

## 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
◦ <b>Physical, Occupational Therapy</b> <ul style="list-style-type: none"> <li>Describe exactly how the resident performs ADLS.</li> <li>Describe the amount of assistance provided.</li> <li>Describe how the resident accomplishes the following:               <ul style="list-style-type: none"> <li><b>Bed Mobility</b> **</li> <li><b>Transferring</b> **</li> <li>Ambulates</li> <li>Dresses Self</li> <li><b>Eats (Including G-Tubes)**</b></li> <li><b>Toilet Use (Including Post-Use Hygiene)**</b></li> <li>Personal Hygiene and Bathing</li> </ul> </li> <li>DESCRIBE SKILLED NURSING INTERVENTIONS USED TO COMPENSATE FOR ADL DEFICITS.</li> </ul> <p>** Indicates one of the 4 LATE LOSS ADLS which assign an ADL Index Score for RUG calculation.</p>	◦ <b>Speech Therapy</b> <ul style="list-style-type: none"> <li>Describe Exactly how the resident communicates and makes needs known.</li> <li>Describe skilled nursing interventions used to compensate for speech deficits.</li> <li>Describe residents ability to swallow foods and skilled nursing interventions used to compensate for impaired swallowing abilities.</li> </ul> ◦ <b>Unstable IDDM</b> <ul style="list-style-type: none"> <li>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)</li> <li>Describe any skilled nursing interventions used to teach resident self administration.</li> <li>Describe outcome of resident teachings.</li> <li>Describe any signs and symptoms associated with fluctuating blood sugar levels.</li> </ul>	◦ <b>Respiratory Therapy / Impaired Respiratory Status:</b> <ul style="list-style-type: none"> <li>Describe skilled trach care rendered</li> <li>Describe accurately breath sounds over all lung aspects (i.e. wheezes, rales, ronchi).</li> <li>Describe respiratory rate, rhythm and quality.</li> <li>Describe the effectiveness of any respiratory treatments given (i.e. Nebulizers, Chest PT, Other Respiratory Medications, Oxygen, etc)</li> <li>Describe residents comfort level as it respiratory status.</li> <li>Describe any changes in LOC, anxiety or other mental status changes.</li> <li>Describe each incident of suctioning and any other invasive techniques.</li> <li>Describe resident's overall condition as it respiratory status and any skilled nursing interventions used to aid in comfort and improve overall status.</li> </ul>
◦ <b>LM, or I.V. Medication Administration</b> <ul style="list-style-type: none"> <li>Describe nature of medication used (include reason for use) and nursing skills and observations used in administration of medication.</li> <li>Describe effectiveness of medication and any side effects observed.</li> <li>Describe how resident tolerated such therapy (i.e. IV infiltration, fluid volume overload, pain, phlebitis, etc)</li> </ul>	◦ <b>New Gastrostomy Tube Feeding</b> <ul style="list-style-type: none"> <li>Describe amount of fluids/feedings delivered</li> <li>Describe resident's ability to communicate and make needs known to staff</li> <li>Describe how resident tolerated tube feeding – specifically any adverse effects to feeding such as diarrhea, abdominal distension, Cardiac symptoms, abnormal lung sounds.</li> <li>Describe type of ostomy care rendered around G-Tube site and condition of site.</li> <li>Describe clinical necessity for G-Tube/J-Tube</li> </ul>	◦ <b>Decubitus Ulceration (Stage III or IV or Multi- II's)</b> <ul style="list-style-type: none"> <li>Describe condition of wound</li> <li>Describe response to current treatments</li> <li>Describe nursing interventions used to prevent further ulcer development</li> <li>Describe skilled nursing interventions used to aid in wound healing</li> <li>Describe consumption amounts of meals and fluids provided.</li> <li>Describe overall skin condition including poor skin turgor, bruises, rashes, cyanosis, redness, edema or other abnormality.</li> <li>Document any interventions implemented re abnormal lab values (i.e. low H&amp;H, low serum albumin, low Fe+ levels, etc)</li> <li>Describe dietary interventions implemented such as increased vitamin C and protein foods offered.</li> <li>At least q week, describe in detail wound measurements, locations and response to treatments.</li> </ul>
◦ <b>Surgical Wounds or Open Lesions (does not include rashes, ulcers and cuts)</b> <ul style="list-style-type: none"> <li>Describe location and nature of wound.</li> <li>Describe any pain re to surgical wound and interventions used to combat pain.</li> <li>Describe nursing interventions and observations re surgical wound healing process.</li> <li>Describe any drainage, areas of increased erythema, or warmth.</li> <li>Describe response to any treatments ordered.</li> <li>At least q week describe in detail wound healing process and response to tx.</li> </ul>	◦ <b>Straight Catheterization / GU Complications</b> <ul style="list-style-type: none"> <li>Describe nature of resident's condition that warrants the use of straight catheterization techniques.</li> <li>Describe use of sterile technique during catheter administration.</li> <li>Describe any resident teaching re catheter use.</li> <li>Describe any clinical conditions present that require skilled nursing observation (such as frequency, dysuria, indicators of UTI, etc)</li> </ul>	

