

MEDICARE DAILY SKILLED CHARTING GUIDELINES

TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE
<p>Physical and Occupational Therapy</p> <ul style="list-style-type: none"> Describe exactly how the resident performs ADLS. Vital signs Describe the amount of assistance provided Describe how the resident accomplishes the following: <p>Bed Mobility, Transferring, Ambulation, Eating (Including G-Tubes), Dressing/Grooming, , Toilet Use, Personal Hygiene</p> <ul style="list-style-type: none"> Describe exactly how the resident communicates and makes needs known. Falls: include vitals, pain, and any new orders due to the fall (labs, safety, x-ray, med changes etc.) Hemiplegia/Paresis AND ADL dependence 	<p>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 resident's ability to swallow foods and skilled nursing interventions used to compensate for impaired swallowing abilities. <p>Unstable IDDM</p> <ul style="list-style-type: none"> Order changes and physician visits (Requires in the past 7days 2 order changes) Describe any skilled nursing interventions used to teach resident self- administration. Describe any signs and symptoms with fluctuating blood sugar levels. 	<p>Respiratory Therapy / Impaired Respiratory Status/ Pneumonia/ COPD</p> <ul style="list-style-type: none"> Describe skilled trach care rendered and each incident of suctioning or other techniques Describe accurately breath sounds over all lung aspects (i.e. wheezes, rales, rhonchi). Vitals (color, chest pain, activity tolerance) Describe respiratory rate, rhythm and quality. Describe the effectiveness of any respiratory treatments given (Nebulizers, Oxygen, etc.) Describe residents comfort level. Describe any changes in LOC, anxiety, change in mental status. Lab and x-ray results Antibiotics and response Nutrition/ hydration skin turgor, edema
<p>I.M. 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>UTI/ Septicemia</p> <ul style="list-style-type: none"> Describe antibiotic and effects Vital signs I&O (Foley if appropriate) Assessment of affected body system Presence or absence of bleeding and any precautions be taken. MD orders and visits Labs/ Diagnostic with response Mental status changes Chills, nausea, vomiting, pain, urgency, malaise, headache, frequency, dysuria 	<p>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.)
<p>Impaired Cognition/ Behaviors</p> <ul style="list-style-type: none"> Describe resident's complaints, symptoms, behaviors and response to treatment plan. Physician orders, visits and treatment plan Skin condition, circulatory status, Nutrition, weight changes, lab results, discharge plans Adverse reactions to treatment plan or medications Psych consult and reason for consult Labs and results Medications and reason for medication Resident or families expectation 	<p>Constipation/ Colostomy Care</p> <ul style="list-style-type: none"> Nausea, Vomiting, Diarrhea, Bowel Sounds, distention, Sudden Weight Loss, Pain, and monitoring for GI bleed (hemocult) Describe resident's ability to communicate and make needs known to staff Describe any adverse effects such as diarrhea, abdominal distension, Cardiac symptoms, abnormal lung sounds. Describe type of ostomy, colostomy site, peri-wound, and condition of site. Describe any signs of infection 	<p>GI Bleed/internal Bleeding/Transfusion</p> <ul style="list-style-type: none"> Describe amount of fluids/feedings consumed Vital signs. Active bleed in stool, sputum or emesis (pallor, fatigue, SOB, diaphoresis, low BP, high pulse) 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>Surgical Wounds or Open Lesions/Burns</p> <ul style="list-style-type: none"> 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. 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. 	<p>Renal Failure/ Dialysis</p> <ul style="list-style-type: none"> Describe medication and effects If dialysis day chart times out the building, where they went and who transported them Vital signs, weight, O2 use Fatigue, pallor, nausea, vomiting, mouth ulceration, fetid breath, disorientation, anxiety, irritability, periorbital edema, pruritus, lower extremity edema, delusions, anorexia, drowsiness, coma, muscle twitching, skin discolorations Daily weight Shunt status +thrill and +bruit Do Not take BP in ____arm 	<p>Cardiac Impairment/ Bleeding Precautions</p> <p>Changes in LOC, anxiety or mental status</p> <ul style="list-style-type: none"> 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. Presence or absence of bleeding and any precautions taken. PT/INR results and med changes. Response to medications Describe resident's conditions and any skilled nursing interventions to improve overall status Describe medication and effects Vital signs, weight, O2 use, pacer use
<p>Decubitus Ulcers (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 Document any interventions implemented r/t abnormal lab values Describe dietary interventions implemented 	<p>Nursing Rehabilitation (As applicable)</p> <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 medication self-administration training Describe outcome of stump care training Describe outcome of bowel and bladder training Describe outcome of any skilled teaching provided to resident 	<p>Terminal Care</p> <ul style="list-style-type: none"> Vital signs I&O (Foley if appropriate) Pain site, management, and response O2 L/min and delivery device MD orders and visits or communications Need for suctioning Nutrition hydration status Skin integrity Change in condition/ Mental status changes Family support provided Radiation or chemotherapy tolerance Tremors, Convulsions, Ataxia, Anxiety, Confusion
<p>New Gastrostomy Tube Feeding</p> <p>Describe amount of fluids/feedings delivered</p> <ul style="list-style-type: none"> 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>Medically Complex or Unstable Conditions</p> <ul style="list-style-type: none"> Fever and Vomiting Present Fever and Weight Loss Present Fever and Tube Feeding Fever and Diagnosis of Pneumonia present Fever and Dehydration Present End Stage Disease Dehydration Radiation Therapy: Neurologic: GI: Nausea, Vomiting and Diarrhea, Dehydration CV: Circulatory Compromise/Collapse, Anemia General: Pain, Skin Irritation, Skin Exposure to Elements Unstable Gastrointestinal Status Unstable Condition Requiring Skilled Medication Administration Unstable Neurological Status: 	<p>Cognitive and Behavioral Symptomology</p> <p>(Generally DO NOT enable Medicare Benefits but must be accurately recorded as they do affect RUG-III Scoring)</p> <ul style="list-style-type: none"> Cognitive Loss Signs of Depression Behavior Symptoms Present Hallucinations or Delusions Present
<p>Fractures</p> <ul style="list-style-type: none"> Vital signs I&O (Foley if appropriate) Pain site, management, and response Assistance needed with ADL's MD orders and visits or communications Need for suctioning Nutrition hydration status Skin integrity Change in condition/ Mental status changes Cast care Circulatory checks 	<p>Medically Complex or Unstable Conditions</p> <ul style="list-style-type: none"> CV: Circulatory Compromise/Collapse, Anemia General: Pain, Skin Irritation, Skin Exposure to Elements Unstable Gastrointestinal Status Unstable Condition Requiring Skilled Medication Administration Unstable Neurological Status: 	

*The information contained in this document is provided as reference material only