

# Hospice Comprehensive Assessment & Plan of Care Documentation Tools

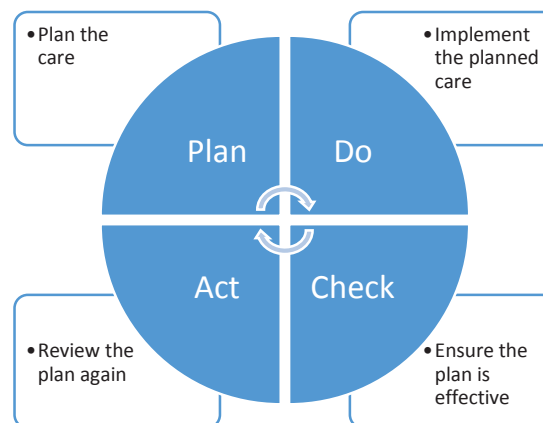
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## Introduction

### The Documentation Thread

The Hospice Medicare Conditions of Participation (CoPs) spell out the process and the timeframe for completing the patient assessments and plan of care. It is presented as a cycle of care of hospice care delivery. Medicare expects to find a thread of documentation throughout the record that represents the connections within the cycle of care.

- Through the use of the initial and comprehensive assessments, accurate and timely patient information is made available for use in the care planning process.
- Care planning provides the palliative care process to address the patient's immediate, potential and ongoing needs.
  - Problems are identified, targeted outcomes or goals of care, are set and interventions to reach these goals are determined.
  - The care plan details the process through which goals of care are achieved.
  - The palliative care process consists of all hospice services furnished to the patient and family.
  - The palliative care process results in an effect on the patient's condition, whether it meets the goals of care or not.
  - The process includes modification of the plan of care in order to effectively achieve the goals of care.
  - The process includes the assessment of the effectiveness of hospice interventions.
  - Based on the determination of effectiveness, subsequent care decisions are made and the cycle of care progresses in a continuous loop. Through this cycle, accurate patient and family information obtained from each successive assessment should yield effective and appropriate palliative care decisions, thus generating a positive effect on patient care and desired outcomes.



PT NAME \_\_\_\_\_ MR # \_\_\_\_\_ DATE: \_\_\_\_\_

**CLINICAL NOTE – SPIRITUAL**

Type of Contact:  Home visit     Nursing home/ALF     Hospital     On call/prn     Other \_\_\_\_\_  
Level of Care:     Routine home     Continuous     Inpatient     Respite

**Plan of Care Problems:** Check problems assessed on this visit.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> 1 Anticipate death <72 hrs or less | <input type="checkbox"/> 9 Dysphagia/Anorexia/Stomatitis | <input type="checkbox"/> 17 Depression                  | <input type="checkbox"/> 25 Need for Volunteer  |
| <input type="checkbox"/> 2 Disease Process/HC Directive     | <input type="checkbox"/> 10 Respiratory Function         | <input type="checkbox"/> 18 Alteration Coping–Patient   | <input type="checkbox"/> 26 Spiritual Needs     |
| <input type="checkbox"/> 3 Pain/Discomfort                  | <input type="checkbox"/> 11 Cardiac / Circulatory        | <input type="checkbox"/> 19 Alteration Coping–Caregiver | <input type="checkbox"/> 27 LOC: Sx Mgmt        |
| <input type="checkbox"/> 4 Functional Ability               | <input type="checkbox"/> 12 Impaired Skin Integrity      | <input type="checkbox"/> 20 Mental Illness of Patient   | <input type="checkbox"/> 28 LOC: Inpt Respite   |
| <input type="checkbox"/> 5 Insomnia                         | <input type="checkbox"/> 13 Diabetes                     | <input type="checkbox"/> 21 Communication Issues        | <input type="checkbox"/> 29 Potential Discharge |
| <input type="checkbox"/> 6 Nausea/Vomiting                  | <input type="checkbox"/> 14 Central Venous Line          | <input type="checkbox"/> 22 Anticipatory Grief          | <input type="checkbox"/> 30 NH/ALF coordination |
| <input type="checkbox"/> 7 Constipation/Diarrhea            | <input type="checkbox"/> 15 Infection                    | <input type="checkbox"/> 23 Financial Limitations       | <input type="checkbox"/> 31 Other: _____        |
| <input type="checkbox"/> 8 Incontinence of Bowel/Bladder    | <input type="checkbox"/> 16 Neuro Status                 | <input type="checkbox"/> 24 Patient Safety in Home      |   |

New patient/caregiver concerns since last assessment \_\_\_\_\_

**Spiritual Concerns**    ✓ box for Yes; leave blank for No (☑ = Yes; ☐ = No)    **POC:**  New Problem     Ongoing Problem

- |  |  |
|--|--|
| <input type="checkbox"/> Unresolved guilt                              | <input type="checkbox"/> Fear/anxiety                  |
| <input type="checkbox"/> Relationship distress/need for reconciliation | <input type="checkbox"/> Alienation from belief system |
| <input type="checkbox"/> Search for meaning                            | <input type="checkbox"/> Desire for peace              |
| <input type="checkbox"/> Request for ritual or prayer                  | <input type="checkbox"/> Spiritual crisis              |
| <input type="checkbox"/> Desire for spiritual ritual                   | <input type="checkbox"/> Other _____                   |

**Request for Service and Referrals**

- Volunteer Coordinator – Requests volunteer for:  Companionship/sitting     Errands     Respite  
 Social Work for \_\_\_\_\_  
 Bereavement Services for \_\_\_\_\_

**Care Plan**

- Reviewed/revised with patient/caregiver involvement     Outcome achieved     Referrals made  
 New problem identified: \_\_\_\_\_     No changes to POC

**Summary**

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

PT NAME \_\_\_\_\_ MR # \_\_\_\_\_ DATE: \_\_\_\_\_

PROBLEM #1

**Interdisciplinary Team Plan of Care  
Patient Actively Dying – Anticipate Death in 72 Hours or Less**

Targeted Outcome (**P**=Patient goal, **F**=Family goal, **I**=IDT goal): Patient will experience death with comfort and dignity as evidenced by:

- \_\_\_\_\_ Lack of pain and other distressing symptoms \_\_\_\_\_ Caregiver(s) understand active dying process
- \_\_\_\_\_ Immediate spiritual, volunteer and bereavement needs are met \_\_\_\_\_ Minimize symptoms of terminal restlessness/anxiety
- \_\_\_\_\_ Caregiver(s) understand management of terminal restlessness \_\_\_\_\_ Other \_\_\_\_\_

Date and initial all currently planned interventions.

Related to hospice diagnosis?  Yes  No

Date Initiated	Interventions	Responsible Party/Discipline	Date Reviewed/Updated		Date Resolved	
			Initials	Initials	Initials	Initials
	1. Monitor vital signs and pain level.					
	2. Implement measure to reduce/control pain.					
	3. Teach care of the actively dying patient.					
	4. Teach physiologic process of death and dying.					
	5. Assess coping mechanisms of family. Provide support as needed.					
	6. Assess for and provide spiritual support as needed.					
	7. Assess for and provide volunteer support as needed.					
	8. Assess bereavement needs of family and provide support as needed.					
	9. Assess for causes of terminal restlessness; treat if appropriate.					
	10. Administer medications for terminal restlessness as ordered (see Medication & Treatment Profile).					
	Other:					

Reviewed/Revised/Updated:

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_ Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

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