

Medical Record Review Form

MEDICAL RECORD REVIEW FORM					
	Location of data in Medical Record	YES	NO/N D	DATE (If YES)	Comments
<b>SCREENING FORM (ALL RESIDENTS)</b>					
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&amp;P</u> (MD, NP)				<b>If yes, check all that apply:</b> <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?					<b>If yes, was a reason stated?</b> <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) <sup>vd</sup> OR H3b (Bladder retraining Program) <sup>vd</sup>					<b>If yes, circle item (s) <sup>vd</sup></b> <b>H3a          H3b</b>
7. MDS G1i>0 (toileting assistance)					<b>If yes, circle score: 1</b> <b>2   3   4</b>
<b>TARGETED INCONTINENCE REVIEW</b>					
8. Were any of the following done within 1 month after UI identified?					
a. Mental status evaluation	Nurse Assessment, <u>Progress notes</u> (MD, Nurse)				
b. Characteristics of voiding	Nurse Assessment, <u>Progress notes</u> (MD, Nurse)				
c. Ability to get to the toilet	Nurse Assessment, <u>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	Admit H & P, <u>Progress notes</u> (MD, NP, Nurse)				<b>Accept documentation of bowel moves if in primary provider notes for a rectal exam:</b>
g. Genital/pelvic Exam	Admit H & P, <u>Progress notes</u> (MD, NP)				
h. Skin Exam	Nurse Assessment, Admit H & P, <u>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				<b>If YES, Answer Q 10 – 11</b>  <b>If NO, Answer Q 11</b> <i>Accept any description of toileting assistance trial even if no note about outcomes is made</i>
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				<b>Accept documentation of toileting program even if specific frequency is not noted (e.g., “toileting as needed”</b>