

Medical Record Review Form

MEDICAL RECORD REVIEW FORM					
	Location of data in Medical Record	YES	NO/ND	DATE (If YES)	Comments
SCREENING FORM (ALL RESIDENTS)					
1. Was the presence or absence of urinary incontinence documented at admission? ("Yes" if Licensed Nurse documents within 2 weeks and/or MD documents within 1 month)	<u>Admission Nursing Assessment</u> Or <u>Admission H&P</u> (MD, NP)				If yes, check all that apply: <input type="checkbox"/> Licensed Nurse documented UI <input type="checkbox"/> Licensed Nurse documented no UI <input type="checkbox"/> MD documented UI <input type="checkbox"/> MD documented no UI <input type="checkbox"/> Indwelling catheter documented
2. Did the resident have an indwelling catheter?					If yes, was a reason stated? <input type="checkbox"/> NO <input type="checkbox"/> YES _____
3. Urinary Incontinence RAP triggered? (MDS Form)					
4. MDS H1b = 2 or 3 (Occasionally or Frequently Incontinent)					
5. MDS H1b = 4 (Multiple, daily incontinent episodes)					
6. MDS H3a (scheduled toileting plan) ^{√d} OR H3b (Bladder retraining Program) ^{√d}					If yes, circle item (s) ^{√d} H3a H3b
7. MDS G1i>0 (toileting assistance)					If yes, circle score: 1 2 3 4
TARGETED INCONTINENCE REVIEW					
8. Were any of the following done within 1 month after UI identified?					
a. Mental status evaluation	<u>Nurse Assessment, Progress notes</u> (MD, Nurse)				
b. Characteristics of voiding	<u>Nurse Assessment, Progress notes</u> (MD, Nurse)				
c. Ability to get to the toilet	<u>Nurse Assessment, Progress notes</u> (MD, Nurse, PT)				
d. Prior treatment for incontinence	<u>Progress notes</u> (MD, Nurse)				
e. Importance of problem to resident	<u>Progress notes</u> (MD, Nurse, Psychologist)				
f. Rectal Exam	<u>Admit H & P, Progress notes</u> (MD, NP, Nurse)				Accept documentation of bowel moves if in primary provider notes for a rectal exam:
g. Genital/pelvic Exam	<u>Admit H & P, Progress notes</u> (MD, NP)				
h. Skin Exam	<u>Nurse Assessment, Admit H & P, Progress notes</u> (MD, Nurse)				

i. Dipstick urinalysis	LAB				
j. Post-void residual	<u>Progress notes</u> (Nurse, MD)				
<u>k. 24 hour voiding record</u>	C.N.A. or Licensed Nurse Notes or Nurse Assessment				
9. Was a 3-5 day toileting assistance trial done?	C.N.A. Flowsheet or Licensed Nurse notes or Nurse Assessment				<p>If YES, Answer Q 10 – 11</p> <p>If NO, Answer Q 11 <i>Accept any description of toileting assistance trial even if no note about outcomes is made</i></p>
10. During the trial, was the resident capable of using the toilet appropriately over 65% of the time?	C.N.A. Flowsheet or licensed RN notes or RN assessment				
11. Was resident placed on a toileting assistance program?	MD Orders <u>Progress notes</u> (Licensed Nurse, MD) C.N.A. flowsheet				<p>Accept documentation of toileting program even if specific frequency is not noted (e.g., “toileting as needed”</p>