



Medical Inpatient Chart Documentation Tool 2015

Health Plan: *Tufts Health Public Plans*

Date of Review: _____

Time of Review: _____

Facility Name: _____

Member ID: _____

Complete Facility Address: _____

Member Last Name: _____

Member First Name: _____

Member DOB: _____

Telephone Number: _____

Gender: _____

Review Completed By: _____

Inpatient Chart Documentation	YES	NO	N/A
1. Is the member's name and/or ID number on each page?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
2. Does the name of the member's attending physician appear in the record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
3. Is the date of the member's admission documented in the record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
4. Is there documentation of dates of application for and authorization of MassHealth/CarePlus benefits if application is made after admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
5. Is there documentation of the admitting diagnosis, symptoms, and complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
6. Is there documentation of any complications indicating the need for admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
7. Is there a description of the functional level of the member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			

Inpatient Chart Documentation	YES	NO	N/A
8. Are the objectives documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
9. Are there orders for medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
10. Is there an order for treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
11. Is there an order for restorative and rehab services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
12. Is there an activities order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
13. Is there an order for therapies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
14. Is there an order for social services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
15. Is there an order for a diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
16. Is there an order for special procedures recommended for the health and safety of the member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
17. Does the plan of care include plans for continuing care, including review and modification to the plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inpatient Chart Documentation	YES	NO	N/A
If NO , explain:			
18. Does the plan of care include plans for discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
19. Does the chart include date of operating room reservation, if possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
20. Does the chart contain justification of emergency admission, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
21. Does the record contain information on allergies and adverse reactions (or a notation that the patient has no known allergies or history of adverse reactions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
22. Is there appropriate notation concerning the use of cigarettes, alcohol, and substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
23. Is there evidence that the treatment plan was reviewed at least every 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
24. Is there documentation of the reason and plan for continued stay, if the attending physician believes continued stay is necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			
25. Is there evidence of discussion and instructions on Advance Directive wishes, and/or a completed and signed Advance Directive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO , explain:			

Comments: