

SNF DOCUMENTATION GUIDELINES

RESIDENT NAME _____

Responsible Party is to be notified with each new treatment ordered for ANYTHING (i.e., infections, antibiotics, medication changes, new skin breakdown, falls, etc.)

IV MEDICATIONS/FLUIDS <ul style="list-style-type: none"> Reason Type of fluid (use IV Flow Sheet) Description of IV site Rate of flow (use IV Flow Sheet) Response to interventions Vital signs & nursing note Q shift 	SUCTIONING <ul style="list-style-type: none"> Need Quantity & description of secretions Frequency Vital signs Lung sounds Chart on shift it was done & shift following 	PRESSURE ULCER <ul style="list-style-type: none"> Location of ulcer(s) Drainage/odor Response to treatment Interventions (to include special mattress) Make sure Pressure Ulcer Record is initiated & current
SKIN TEAR/EXCORIATION <ul style="list-style-type: none"> Location & description of wound(s) (make sure Wound Record is initiated & current) Dressing/treatment 	PNEUMONIA/RESPIRATORY <ul style="list-style-type: none"> Results of chest x-ray, labs, etc. as completed Treatment Vital signs to include O2 sats & lung sounds Q shift Presence of coughing 	FEEDING TUBES <ul style="list-style-type: none"> Use Tube Feeding Record to document formula, check of placement, HOB elevated, flushes Site appearance Tolerance to feeding Mouth care
DIABETES <ul style="list-style-type: none"> S/S Hypo/Hyperglycemia Appetite Notification of MD for blood sugars outside ordered range 	MOBILITY/THERAPY <ul style="list-style-type: none"> Document according to treatment plan (i.e. if for ambulation, note how well the resident ambulates, etc.) Tolerance For PT/OT, assistance needed for bed mobility, transfer, ambulation, toileting For ST, assistance needed with eating, thickened liquids, etc. Weight bearing status 	POST SURGERY <ul style="list-style-type: none"> Presenting symptoms (i.e. surgical wound, appearance of eye for cataract removal, etc.) Tolerance Vital signs
OXYGEN USE <ul style="list-style-type: none"> Reason Amount Route Frequency Vital signs to include lung sounds O2 sats 	UTI <ul style="list-style-type: none"> Frequency of urination Color, odor, amount of voids Antibiotic treatment ordered Labs as ordered RP notification of initial treatment Vital signs Q shift until resolved I & O 	FALLS <ul style="list-style-type: none"> Complete Post Fall Assmt Injuries sustained Document Q shift x 72 hours to include neuro assmt Document neuro assmt on flow sheet for head injury Document noncompliance with fall interventions Document use of interventions
BEHAVIORS <ul style="list-style-type: none"> Precipitating factors if known Interventions and resident response Administration of prn meds Psych consult Response to change in meds 	PAIN <ul style="list-style-type: none"> Location Type of pain, severity Pain med given & response Other modalities used for pain control & effectiveness MD notification if pain management ineffective 	NUTRITION/HYDRATION <ul style="list-style-type: none"> Amount eaten at each meal I & O Consultation with dietician Encouragement of fluid intake Skin turgor Nausea, vomiting, diarrhea Mouth care, dentures, dental caries

SNF DOCUMENTATION GUIDELINES

RESIDENT NAME _____

Responsible Party is to be notified with each new treatment ordered for ANYTHING (i.e., infections, antibiotics, medication changes, new skin breakdown, falls, etc.)

<p>ANTICOAGULATION THERAPY</p> <ul style="list-style-type: none"> • Vital signs • Presence or absence of active abdominal, joint or other pain • Active signs of bleeding noted • Color – cyanosis or pallor • Labs • MD communication regarding PT/INR results 	<p>CHF</p> <ul style="list-style-type: none"> • Vital signs • Lung assessment • O2 sats • Chest pain, actions taken & resident response • Edema • Color of skin, nail beds • Capillary refill • Interventions initiated (lasix increased, IV lasix, etc) • Monitor for increase/decrease in wt secondary to diuretics 	<p>CVA</p> <ul style="list-style-type: none"> • Vital signs • Assistance needed for ADLs • Problems with balance • Safety measures needed • Ability to make needs known • Therapy, Restorative program • Continence • Appliances required • S/S of swallowing problems • Change in level of consciousness, emotional status • S/S of depression • Interventions to prevent contractures
<p>FRACTURE</p> <ul style="list-style-type: none"> • Vital signs • Assistance needed for ADLs • Maintenance of proper alignment of affected limb • Precautions (i.e. hip) • Response to pain medication • Related surgical wound • Edema • Circulatory status of affected extremity (pulse present) • Preventive measures in use • Weight bearing status 	<p>GI BLEED</p> <ul style="list-style-type: none"> • Vital signs • I & O • Auscultation of bowel sounds • Monitoring of sputum, emesis, stool • Meal intake & nutritional status • Bowel function • Hemocult results • Monitoring labs (H&H) 	<p>MI</p> <ul style="list-style-type: none"> • Vital signs • Toleration of therapy • Response to medications • Monitoring of labs • Nausea/vomiting • Anxiety • Edema • Chest Pain(recurrent/new) • Radiating, describe (throbbing, dull, aching, etc)
<p>ADL Documentation</p> <ul style="list-style-type: none"> • Number of Staff Assist needed for bathing, eating, dressing, etc. (1, 2, etc.) • Amount of assist needed: supervision, limited, extensive, total.. 		
<p>OTHER: ***All changes should be care planned***</p>		