

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
<p><input type="checkbox"/> Physical, Occupational Therapy</p> <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>	<p><input type="checkbox"/> 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. <p><input type="checkbox"/> Unstable IDDM</p> <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. 	<p><input type="checkbox"/> Respiratory Therapy / Impaired Respiratory Status</p> <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.
<p><input type="checkbox"/> IM, or I.V. Medication Administration</p> <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) 	<p><input type="checkbox"/> New Gastrostomy Tube Feeding</p> <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 	<p><input type="checkbox"/> Decubitus Ulceration (Stage III or IV or Multi- II's)</p> <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 if 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.
<p><input type="checkbox"/> Surgical Wounds or Open Lesions (does not include rashes, ulcers and cuts)</p> <ul style="list-style-type: none"> • Describe location and nature of wound. • Describe any pain r/t to surgical wound and interventions used to combat pain. • Describe nursing interventions and observations r/t 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. 	<p><input type="checkbox"/> Straight Catheterization / GU Complications</p> <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 r/t catheter use. • Describe any clinical conditions present that require skilled nursing observation (such as frequency, dysuria, indicators of UTI, etc) 	

Medicare Nursing Documentation Guidelines

**Institute of Medicine, Committee on
Nursing Home Regulation**



Medicare Nursing Documentation Guidelines

Taking Action Against Clinician Burnout National Academies of Sciences, Engineering, and Medicine, National Academy of Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, 2020-01-02 Patient centered high quality health care relies on the well being health and safety of health care clinicians However alarmingly high rates of clinician burnout in the United States are detrimental to the quality of care being provided harmful to individuals in the workforce and costly It is important to take a systemic approach to address burnout that focuses on the structure organization and culture of health care Taking Action Against Clinician Burnout A Systems Approach to Professional Well Being builds upon two groundbreaking reports from the past twenty years To Err Is Human Building a Safer Health System and Crossing the Quality Chasm A New Health System for the 21st Century which both called attention to the issues around patient safety and quality of care This report explores the extent consequences and contributing factors of clinician burnout and provides a framework for a systems approach to clinician burnout and professional well being a research agenda to advance clinician well being and recommendations for the field The CMS Hospital Conditions of Participation and Interpretive Guidelines ,2017-11-27 In addition to reprinting the PDF of the CMS CoPs and Interpretive Guidelines we include key Survey and Certification memos that CMS has issued to announced changes to the emergency preparedness final rule fire and smoke door annual testing requirements survey team composition and investigation of complaints infection control screenings and legionella risk reduction Complete Guide to Documentation Lippincott Williams & Wilkins,2008 Thoroughly updated for its Second Edition this comprehensive reference provides clear practical guidelines on documenting patient care in all nursing practice settings the leading clinical specialties and current documentation systems This edition features greatly expanded coverage of computerized charting and electronic medical records EMRs complete guidelines for documenting JCAHO safety goals and new information on charting pain management Hundreds of filled in sample forms show specific content and wording Icons highlight tips and timesavers critical case law and legal safeguards and advice for special situations Appendices include NANDA taxonomy JCAHO documentation standards and documenting outcomes and interventions for key nursing diagnoses **Nursing Documentation Handbook** T. M. Marrelli,2000 **Home Health Assessment Criteria** Barbara Acello,Lynn Riddle Brown,2015-05-28 Ensure that no condition or symptom is overlooked and documentation is as accurate as possible with Home Health Assessment Criteria 75 Checklists for Skilled Nursing Documentation ICD-10-CM Official Guidelines for Coding and Reporting - FY 2021 (October 1, 2020 - September 30, 2021) Department Of Health And Human Services,2020-09-06 These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD 10 CM the American Hospital Association AHA the American Health Information Management Association AHIMA CMS and NCHS These guidelines are a

set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction. Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation code assignment and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported. The importance of consistent complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

Chart Smart, 2011. Chart Smart the A to Z Guide to Better Nursing Documentation tells nurses exactly what to document in virtually every type of situation they may encounter on the job no matter where they practice hospital medical office outpatient rehabilitation facility long term care facility or home. This portable handbook has nearly 300 entries that cover documentation required for common diseases major emergencies complex procedures and difficult situations involving patients families other health care team members and supervisors. In addition to patient care this book also covers documentation.

