

MEDICARE CHARTING GUIDELINES

Resident Name: _____ **Date of Admission:** ____/____/____

Admitting Dx (Main): _____

Other Dx: _____

Guidelines:

1. Chart Q Day.
2. Use this guideline to focus your charting.
3. Guideline to be completed by Medicare Nurse, Unit Manager, or other Nursing Supervisor.

REASON FOR SKILLING ON MEDICARE:

◦ Physical Therapy ◦ Occupational Therapy ◦ Speech Therapy ◦ Respiratory Therapy ◦ Unstable IDDM ◦ Injections (IM only) ◦ New G-Tube Feeding
 ◦ Decubitus/Ulceration [◦ Stage III ◦ Stage IV B Multi-Stage II] ◦ Other Wounds (i.e. v/v Surgical w/complications) ◦ I.V. Therapy ◦ Straight Catheterization
 ◦ Colostomy/Ileostomy Care ◦ Medication Adjustment ◦ Dehydration/Malnutrition ◦ Isolation ◦ Patient Teaching/Nursing Rehab
 ◦ Medically Unstable Condition ◦ Cardiovascular Compromise ◦ Gastrointestinal Complications ◦ Circulation Problems ◦ Hemodialysis (w/ complications)
 ◦

TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE
◦ Physical, Occupational Therapy <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. <p>** Indicates one of the 4 LATE LOSS ADLS which assign an ADL Index Score for RUG calculation.</p>	◦ Speech Therapy <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. ◦ Unstable IDDM <ul style="list-style-type: none"> Describe amount of order changes and physician visits (Requires in the past 14 days 2 order changes and 2 MD visits OR 4 order changes) 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. 	◦ Respiratory Therapy / Impaired Respiratory Status: <ul style="list-style-type: none"> Describe skilled trach care rendered Describe accurately breath sounds over all lung aspects (i.e. wheezes, rales, ronchi). 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 residents comfort level as it 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 it respiratory status and any skilled nursing interventions used to aid in comfort and improve overall status.
◦ LM, or I.V. Medication Administration <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) 	◦ New Gastrostomy Tube Feeding <ul style="list-style-type: none"> Describe amount of fluids/feedings delivered Describe resident's ability to communicate and make needs known to staff Describe how resident tolerated tube feeding – specifically any adverse effects to feeding such as diarrhea, abdominal distension, Cardiac symptoms, abnormal lung sounds. Describe type of ostomy care rendered around G-Tube site and condition of site. Describe clinical necessity for G-Tube/J-Tube 	◦ Decubitus Ulceration (Stage III or IV or Multi- II's) <ul style="list-style-type: none"> Describe condition of wound Describe response to current treatments Describe nursing interventions used to prevent further ulcer development Describe skilled nursing interventions used to aid in wound healing Describe consumption amounts of meals and fluids provided. Describe overall skin condition including poor skin turgor, bruises, rashes, cyanosis, redness, edema or other abnormality. Document any interventions implemented re abnormal lab values (i.e. low H&H, low serum albumin, low Fe+ levels, etc) Describe dietary interventions implemented such as increased vitamin C and protein foods offered. At least q week, describe in detail wound measurements, locations and response to treatments.
◦ Surgical Wounds or Open Lesions (does not include rashes, ulcers and cuts) <ul style="list-style-type: none"> Describe location and nature of wound. Describe any pain re to surgical wound and interventions used to combat pain. Describe nursing interventions and observations re surgical wound healing process. Describe any drainage, areas of increased erythema, or warmth. Describe response to any treatments ordered. At least q week describe in detail wound healing process and response to tx. 	◦ Straight Catheterization / GU Complications <ul style="list-style-type: none"> Describe nature of resident's condition that warrants the use of straight catheterization techniques. Describe use of sterile technique during catheter administration. Describe any resident teaching re catheter use. Describe any clinical conditions present that require skilled nursing observation (such as frequency, dysuria, indicators of UTI, etc) 	

Medicare Charting Cheat Sheets

Mike Jess



Medicare Charting Cheat Sheets:

