During the pandemic, nurses were in an exhausting situation due to the virus impact and the high patient demand. In this context, they had to respond to care expectation and clinical records, taking into account that the importance of the profession lies on the scientific nature of the nursing process: NANDA, NOC, NIC.

**Study Purpose/aims**

The purpose of this study is to design and to validate a COVID-19 nursing record by functional patterns and NNN taxonomy in emergency.

**Methodology:**

Mixed study of four phases:

Phase 1: quantitative, 120 records (progress notes, fluid balance charts, graphical sheets, and Kardex) were audited using a checklist.

Phase 2: qualitative, a focus group of 10 nurses who, using an Ishikawa diagram, identified opportunities and problems in the records. Version 1 of the nursing record format was designed.

Phase 3: quantitative, content validity was assessed through the Delphi technique with 10 experts. The second version of the format was achieved.

Phase 4: training and pilot testing for validation by nurses using a questionnaire. The final version was achieved.

**Results**

Phase 1 audit showed non-conformities in progress records (66.7%), Kardex (65%), graphical sheets and fluid balance (70%). The new nursing record format shows applicability of Marjory Gordon’s model (80%), NANDA taxonomy (90%), and NOC and NIC taxonomy (80%)

The following were rated as good: Content and attributes (90%), record’s quality (92%) and design (100%)

**Impact**

With the implementation of a new Nursing record during the COVID-19 pandemic, Emergency Nursing demonstrated its ability to adapt and implement strategies immediately, with teamwork, empathy, and solidarity; establishing processes for improving the evidence of care provided; with active participation for its immediate implementation.