Instructions to Surveyors Great Britain. Board of Trade, 1909

ICD-9-CM Official Guidelines for Coding and Reporting, 1991

DocuNotes Cherie Rebar, 2009. Reviews the terminology for written communications with physicians and staff. Describe the types of documentation including SOAP notes and DART charts. Details the documentation of history taking including medical social and family history physical assessments and systems. Covers the documentation of nursing skills and procedures as well as medication administration. Addresses the documentation required in specialized fields such as OB GYN pediatrics psychiatric and outpatient nursing. Includes how to for template electronic and other forms of charting.

Handbook of Home Health Standards and Documentation Guidelines for Reimbursement T. M. Marrelli, 1998. In addition with the updated HCFA home health agency manual coverage as well as coverage and documentation guidelines forms may be completed with knowledge of the latest Medicare rules. Best of all the OASIS B form which is hot off the press is included in its entirety.

Improving the Quality of Care in Nursing Homes Institute of Medicine, Committee on Nursing Home Regulation, 1986-02-01. As more people live longer the need for quality long term care for the elderly will increase dramatically. This volume examines the current system of nursing home regulations and proposes an overhaul to better provide for those confined to such facilities. It determines the need for regulations and concludes that the present regulatory system is inadequate stating that what is needed is not more regulation but better regulation. This long anticipated study provides a wealth of useful background information in depth.

study and discussion for nursing home administrators students and teachers in the health care field professionals involved in caring for the elderly and geriatric specialists **Nursing Notes the Easy Way** Karen Stuart Gelety,2010-11-01 Ever wonder what to put in a nursing note This pocket sized guide provides you with over a hundred templates for written and verbal communication in nursing to help you **Handbook of Home Health Standards** Tina M. Marrelli,2011-06-30

Guide to Clinical Documentation Debra Sullivan,2011-12-22 Develop the skills you need to effectively and efficiently document patient care for children and adults in clinical and hospital settings This handy guide uses sample notes writing exercises and EMR activities to make each concept crystal clear including how to document history and physical exams and write SOAP notes and prescriptions **Managing Documentation Risk** Patricia A. Duclos-Miller,2004 Nurses are now commonly cited or implicated in medical malpractice cases Fast Facts for the Long-Term Care Nurse Charlotte Eliopoulos,2015-04 Print CourseSmart **The Future of Nursing 2020-2030** National Academies of Sciences Engineering and Medicine,Committee on the Future of Nursing 2020-2030,2021-09-30 The decade ahead will test the nation s nearly 4 million nurses in new and complex ways Nurses live and work at the intersection of health education and communities Nurses work in a wide array of settings and practice at a range of professional levels They are often the first and most frequent line of contact with people of all backgrounds and experiences seeking care and they represent the largest of the health care professions A nation cannot fully thrive until everyone no matter who they are where they live or how much money they make can live their healthiest possible life and helping people live their healthiest life is and has always been the essential role of nurses Nurses have a critical role to play in achieving the goal of health equity but they need robust education supportive work environments and autonomy Accordingly at the request of the Robert Wood Johnson Foundation on behalf of the National Academy of Medicine an ad hoc committee under the auspices of the National Academies of Sciences Engineering and Medicine conducted a study aimed at envisioning and charting a path forward for the nursing profession to help reduce inequities in people s ability to achieve their full health potential The ultimate goal is the achievement of health equity in the United States built on strengthened nursing capacity and expertise By leveraging these attributes nursing will help to create and contribute comprehensively to equitable public health and health care systems that are designed to work for everyone The Future of Nursing 2020 2030 Charting a Path to Achieve Health Equity explores how nurses can work to reduce health disparities and promote equity while keeping costs at bay utilizing technology and maintaining patient and family focused care into 2030 This work builds on the foundation set out by The Future of Nursing Leading Change Advancing Health 2011 report **Data Compendium** ,1999 Hospice and Palliative Care Handbook T. M. Marrelli,2018

