Standardization

CC: Concerned about father's care at **XXXXXXXXX**

S: Social Worker, XXXXXX, reached out to Network regarding case.

Encourage a patient perspective within the renal community as a whole

XXXXX reported the following:

Foster patient and involvement; incorporation of patient voice

- On 6/23/2016 Interdisciplinary Team meeting and Patient Care Conference was completed. Compliance issues discussed and dry weight was adjusted. Medications were reconciled. Family suggested medication chart and will share chart with team once constructed. Modality change was made from nocturnal to standard hemodialysis in center. Patient has a run time of 4 hours. Patient started modality change on 6/23/2016. Rights and responsibilities reviewed (for patient and clinic). Closed current Plan of Care and opened new unstable care plan to address modality changes, changes in medications (psychotropic as well as physical medications). Oral nutritional supplements changed to Nova Source Renal due to low Albumin levels.

Coordination of care

- Pt was scheduled to meet with Primary Care Physician on 6/24/2016 at 2:34 pm. Plan for Primary Care Physician visit: referral to GI doctor, plan for asities, adjustment of psychotropic medications (Alazopram, Lexapro, Xanax) and physical medications. Spouse will monitor all medications.

Coordination of care

- Pt did go hospital on 6/23/2016 after being on dialysis in clinic for 3 hours. Pt reported abdominal pain. Pt is currently in Doctor's Hospital. Plan of care in hospital: Paracentesis, cultures.

- Attempts were made by hospital staff to reach PCP but were to no avail. Hospital requested that Nephrologist refer pt to GI doctor. Nephrologist at clinic has made referral for GI doctor (at hospital).

Social Worker voiced understanding that records due on 6/27/2016 should be overnighted to Network office and that discharge summary from current hospital admission should be sent to Network as soon as available.

Observation of patient and how to approach patient

O: Social Worker was pleasant and cooperative

Clinical Judgement

A: Social Worker wanted to update Network on case and check status of due dates.

Outlines next steps

P: **Patient Service Director will await records**

Helpful Hints:

- Avoid shorthand
- Take patient-centered view of the issue
- Focus on root causes of disruptive behavior and make "plans/interventions" related to root causes
- Avoid defended documentation
- Remain objective in documentation

OUTLINE OF SOAP NOTE

CC: Chief Complaint

- This is what the main reason for the call/grievance/complaint from the patient, family or facility

S: Subjective

- Clinically important statements made by patient, facility and/or family members
- Statements may refer to feelings, thoughts, actions, treatment objectives, concerns
- Quotes can be used but no interpretation is completed in this section

O: Objective

- Patient Services Social Worker's (PSSW) comments stated in behavioral, measureable, factual, and observational terms without observation (primary telephonic)
    - Examples
        - Perception
            - Auditory Hallucinations
            - Visual Hallucinations
            - Depersonalizations
        - Thought Content
            - Logical/Coherent
            - Delusions, Specify_____
            - Lose/Tangential
            - Racing Thoughts
            - Slowed Thoughts
            - Obsessive Compulsive
        - Insight
            - Good
            - Fair
            - Poor
        - Sensorium
            - Alert
            - Lethargic
            - Clouded
        - Judgement
            - Good

        - Fair
        - Poor
    - General Comprehension
        - Good
        - Fair
        - Poor
    - Orientation
        - Within Normal Limits
        - Recent Memory Deficits
        - Remote Memory Deficits
    - Mood
        - Anxious
        - Angry/Hostile
        - Depressed/Sad
        - Labile
        - Anhedonia/Hopeless
        - Euphoric/Elevated
        - Euthymic
    - Cooperation
        - Good
        - Poor
        - Guarded
        - Variable
    - Speech
        - Coherent
        - Normal Quality
        - Hyper-verbal
        - Pressured
        - Slowed

A: Assessment

- Clinical interpretation of Subjective and Objective Sections that includes family dynamics

P: Plan

- Risk assessment
- Progress towards goal or goals
- Progress toward discharge
- Community and agency specific resources offered
- Stressors and/or barriers impacting goals or progress
- Date and/or time frame for next follow up