

DAILY SKILLED DOCUMENTATION GUIDELINES

<u>PNEUMONIA/PULMONARY DISEASE</u> ❖ Lung assessment: note wheezes, rales, crackles ❖ Use of supplemental O2, O2 sats ❖ Use of accessory muscles ❖ c/o chest pain ❖ medications and responses to same ❖ endurance level ❖ ability to participate with rehab ❖ lab results ❖ vital signs ❖ new orders	<u>TOTAL HIP OR TOTAL KNEE REPLACEMENT</u> ❖ level of pain and response to pain meds ❖ surgical site condition ❖ staples or sutures ❖ any hip precautions ❖ use of CPM if ordered ❖ Weight bearing status and ability to maintain it ❖ Resident/caregiver education and response ❖ Use of anticoagulants-any adverse reaction ❖ Lab results ❖ Progress to discharge plan ❖ f/u with ortho ❖ participation with skilled therapy ❖ vital signs ❖ new orders	<u>FRACTURED HIP</u> ❖ level of pain and response to pain meds ❖ surgical site condition ❖ staples or sutures ❖ any hip precautions ❖ Weight bearing status and ability to maintain it ❖ Resident/caregiver education and response ❖ Use of anticoagulants-any adverse reaction ❖ Progress to discharge plan ❖ f/u with ortho ❖ participation with skilled therapy ❖ vital signs ❖ safety issues ❖ new orders
<u>ANTICOAGULATION THERAPY</u> ❖ Medication used ❖ Signs or symptoms of bleeding bruising, hematuria, + guaiac stools ❖ Pain ❖ Pallor or cyanosis ❖ Lab results ❖ Resident/caregiver education and response to same ❖ Safety concerns ❖ New orders	<u>UTI</u> ❖ Any burning with urination ❖ Frequency or urgency ❖ Change in continence ❖ Pain ❖ Lab results ❖ Antibiotic ordered and any adverse effects ❖ Vital signs ❖ New orders ❖ Resident/caregiver education	<u>CVA</u> ❖ Level of consciousness ❖ Neuro vital signs ❖ Swallowing issues ❖ Communication issues ❖ Ability to perform ADL's and amount of assist needed ❖ Skin integrity esp on affect side ❖ Safety concerns ❖ Anticoagulants if used ❖ Participation with skilled therapy ❖ Progress to discharge ❖ Resident/caregiver education ❖ New orders ❖ s/s depression
<u>IV THERAPY</u> ❖ Type of line and location ❖ Solution type and rate ❖ Appearance of IV site ❖ Response to medication or fluid ❖ s/s fluid overload ❖ lab results ❖ vital signs ❖ endurance ❖ any pain at site ❖ new orders	<u>RENAL FAILURE WITH DIALYSIS</u> ❖ Type of dialysis ❖ Condition of shunt or catheter bruit and thrill ❖ Response to procedure ❖ Fluid restriction maintained ❖ Skin turgor ❖ s/s dehydration or fluid overload ❖ Nutritional issues ❖ Lab results ❖ Vital signs	<u>OBSERVATION/ASSESSMENT FOR DEVELOPING A POC</u> ❖ Systems assessment ❖ Functional status ❖ Resident/caregiver education ❖ Lab results ❖ Vital signs ❖ Participation with skilled therapy ❖ Progress toward discharge ❖ New orders

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<u>DIABETES</u> ❖ Use of insulin or oral agent ❖ Blood glucose monitoring ❖ Coverage if needed ❖ s/s of ↑ ↓ blood sugar ❖ Lab results ❖ Nutritional status ❖ Skin integrity ❖ Vital signs ❖ Resident/caregiver education ❖ Can resident accurately check blood glucose, draw up and inject insulin? ❖ Does resident know s/s of ↑ or ↓ blood sugar and what to do? ❖ New orders	<u>CARDIOVASCULAR DISEASE</u> ❖ Vital signs including rate, rhythm and strength of pulse ❖ Lung sounds, resp. rate ❖ Use of supplemental O2 ❖ Edema ❖ Pain – location, duration, severity, intervention, and response to same ❖ Lab results ❖ New Orders ❖ Resident/caregiver education ❖ Participation with skilled therapy ❖ Progress to discharge goals	<u>CHEMOTHERAPY / XRT</u> ❖ Type of therapy ❖ Diagnosis to support therapy ❖ Nutritional status ❖ Skin integrity ❖ Endurance ❖ Pain ❖ Nausea or vomiting ❖ Safety concerns ❖ Discharge goals ❖ Participation with skilled therapy ❖ Vital signs ❖ New orders ❖ Ability to perform ADLs and amount of assist needed
<u>URINARY RETENTION / NEUROGENIC BLADDER</u> ❖ Size and type of catheter used ❖ Lab results ❖ Vital signs ❖ Voiding trials if attempted ❖ Pain ❖ Medications ❖ Endurance ❖ Ability to perform ADL's and amount of assist needed ❖ Bladder assessment if new catheter or catheter removed	<u>TERMINAL/HOSPICE CARE</u> ❖ Pain and response to treatment ❖ Hospice involvement ❖ Skin integrity ❖ LOC ❖ Comfort measures used ❖ Family support ❖ Nutritional status ❖ s/s dehydration and/or fluid overload ❖ Spiritual needs ❖ s/s depression	<u>PAIN</u> ❖ Site/type/duration/frequency ❖ Medication given and response, ie pain 8 on 1-10 scale, given 2 percocet, 1 hour later pain 3 ❖ Non pharmacological approaches to pain relief ❖ Effect of pain on ADL's, appetite, sleep patterns, mood ❖ Pain assessment with each new pain medication trial ❖ Vital signs ❖ New orders