

DOCUMENTATION GUIDELINES

When documenting, include **Problem/Condition**, **Intervention/Assessment**, and **Evaluation/Monitoring** of all highlighted conditions.

Resident Name:	Principal Diagnosis (reason for being skilled at your facility):	Secondary/Supportive Diagnosis: (supports and is related to the principle dx):
Additional Related Diagnosis:		
<p>MEDICARE DOCUMENTATION (check all that apply). Describe each specific service: Why do they need your services and what conditions will influence their progress? For example: "likelihood of change due to...", "potential for complications related to...", "high risk factors of...", etc.</p> <p><input type="checkbox"/> Skilled Nursing and/or Skilled Rehabilitation:</p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Management & Evaluation of the Care Plan</i> _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Observation & Assessment of a Changing Condition</i> _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Teaching & Training</i> _____</p> <p><input type="checkbox"/> Direct Skilled Nursing _____</p> <p><input type="checkbox"/> Direct Skilled Rehabilitation (PT, OT, SLP) _____</p>		
<p>HOT RACK DOCUMENTATION</p> <p>Reason: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Physical Therapy Occupational Therapy	Respiratory Care	Wound Care
<ul style="list-style-type: none"> Describe exactly how the resident performs ADLS. Describe the amount of assistance provided Describe how the resident accomplishes the following: <ul style="list-style-type: none"> Bed Mobility ** Transferring ** Ambulates Dresses Self Eats (Including G-Tubes)** Toilet Use (Including Post-Use Hygiene)** Personal Hygiene and Bathing Describe skilled nursing interventions used to compensate for ADL deficits Other: Other: <p><i>** Indicates a LATE LOSS ADLs that contributes to the RUG level. Document self-performance and ADL support provided. Refer to MDS section G for coding definitions.</i></p>	<ul style="list-style-type: none"> Describe skilled tracheostomy care given. Describe breath sounds over all lung fields (i.e. wheezes, rales, rhonchi). Describe respiratory rate, rhythm and quality. Describe the effectiveness of any respiratory treatments given (i.e. Nebulizers, Chest PT, Other Respiratory Medications, Oxygen, etc.) Describe comfort level as related to respiratory status. Describe any changes in LOC, anxiety or other mental status changes. Describe each incident of suctioning and any other invasive techniques. Describe resident's overall condition as r/t respiratory status and any skilled nursing interventions used to aid in comfort and improve overall status. Peripheral edema. Other: Other: 	<ul style="list-style-type: none"> Describe type of wound (surgical, pressure ulcer, arterial ulcer, diabetic ulcer, venous ulcer, etc.). Describe location and nature of wound. Describe condition of wound Describe response to current treatments Describe any pain r/t wound and interventions used to combat pain. Describe any drainage, areas of increased erythema, or warmth. Describe nursing interventions used to prevent further wound or ulcer development (turning/repositioning, incontinent care, toileting, pressure reduction devices for bed and chair, etc.) Describe skilled nursing interventions used to aid in wound healing Describe overall skin condition including poor skin turgor, bruises, rashes, cyanosis, redness, edema or other abnormality. Document any interventions implemented r/t abnormal lab values (i.e. low H&H, low serum albumin, low Fe+ levels, etc.) Describe consumption amounts of meals and fluids provided. Describe dietary interventions implemented such as increased vitamin C and protein foods offered. At least weekly, describe in detail wound measurements, locations and response to treatments. Other: Other:
<p style="text-align: center;">Speech Language Pathology (Speech Therapy)</p> <ul style="list-style-type: none"> Describe Exactly how the resident communicates and makes needs known. Describe skilled nursing interventions used to compensate for speech deficits. Describe residents ability to swallow foods and skilled nursing interventions used to compensate for impaired swallowing abilities. Other: 	<p style="text-align: center;">Diabetes Care</p> <ul style="list-style-type: none"> Describe amount of order changes and physician visits during the shift Describe any skilled nursing interventions used to teach resident self-administration. Describe outcome of resident teachings. Describe any signs and symptoms associated with fluctuating blood sugar levels. Other: Other: Other: 	
