BRIGGS PLAN OF CARE KARDEX

Figure 3: Sample care plan.

to fill out the care plan comes from day-to-day interactions with the patient and the care team, which includes the doctors, nurses, and even the patient themselves. The care plan then influences how the members of the care team go about treatment for their patients so that they not only get what they need, but also that the patient is happy and has a say in what care is done. The care plan often looks different depending on the institution.

The Future Is Now, Thanks to Science! Or, How the EHR Brings It All Together

As time has gone on, most of the forms done on paper have been converted into digital formats. This has happened in all professions, and nursing is no exception. As said before, nursing is an activity system and adapts as new innovations are made to the industry. Nowadays, rather than having each form of writing separate from each other, they are all compiled into something called the electronic health record, or EHR. This has changed how documents are produced, as the EHR has made it possible to eliminate the use of paper charts entirely and allows for all of the work to be done online in a single, centralized system. The EHR, according to *Medical Terminology: A Word Building Approach*, 9/e., “is an electronic record of health-related information for an individual that is created, gathered, managed, and consulted by authorized healthcare clinicians and staff. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, radiology images, and personal data such as age, weight, and billing information” (Rice 17).

While both the care plan and the SOAP Chart are being compiled into the EHR, each component maintains its original characteristics. The EHR, rather than being just some mega-document containing everything in a big block-o’-text, it instead acts like a folder, housing each individual part in a simple and easy to access space.

Closing Time

Nursing is an extremely complex job, and documentation is just one small part of the profession. Yet, it is also one of the most needed jobs there is. Automation and technology have been taking over many professions, from manufacturing to middle management positions. The way that nurses socialize with patients and their co-workers and the activity that happens in and out of producing these works cannot be understated, and throughout all the advancements we have made in technology, I have yet to find a robot or



Figure 4: Screenshot from Semisonic’s music video for their song, “Closing Time.”

an AI who can comfort a patient and show empathy. There has never been a machine that can make a care plan that represents all the patient’s needs, nor one that can socialize with the doctors and nurses to find the best course of action. Until that happens, nursing will always be around, and, along with it, all the paperwork. So, that’s all I’ve got. You don’t have to go home, but you can’t stay here (Figure 4).

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