# Medicare Charting Guidelines Healthinsight

**Institute of Medicine, Board on Health  
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Geographic Adjustment Factors in  
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## **Medicare Charting Guidelines Healthinsight:**

## The Enigmatic Realm of **Medicare Charting Guidelines Healthinsight**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing in short supply of extraordinary. Within the captivating pages of **Medicare Charting Guidelines Healthinsight** a literary masterpiece penned with a renowned author, readers attempt a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting impact on the hearts and minds of people who partake in its reading experience.

<https://staging.conocer.cide.edu/About/publication/index.jsp/Middle%20School%20Scavenger%20Hunt%20List.pdf>

### Table of Contents Medicare Charting Guidelines Healthinsight

1. Understanding the eBook Medicare Charting Guidelines Healthinsight
  - The Rise of Digital Reading Medicare Charting Guidelines Healthinsight
  - Advantages of eBooks Over Traditional Books
2. Identifying Medicare Charting Guidelines Healthinsight
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Medicare Charting Guidelines Healthinsight
  - User-Friendly Interface
4. Exploring eBook Recommendations from Medicare Charting Guidelines Healthinsight
  - Personalized Recommendations
  - Medicare Charting Guidelines Healthinsight User Reviews and Ratings
  - Medicare Charting Guidelines Healthinsight and Bestseller Lists

5. Accessing Medicare Charting Guidelines Healthinsight Free and Paid eBooks
  - Medicare Charting Guidelines Healthinsight Public Domain eBooks
  - Medicare Charting Guidelines Healthinsight eBook Subscription Services
  - Medicare Charting Guidelines Healthinsight Budget-Friendly Options
6. Navigating Medicare Charting Guidelines Healthinsight eBook Formats
  - ePub, PDF, MOBI, and More
  - Medicare Charting Guidelines Healthinsight Compatibility with Devices
  - Medicare Charting Guidelines Healthinsight Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Medicare Charting Guidelines Healthinsight
  - Highlighting and Note-Taking Medicare Charting Guidelines Healthinsight
  - Interactive Elements Medicare Charting Guidelines Healthinsight
8. Staying Engaged with Medicare Charting Guidelines Healthinsight
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Medicare Charting Guidelines Healthinsight
9. Balancing eBooks and Physical Books Medicare Charting Guidelines Healthinsight
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Medicare Charting Guidelines Healthinsight
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Medicare Charting Guidelines Healthinsight
  - Setting Reading Goals Medicare Charting Guidelines Healthinsight
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Medicare Charting Guidelines Healthinsight
  - Fact-Checking eBook Content of Medicare Charting Guidelines Healthinsight
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

### 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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