

Documentation Checklist: Process Guideline for Acute Change of Condition

ACUTE CHANGE OF CONDITION: Assessment/Problem Recognition			
May relate to F-tag: 272 (Assessment), 309 (Quality of Care)	Yes	No	NA
1. Did the facility identify significant risks for an ACOC?			
2. Did the facility describe and document symptoms and/or conditions changes?			
3. Did the facility clarify the nature of the problem?			
ACUTE CHANGE OF CONDITION: Diagnosis/Cause Identification			
May relate to F-tag: 272 (Assessment), 385 (Physician services), 386 (Physician review of total plan of care)	Yes	No	NA
4. Did the facility staff and practitioner seek causes of the symptoms or condition change, or can they justify sending the individual out of the facility to evaluate possible causes?			
5. If a plausible cause was not found readily in someone with an ACOC, were delirium, fluid and electrolyte imbalance, infection, and medication-related effects considered?			
ACUTE CHANGE OF CONDITION: Treatment/Problem Management			
May relate to F-tag: 279/280 (Comprehensive Care Plans), 309 (Quality of Care), 386 (Physician review of total plan of care)	Yes	No	NA
6. Did the facility address the ACOC or identify why it was not appropriate to do so, and review as part of its QA process why it was necessary to send an individual elsewhere to address an ACOC?			
7. Was appropriate supportive and cause-specific treatment given OR was there an explanation why it was not feasible or not provided?			
ACUTE CHANGE OF CONDITION: Monitoring			
May relate to F-tag: 272 (Assessment), 309 (Quality of Care)	Yes	No	NA
8. Were the individual's ACOC and related causes monitored and treatment adjusted accordingly?			
9. Does the facility monitor its unplanned hospital transfers as part of its QA program and seek to improve on related processes?			

Signature of Person(s) completing the form:

Signature

Date

Signature

Date