Abstract

The thesis is focused on the characteristics, purpose and principles of medical documentation. The theoretical part describes the partial activities of keeping records of the nursing process in practice.

The practical part is divided into two chapters. The content of the first part is collection of informations about possibilities of keeping the documentation from 1976 to 2010. The second part deals with qualitative research in the form of ethnographic research. For the collection of data, was chosen the method of direct observation of the nurses from the department of neurology at the regional hospital. The attention was focused on measuring the time consuming of administrative tasks.

The aim of the thesis was to find out the time-consuming task of keeping the documentation in the individual activities, what part of the working time is devoted to the administration. The data found may contribute to further development of medical documentation.

Keywords
General nurse aktivity, health administration, nursing documentation.