

# The Unipolicy in MobileWyse

The Unipolicy Forms are used to document the LCD's.

The forms must be completed at Start of Care and Recert.

The Unipolicy forms are located in the Hospice Integrated assessment for Admission visits, and are addable forms for Recertification Visits.

Always select the Unipolicy 1<sup>st</sup> Part and the appropriate Disease specific Unipolicy for the SOC/Recert visit.

New Visit

1. Visit  
 2. DAR

Order: 1x/Day x 14Days (4/14/15)

Type: Routine Visit

Date: 04/14/15

Start: 150P

Last Visit Docs

Select Forms

- Terminal Care
- Unipolicy 1st Part
- Unipolicy ALS
- Unipolicy Cancer
- Unipolicy Cardiac
- Unipolicy Dementia
- Unipolicy HIV
- Unipolicy Liver
- Unipolicy Pulmonary
- Unipolicy Renal
- Unipolicy Stroke

Patient Chart | Unipolicy 1st Part

Part 1: Clinical Status  
Part 1: Signs/Sx  
Part 1: Labs  
Part 1: Data (Summary) (Changes)

INDICATIONS:

DECLINE IN STATUS GUIDELINES:  
PROGRESSION OF DISEASE AS DOCUMENTED BY WORSENING CLINICAL STATUS, SYMPTOMS, SIGNS AND LABORATORY RESULTS.

CLINICAL STATUS:

1. RECURRENT OR INTRACTABLE SERIOUS INFECTIONS, SUCH AS PNEUMONIA, SEPSIS OR PYELONEPHRITIS
2. PROGRESSIVE (AN)TICIP AS DOCUMENTED BY:

(A) WEIGHT LOSS OF AT LEAST 10% BODY WEIGHT IN THE PRIOR SIX MONTHS, NOT DUE TO REVERSIBLE CAUSES SUCH AS DEPRESSION OR USE OF DIURETICS;

WEIGHT HISTORY:

CURRENT WEIGHT: 120 lbs kg

(B) DECREASING ANTHROPOMORPHIC MEASUREMENTS (MID ARM CIRCUMFERENCE, ABDOMINAL GIRTH) NOT DUE TO REVERSIBLE CAUSES SUCH AS DEPRESSION OR USE OF DIURETICS.

CURRENT MID ARM CIRCUMFERENCE (MAC): 16 cm

MEASUREMENT HISTORY:

There are some redundant fields in the Unipolicies and the clinical notes.

These fields will auto populate in the Unipolicy when there is the same documentation located elsewhere in the Unipolicy or clinical note.

For example wgt and MAC entered in the SN note will auto fill same values in the Unipolicy.

# Reference text is built in to to the Unipolicy Forms

- ▶ Where there is a ? click to view a tutorial regarding that specific area of the chart.

**Patient Chart | Unipolicy Dementia**

Part 2  
 Part 3 Dementia (Summary) (Changes)

Unable to dress without assistance;  
 Unable to bathe without assistance;  
 ?  Urinary and fecal incontinence  
 ?  No consistently meaningful verbal communication

2. PATIENTS SHOULD HAVE ONE OF THE FOLLOWING WITHIN THE PAST TWELVE MONTHS:

(a) Aspiration pneumonia  
 (b) Pyelonephritis  
 (c) Septicemia  
 (d) Decubitus ulcers, multiple, stage 3-4  
 (e) Fever, recurrent after antibiotics  
 ?  (f) Unable to maintain sufficient fluid/calorie

HISTORY/COMMENTS:

**Reference Text**  
 f. Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin < 2.5 gm/dl

Where there is a scale of measure, click on the scale to view the scoring details.

**Patient Chart | Unipolicy Dementia**

Part 2  
 Part 3 Dementia (Summary) (Changes)

D. SEE PART III, FOR DISEASE SPECIFIC GUIDELINES TO BE USED WITH THESE BASELINE GUIDELINES AND ADD/DOCUMENT ADDITIONAL PART III DIAGNOSIS SPECIFIC GUIDELINES AS APPROPRIATE.  
 PART 2 BASELINE GUIDELINES DO NOT INDEPENDENTLY QUALIFY A PATIENT FOR HOSPICE COVERAGE.  
 NON-DISEASE SPECIFIC BASELINE GUIDELINES (BOTH OF THESE SHOULD BE MET)

A. PHYSIOLOGIC IMPAIRMENT OF FUNCTIONAL STATUS AS DEMONSTRATED BY KARNOFSKY PERFORMANCE SCALE (KPS) OR PALLIATIVE PERFORMANCE SCORE (PPS) FROM LESS THAN (E) 70%.

PPS:	40%
CURRENT PPS:	40

Click on PPS to view the Reference Text.

**Reference Text**

PPS:

100% - Ambulation - full.  
 Normal activity -No evidence of disease.  
 Self-care - Full : Intake - Normal  
 Conscious level (CL) - Full

90% - Ambulation - full  
 Normal Activity and work -Some evidence of disease.  
 Self care - Full : Intake - Normal.

CL - Full.

80% -Ambulation - Full.  
 Normal activity with Effort - Some evidence of disease.  
 Self care - Full : Intake - Normal or Reduced.