

## Recertifications

I have provided some examples to assist with writing recertifications. It is important to compare and contrast from one benefit period to the next and from admission to the current benefit. The examples I have given are patients with Alzheimers. As you can see the recertification is broken down by systems as well as medications, DME etc. I have also highlighted in blue important documentations tips. Please see your clinical manager or myself for further clarification.

### Patient A-dx Alzheimers Disease

#### PPS and Fast Score-

The patient's fast score had been downgraded to 7C from 7A d/t decline in cognitive status AEB increased garbled speech involving word salad and non-sensical responses, as well as inability to respond to yes and no with intent. She is also less verbal overall this benefit period. She has been reported with "not making a peep all day". It is important to get feedback from staff if a facility pt or our own staff (CNAs, social worker and chaplain). If possible insert a quote from their notes if the patient is showing decline.

Social workers and chaplains- your notes are important and should discuss decline (pt less engaging in visit as evidenced by \_\_\_\_\_)

#### ADLS-

This benefit period, patient is a 1-2 max assist with all ADLS requiring full assist with feeding and hooyer for transfers. Last period the patient was able to assist with transfers.(how was she able to assist with transfer- was she a 1 or 2 person assist? She continues to be incontinent of bowel and bladder.

#### Skin-

Some small scattered bruises noted to right forearm from poor safety awareness and banging them into arm rests on Broda. Is there any new wounds this benefit period. any recent falls that may have caused more bruises etc?

#### Intake/output

Her intake had been about 25% average for standard portion meals, but over this benefit period she is not eating more than bites. What size portion-Children's size, standard large? She continues to not recognize food. She does continue to drink adequately and does have health shakes TID. Does the pt have increase difficulty swallowing? Is the patient eating more due to now being fed by someone?

#### DME-

No changes to DME this period. Continues with midline broad. No oxygen use at this time. O2 sats are in the 90s on room air.

#### Weights-

At last recert the patient's weight was 106.8. Last weight in December was 101.4 for a 5.4 lb weight loss. BMI dropped from 17 to 16 and LMUAC was 23 and is now 22 cm. If patient unable to be weighed, please obtain MUAC Document how clothes fit the patient Are they hanging off the patient?

#### **Sleep/Activity Tolerance-**

She is sleeping more, per staff was at 16-18 hours and is now closer to 20 hours a day. She is also more difficult to arouse after any activity such as getting up for the day, bathing and eating. This is new this period.

No falls or infections this period. Document if pt has had any falls, recent infections etc.

**New medications-** Patient has not had any recent medication change Document if pt has had any recent changes in medications or change in frequency

**Psychosocial-** Social workers and chaplains- does pt respond to prayer or hymns? Does pt reach out to take your hand? What is the change from one recert to the next or from admission?

PPS remains at 30% and fast score

#### **Patient 2- Alzheimer's Disease**

##### **ENT-**

Patient is much more HOH now. This increase difficulty has been noted since last recert period. She does not appear to hear even when talking close to her or speaking loudly. Important for social workers and chaplains to also document

**Skin-** Buttock continues to get reddened at times. Barrier cream used. Skin very dry and fragile with poor turgor. Thin frail appearance with facial and temporal wasting evident. Loose skin to arms, face and neck. Cheeks and eyes becoming increasingly sunken this benefit period.

##### **Respiratory-**

Dyspnea noted with speech at rest. O2 sats usually noted in the mid to low 90s. Lungs diminished throughout at baseline. Chronic occasional cough noted. Document if patient was able to ambulate certain amount of feet and now less distance (this may occur with other dx than alzheimers)

##### **Cardiac-**

Patient's right foot and ankle continue to be more edematous than the left. Right foot and ankle +2 pitting. Left foot and ankle +1 pitting .Document how high the edema extends to. Facial coloring is dusky while hands and feet are extremely pale, often with blue discoloration. Hands and feet frequently cool to touch. Document if these are new findings.

#### Sleep-

Pt sleeps up to 22 hours a day which is a change from last cert period of 20 hours a day. Document if patient sleeping most of your visits compared to last recert or from admission

#### Speech-

Speech continues to become less frequent and more nonsensical. Pt frequently quiet and withdrawn, not engaging with staff/visitors/family as she used to do. She is also reporting to suddenly yell out at times but does not seem startled or distressed but rather appears to have trouble controlling volume of her voice. Ativan .5mg prn has been used occasionally this benefit period with fair effect. Social worker visits discontinued at this time due to pt not engaging with SW and pt not benefiting from visits. Volunteers in place.

#### Functional-

Pt becoming much more difficult for staff to keep patient propped up. Despite using multiple pillows placed strategically she continues to tip over to the side of her bed, usually to the left side. This is new this period. She remains bedbound. She remains complete care for all ADLS requiring an assist of 2 as rolling pt side to side has become more difficult. She is no longer able to hold onto the side rails to assist with rolling.

#### Cognitive-

Pt does not recall frequent visitors, unable to recall past or recent events(bday or what she ate for breakfast.) Pt no longer engaged with visitors like she used to. Unable to follow any conversation due to confusion and increased hearing deficit. Pt was previously a 7A fast score. Pt speaking minimally now and can no longer sit up on her own. Fast score dropped to 7D.

#### Nutrition-

Weight and MUAC down this period. At the end of last period pt's weight was 116.8. Most recent weight was 109, down 7.8 lbs/6.68%. MUAC down from 26cm last period to 25.5 cm today. Appetite remains poor, usually eating 25% of standard size portions.

Medications- Ativan started .5mg q4 prn

Falls- no recent falls

Infections- no recent infections