Genito-Urinary Care		
<ul style="list-style-type: none"> Describe nature of resident's condition that warrants the use of catheterization. Describe use of sterile technique during catheter placement. Describe aseptic care of urine collection system. Document accurate I&O. Describe aseptic catheter/perineal care given. Describe any resident teaching r/t catheter use. Other: Other: 	<ul style="list-style-type: none"> Describe aseptic catheter/perineal care given Describe any clinical conditions present that require skilled nursing observation (such as frequency, dysuria, indicators of UTI, etc.) Describe toileting programs in place Describe color, clarity, and any odor of urine. Describe outcome of toileting plans on incontinence (successful in decreasing incontinent episodes?) Other: Other: 	

<ul style="list-style-type: none"> Describe nature of medication used (include reason for use) and nursing skills and observations used in administration of medication. Describe effectiveness of medication and any side effects observed. Describe how resident tolerated such therapy (i.e. IV infiltration, fluid volume overload, pain, phlebitis, etc.) Describe IV site care. 	<ul style="list-style-type: none"> Describe site appearance (healing progress, drainage, pain, redness, etc) Describe ostomy site and care Describe bowel sounds Describe tolerance to tube feeding Describe positioning of bed at 30 degrees up during or after feeding Other: <p><i>Note: Notify billing for any changes in cc's per day or changes in % of calories consumed per day via feeding tube.</i></p>
Teaching & Training	
<ul style="list-style-type: none"> Describe outcome of Insulin Injection instruction Describe outcome of colostomy / Ileostomy care training Describe outcome of Supra-pubic catheter care training Describe outcome of self wound care training Describe outcome of bowel and bladder re-training program 	<ul style="list-style-type: none"> Describe outcome of medication self-administration training Describe outcome of stump care training Describe outcome of prosthetic application and prosthetic care training Describe outcome of any skilled teaching provided to resident Other:
Other Conditions, Co-Morbidities, or Events that Impact Care Requiring Documentation	
<ul style="list-style-type: none"> <input type="checkbox"/> Cerebral Palsy or Multiple Sclerosis or Quadriplegia: Describe ADL status as well as skilled nursing interventions used to assist resident. overcome ADL compromise (see above section) <input type="checkbox"/> Fever Present (2.4 degrees higher than baseline, temperature) – Describe interventions to control and or monitor fever. <input type="checkbox"/> Fever and Vomiting Present – Describe skilled nursing interventions used to maintain homeostasis and skilled observation <input type="checkbox"/> Fever and Weight Loss Present – Describe skilled nursing interventions used to maintain homeostasis and skilled observation <input type="checkbox"/> Fever and Tube Feeding With High Enteral Intake - Describe skilled nursing interventions used to maintain homeostasis and skilled observation <input type="checkbox"/> Fever and Pneumonia - Describe skilled nursing interventions used to maintain homeostasis and skilled observation <input type="checkbox"/> Fever and Dehydration Present - Describe skilled nursing interventions used to maintain homeostasis and skilled observation <input type="checkbox"/> Comatose - Describe skilled nursing interventions used to maintain homeostasis and skilled observation <input type="checkbox"/> Septicemia - Describe skilled nursing interventions used to maintain homeostasis and skilled observation <input type="checkbox"/> Burns - Describe skilled nursing interventions used to maintain homeostasis and skilled observation of burn site, response to treatment and pain management. <input type="checkbox"/> End Stage Disease - Describe skilled nursing interventions used to maintain homeostasis and skilled observation as well as comfort measures <input type="checkbox"/> Dehydration - Describe skilled nursing interventions used to maintain homeostasis and skilled observation as well as measures to correct dehydration. <input type="checkbox"/> Hemiplegia/Paresis AND ADL dependence - Describe skilled nursing interventions used to maintain homeostasis and skilled observation as well as skilled interventions to assist resident cope with ADL dependence. <input type="checkbox"/> Pain management. <input type="checkbox"/> Neurological: PERL, cognition changes, balance, vision, etc. <input type="checkbox"/> Toileting program in progress and outcome. <input type="checkbox"/> Antibiotic therapy tolerance, side effects, etc. <input type="checkbox"/> Dialysis care: shunt site, any bleeding, bruit, dressing, etc. 	<ul style="list-style-type: none"> <input type="checkbox"/> Internal Bleeding: Describe skilled nursing interventions used to maintain homeostasis and skilled observation r/t anemia (i.e. fatigue, skin color, signs of shock, etc.) <input type="checkbox"/> Chemotherapy: Describe in detail response to chemotherapy treatment and skilled nursing observation r/t discomfort and general malaise associated with chemo treatment. <input type="checkbox"/> Dialysis: Describe skilled nursing interventions used to maintain homeostasis and skilled observations r/t signs of hyperkalemia (monitor K+ levels), intake and output (as necessary), monitor for edema and respiratory compromise, H&H and signs of infection. <input type="checkbox"/> Transfusions: Describe skilled nursing interventions & skilled observation r/t transfusions including renal failure, increased anxiety levels, dyspnea, severe headache, severe pain in neck, severe chest pain, and severe lumbar pain, evidence of shock, oliguria, fever, urticaria, edema, wheezing, dizziness, JVD. <input type="checkbox"/> Oxygen Therapy: Any use of oxygen in the past 14 days requires documentation of respiratory status (See previous section) <input type="checkbox"/> Radiation Therapy: Describe skilled nursing interventions and skilled observation r/t radiation treatment such as Neurologic: Tremors, Convulsions, Ataxia, Anxiety, Confusion, GI: Nausea, Vomiting and Diarrhea, Dehydration, Cardiovascular: Circulatory Compromise/Collapse, Anemia <input type="checkbox"/> General: Pain, Skin Irritation, Skin Exposure to Elements <input type="checkbox"/> Infection on Foot or Open Lesion on Foot: Describe all skilled nursing interventions r/t treatment of foot ulcer/lesion and interventions r/t prevention of further foot complications. <input type="checkbox"/> Unstable Neurological Status: Describe skilled nursing interventions and skilled observation including Level of Consciousness, Pupil Reactions, Muscular Weakness, Seizure Activity. <input type="checkbox"/> Unstable Gastrointestinal Status: Describe skilled nursing interventions and skilled observation r/t Nausea, Vomiting, Diarrhea, Bowel Sounds, Distention, Sudden Weight Loss, Pain, and monitoring for GI bleed (hem-occult, frank blood, etc.) <input type="checkbox"/> Unstable Cardiovascular Status: Describe skilled nursing interventions and skilled observation r/t Heart Rate and Rhythm, Edema, Chest Pain, Lung Sounds, (Cardiac) Medication Use, Rapid Weight Gain, Pedal Pulses, Extremity Skin Color/Warmth, Capillary Refill, Pain/Numbness/Tingling. <input type="checkbox"/> Unstable Condition Requiring Skilled Medication Administration: Including monitoring for adverse side effects, electrolyte imbalances, internal bleeding (anticoagulant), antibiotic responses in acute conditions, steroid therapy, chemotherapy (as above), pain management, and psychotropic medication adjustments, etc.
Cognitive and Behavioral Symptoms	
<ul style="list-style-type: none"> <input type="checkbox"/> Cognitive Loss: Describe severity of cognitive loss and accurately describe current level of orientation (i.e. person, place, time) and any other areas of deficit (i.e. short term or long term memory affected) <input type="checkbox"/> Signs of Depression Present: Describe accurately any signs of depression displayed to include but not limited to: Negative statements made, repetitive questions, calling out, persistent anger, self-deprecation, unrealistic fears, repetitive non-health related complaints, unpleasant mood in morning, insomnia or change in usual sleep pattern, sad/anxious appearance, crying/tearfulness, repetitive physical movements, withdrawn from activities and social interaction. <input type="checkbox"/> Behavior Symptoms Present: Describe skilled nursing interventions to establish resident safety upon observance of the following behaviors: Wandering halls oblivious to safety, verbally abusive towards others, physically abusive towards others, socially inappropriate behavior or resistance to care. <input type="checkbox"/> Hallucinations or Delusions Present: Describe all skilled nursing interventions implemented to assist resident cope with any hallucination or delusions and include skilled nursing observations regarding same. 	
Additional Specific Documentation	
<ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____