Ford Taurus 3.0L 24v DOHC Intake Manifold Removal 1997 Mercury Sable 3.0L (Ford Taurus) - YouTube 2002 Taurus/Sable

Duratec 3.0 Intake Disassembly - YouTube Upper Intake Manifold Removal | Taurus Car Club of America Jul 13, 2008 — I almost remove the UIM completely, but the things that are in the way are accelerator cable and cruise control cables. 00-07 Ford Taurus/Mercury Sable Intake Removal/Sparkplug ... Upper intake removal for 2004 mercury sable v6 DOHC intake manifold replacement Ford Taurus(so easy ... - YouTube Ford 3.5L DOHC Upper Intake manifold removal ... - YouTube help with intake manifold removal? - Ford Taurus Forum Jan 10, 2015 — Can't help you with the "cat claw" part. I usually use a small pry bar with a "V" cut out on each end. Looks like a small crow bar. As to "inch ... How to remove intake manifold on duratec engine on 1999 ... Aug 19, 2008 — Disconnect battery ground cable. Drain engine cooling system. Remove crankcase ventilation tube from valve cover and air cleaner outlet tube. A Queer Thing Happened to America: And ... A Queer Thing Happened to America chronicles the amazing transformation of America over the last forty years, and addresses the question head-on: Is there ... A Queer Thing Happened To America: And what a long ... A Queer Thing Happened to America chronicles the dramatic cultural changes that have taken place in our country in relation to homosexuality and pointedly ... A Queer Thing Happened to America: And What a Long ... A Queer Thing Happened to America chronicles the amazing transformation of America over the last forty years, and addresses the question Is there really a gay ... By Michael L. Brown - A Queer Thing Happened to America Michael Brown is a Jewish believer in Jesus (he came to faith in 1971 as a heroin-shooting, LSD-using, hippie rock drummer) and he holds a Ph.D. in Near ... A Queer Thing Happened To America (Hardcover) A Queer Thing Happened to America chronicles the amazing transformation of America over the last forty years, literally, from Stonewall Inn to the White House, ... A Queer Thing Happened to America: And What a Long, ... A Queer Thing Happened to America chronicles the amazing transformation of America over the last forty years, and addresses the question head-on: Is there ... A Queer Thing Happened to America - Denver Journal Michael L. Brown, A Queer Thing Happened to America: And what a long, strange trip it's been, 1st ed. Concord, NC, 2011. 691 pages. \$ 24.10. Hardcover. michael brown - queer thing happened america what A Queer Thing Happened to America : And What a Long, Strange Trip It's Been. Brown, Michael L. ISBN 13: 9780615406091. Seller: Better World Books: West A Queer Thing Happened to America by Michael L. Brown A Queer Thing Happened to America chronicles the amazing transformation of America over the last forty years, and addresses the question head-on: Is there ... A Queer Thing Happened to America: And What a Long ... Renée Richards (née Richard Raskind), who had sex change surgery and who came to have lots of regrets (pp. 574-78). Brown shows real examples of how the ... Where do you get an algebra 2 answer key for learning ... Apr 28, 2022 — The Algebra II answer key for Learning Odyssey is not available online. It appears you can obtain the answer key through the teachers ... Odyssey finals test Algebra 2 · All Things Algebra ; Algebra 1 - · Benchmark End of Year EOC Spiral Review Packet · iteachalgebra ; Algebra 2 College Algebra · or ... Part 1 [fvt] (Algebra II 2nd Semester Exam Review) - YouTube Algebra 2 Introduction, Basic Review, Factoring ... - YouTube Common Core Algebra II.Unit 1.Lesson 2.Solving ... - YouTube Common Core Algebra II.Unit 1.Lesson

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