Charting Made Incredibly Easy! Springhouse, 2002 Part of the Springhouse Incredibly Easy Series TM this Second Edition provides current information about charting in a comprehensible clear fun and concise manner Three sections cover Charting Basics Charting in Contemporary Health Care and Special Topics New features include expanded coverage of computerized documentation and charting specific patient care procedures plus current JCAHO standards both in the text and appendix chapter summaries and a new section with case study questions and answers Amusing graphics and cartoon characters call special attention to important information Entertaining logos throughout the text alert the reader to critical information Thought Pillows identify key features of documentation forms and the glossary defines difficult or often misunderstood terms Quality Assurance and Performance Improvement Emmanuel Anene, 2012-03-07 This book is intended to aide home health owners administrators and managers in practicing good goal directed and efficient care of their patients It is my intention that if this book is properly put to use by all home health care professionals the home health agencies and their patients will benefit immensely Home Health Care has and will continue to undergo changes The use of qualified staff and the effective management of the agencies by their owners and administrator through knowledge and understanding of home health rules and regulations is key to coping with the changes **MDS Coordinator Book** LTC Books, 2023-04-07 2024 Edition for MDS v1 19 1 The resources and forms in this book will greatly clarify simplify and expedite the resident assessment and scheduling process Data Collection Scheduling PDPM Skilled Nursing Care Planning 22 Skilled Charting Guidelines 18 Care Area Assessments and Triggers Quality Assurance MDS Coordinator Job Description Submitting Assessments MDS Reports Data Collection Tool MDS Cheat Sheet Nursing Assistant Care Form Weekly Work Calendar Assessment Master Log Monthly Assessment MDS Completion Tracking Form Medicare Services and Utilization Review Medicare UR Census PDPM Patient Driven Payment Model MDS Items Changing Reimbursement Section V Notes Sample CAA Module Summary Notes Sample Quality Measures Preventing Avoidable Declines Skin Breakdown Audit Pain Interview and Assessment Pain Assessment for Cognitively Impaired Incident Audit Falls Psychotropic Medication Audit Surveyor Matrix for Providers and much more The MDS Coordinator holds one of the key positions in a long term care facility and works closely with the entire interdisciplinary team Looking at the broad picture and spectrum of care she ensures and enhances the quality of care The reimbursement of the facility depends on the accuracy and consistency of her documentation **Documentation for Rehabilitation- E-Book** Lori Quinn, James Gordon, 2009-12-18 Four NEW chapters address additional aspects of documentation that rehabilitation professionals will encounter in practice Legal aspects of documentation Documentation in pediatrics Payment policy and coding Computerized documentation The Long-term Care Nursing Desk Reference Barbara Acello, 2005 From pain assessment methods to intravenous drip calculations the Long Term Care Nursing Desk Reference offers long term care nurses virtually every tool they need to provide high quality

regulation compliant long term resident care Written by accomplished author and speaker Barbara Acello MS RN this authoritative reference is jam packed with practical need to know patient care information essential policies and procedures and vital regulatory and safety requirements In short the Long Term Care Nursing Desk Reference is the book you and your nurses have been waiting for *Nursing Homes* ,2007 *Diabetes Care Documentation and Coding* Jerome S. Fischer,2002

O & P Almanac ,2004-07 **HCPCS 2005** ,2004 *Strauss and Mayer's Emergency Department Management* (eBook) Robert W. Strauss,Thom A. Mayer,2013-09-05 A Comprehensive Practical Text on Effectively Running an Emergency Department Emergency Department Management is a real world pragmatic guide designed to help emergency department managers efficiently handle the many complex issues that arise in this challenging clinical environment Written by professionals who have spent their entire careers in the service of emergency department patients this unique text delivers practical solutions to virtually any problem that may arise in running an emergency department or acute care center COMPLETE EXPERT COVERAGE OF EVERY IMPORTANT MANAGEMENT TOPIC INCLUDING Leadership Principles Operations Informatics Quality and Service Finance Reimbursement Contracts Legal and Regulatory Issues Malpractice Human Resources Emergency Department Management offers the guidance and expertise required to deliver consistent rapid high quality care It is the single best resource available to help you navigate the leadership challenges that arise daily in the emergency department Resources in Education ,1986 **Documentation Abstracts** ,1995 **Books and Pamphlets, Including Serials and Contributions to Periodicals** Library of Congress. Copyright Office,1968-07 *Adult Health Nursing* Barbara Lauritsen Christensen,Elaine O. Kockrow,1998-10 Provider ,2003 The Process of Patient Education Barbara Klug Redman,1993 Discusses the place of patient education in health care objectives in patient education learning theory and interpersonal teaching techniques teaching tools including printed and nonprinted materials planning and evaluation of teaching trends in patient education etc Written for health care providers interested in how to teach patients and families Government Reports Announcements & Index ,1978-06 **Health Care Software Sourcebook & IT Buyer's Guide** ,1999 Kinn's The Medical Assistant Alexandra Patricia Young-Adams,2003 **Nursing, a Human Needs Approach** Janice Rider Ellis,Elizabeth Ann Nowlis,1981

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