



## Chart Note Documentation Guide for Hospital Bed Exam

Primary reason for visit must be for hospital bed evaluation and document each item below (1-7):  
(Document answers in your chart note)

<p><b>1. Does your patient require a Hospital Bed for the following reason?</b></p> <p>- Does the patient's condition require positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed?</p> <p>*Explain include <u>diagnosis</u> and <u>symptom</u>, e.g., cardiac disease, chronic obstructive pulmonary disease, quadriplegia or paraplegia, and also the severity and frequency of the symptoms of the condition that necessitates a hospital bed for positioning.</p>	<p><b>2. Does the patient's condition require special attachments that cannot be fixed and used on an ordinary bed? *Explain why you are ordering the following accessories for the hospital bed.</b></p> <p>- <b>Full or Half Rails:</b> Does the patient have a need for full rails e.g., to prevent from falling out of bed or half rails e.g., to assist with getting out of bed?</p> <p>- <b>Trapeze Bar:</b> Does the patient have a need for a trapeze bar e.g., to assist with positioning or sitting up in bed?</p> <p>- <b>Gel Overlay, Air Mattress, Standard Mattress:</b> Does the patient have a need for a pressure reducing mattress or standard mattress? Does the patient have current ulcers requiring a pressure reducing mattress?</p>
<p><b>3. Does the patient's condition require Electric Powered Hospital Bed Adjustments?</b></p> <p>- Does the patient's condition require the ability to lower and raise head and foot in order for frequent change in body position and/or there may be an immediate need for a change in body position (i.e., no delay can be tolerated) and the patient can operate the controls and cause the adjustments?</p> <p>*Explain include <u>diagnosis</u> and <u>symptom</u>, e.g., cardiac disease, chronic obstructive pulmonary disease, quadriplegia or paraplegia, and also the severity and frequency of the symptoms of the condition that necessitates a hospital bed for positioning.</p>	<p><b>4. Does the patient's condition require a Variable Height Feature?</b></p> <p>- Does the patient suffer from severe arthritis and other injuries to lower extremities; e.g., fractured hip? The condition requires the variable height feature to assist the patient to ambulate by enabling the patient to place his or her feet on the floor while sitting on the edge of the bed.</p> <p>- Does the patient suffer from severe cardiac conditions? For those cardiac patients who are able to leave bed, but who must avoid the strain of "jumping" up or down.</p> <p>- Does the patient suffer from spinal cord injuries, including quadriplegic and paraplegic patients, multiple limb amputee and stroke patients? For those patients who are able to transfer from bed to a wheelchair, with or without help.</p> <p>- Does the patient suffer from any other severely debilitation diseases and conditions, if the variable height feature is required to assist the patient to ambulate?</p>
<p><b>5. Document your patient's physical and mental ability to use <u>Hospital Bed</u>.</b></p>	<p><b>6. What is the patient's weight and height?</b></p>
<p><b>7. Do you intend to order a <u>Hospital Bed</u> for your patient?</b></p>	

**\*\*Document all answers in your chart notes during the patient's face to face visit\*\***