

# Hospice Documentation

## Order Guide

### ADMISSION/ADMINISTRATION

Item #	Description	Pkg	Qty
3443/2P	Hospice Face to Face/60 Day Recert.	100/pk	
3895/2P	Patient Consent for Care & Service Agreement	100/pk	
3539P	Hospice Intake/Referral	100/pd	
CMS-R-131	Advance Beneficiary Notice (ABN)	50/pk	
1773/2	Authorization to Release Patient Info	100/pd	
CMS-10124	Detailed Non-Coverage, English	50/pk	
CMS-10124-S	Detailed Non-Coverage, Spanish	50/pk	
3466/2P	Election of Medicare Hospice Benefit	100/pk	
3531	Home Care/Hospice Rights & Respons.	100/pd	
3463/2P	Hospice Benefit Certification	100/pk	
3456/3P	Hospice Medicare Benefit Revocation	100/pk	
CMS-10123	Notice of Non-Coverage, English	50/pk	
CMS-10123-S	Notice of Non-Coverage, Spanish	50/pk	
1770	Notice of Privacy/ Acknowledgement of Receipt	100/pk	
1771	Privacy and Confidentiality Agreement	100/pk	
1772	Request to Obtain Protected Health Info	100/pd	

### ASSESSMENTS/CARE PLANS

Item #	Description	Pkg	Qty
3559P-14	HIS Admission Assessment	50/pk	
3560P-14	HIS Discharge Assessment	50/pd	
3166P	Braden Scale	100/pd	
3477P	Comfort Self-Assessment	100/pd	
3599/2P	Dietary Assessment/Consult	100/pk	
3911P-13	Fall Risk Assessment - MAHC-10	100/pd	
3910P	Falls Safety Checklist	100/pd	
3479P	Hospice Care Plan Overview	100/pk	
3455P	Hospice IDG Meeting Notes	100/pd	
3472P	Hospice IDG Care Plan	100/pk	
3882/2P	Hospice Inpt. Respite Assess/Coord.	50/pk	
3884P	Hospice Inpatient Care Criteria	50/pd	
3888P	Hospice Dietary Assess./Preferences	100/pd	
3459/2P	Pain Assessment Monitor	100/pk	
3478P	Pain Monitoring Flow Sheet	100/pd	
3450P	Patient Assessment/Treatment Sheet	100/pd	
3457P	Initial Psychosocial Assessment	100/pk	
3466P	Wound Assess./Braden Scale	100/pd	
3967-12	Initial/Comprehensive Hospice Assess.	100/pk	

### PHYSICIAN ORDERS

Item #	Description	Pkg	Qty
3475R/2P	Hospice IDG Care Plan/Phys. Orders	100/pk	
3523/3P	Physician Orders	100/pk	
4187/3P	Physician Verbal Orders (Full Page)	100/pk	
3543/3P	Physician Verbal/Telephone Orders	500/bx	

### NURSE'S NOTES

Item #	Description	Pkg	Qty
3894P	Hospice Clinical Note	50/pd	
3883/2P	Hospice Level of Care Change	50/pk	
3476P	Hospice Nursing Visit/Assessment	100/pk	
3893D/P	Hospice Shift Assessment – 1 shift	100/pd	
3533P	Telephone Visit	100/pd	
CFS6-21HH/HF	Vital Signs and Weight Record	100/pd	
3895P	Wound Treatment Sheet	50/pd	

### HOME CARE AIDES

Item #	Description	Pkg	Qty
3574/3P	Home Health Aide Care Plan	100/pk	
3573D/P	Home Health Aide Daily Visit	100/pd	
3573W/P	Home Health Aide Weekly Visit	100/pd	
3889P	Hospice Aide Assignment/ Faculty Documentation	100/pd	

### REHABILITATION AND THERAPY

Item #	Description	Pkg	Qty
3309P	Occupational Therapy Evaluation	100/pd	
3311/2P	Occupational Therapy Care Plan	100/pk	
3310P	Occupational Therapy Revisit	100/pd	
3314/2P	Physical Therapy Care Plan	100/pk	
3307P	Physical Therapy Evaluation	100/pd	
3308P	Physical Therapy Revisit	100/pd	
3313/2P	Speech Therapy Care Plan	100/pk	
3312P	Speech Therapy Evaluation	100/pd	
3315P	Speech Therapy Revisit	100/pd	
3990P	Ancillary Therapy Evaluation	100/pd	

### SOCIAL SERVICES AND PASTORAL SERVICES

Item #	Description	Pkg	Qty
3598/2P	Medical Social Worker Care Plan	100/pk	
3597P	Medical Social Worker Evaluation	100/pd	
3468P	Spiritual Assessment	100/pd	
3887P	Spiritual Coordinator Visit	100/pd	
3566P	Medical Social Services Revisit Note	100/pd	

See next page for more forms

**CARE COORDINATION**

Item #	Description	Pkg	Qty
3453P	24 Hour Call Log	100/pd	
4515P	Case Management Meeting Note	100/pd	
4513P	Clinical Record Review	100/pd	
3544/3P	Daily Activity Log	100/pk	
3890P	Hospice Care Coordination Note	100/pd	
3474/2P	Hospice Death Discharge Summary	100/pk	
3891P	Hospice Facility Kardex	50/pk	
3886P	Hospice IDG Team Meeting	100/pd	
3885/2P	Hospice/Nursing Facility Collaboration	50/pk	
3471	Hospice Satisfaction Survey	100/pd	
3901	Hospice Transfer/Level of Care/ Live Discharge	100/pd	
3605/2P	Incident Report	50/pk	
4512/2P	Interdisciplinary Referral	100/pk	
3465/2P	Nursing Home Facility Coordination	100/pk	
4514P	Hospice IDG Visits Calendar Worksheet	100/pd	

**MEDICATION AND TREATMENTS**

Item #	Description	Pkg	Qty
L-9030	Daily Medication Reminders	25/pd	
3537/3P	Drug Regimen Review	100/pk	
3898	Hospice Medication Profile	100/pd	
3899	Hospice Medication Review	100/pd	
3892P	IV Flow Sheet	50/pd	
3482/2P	Medication Flow Sheet	100/pk	
3481/2P	Medication Profile	100/pk	
3483/2P	Medication Profile Addendum	100/pk	
3480P	Medication Side Effects/Instruction	100/pk	
CFS6-28HH/HF	Parenteral Fluids Flow Sheet	100/pd	

**ADVANCE DIRECTIVES**

Item #	Description	Pkg	Qty
3538/3P	Do Not Resuscitate	100/pk	

**MISCELLANEOUS**

Item #	Description	Pkg	Qty
3031/2P	Consent to Photograph Hospice	100/pk	

**VOLUNTEERS**

Item #	Description	Pkg	Qty
3469P	Volunteer Activity Record	100/pd	
3470/3P	Volunteer Assignment/Care Plan	100/pk	

**BEREAVEMENT**

Item #	Description	Pkg	Qty
3451P	Bereavement Assessment	100/pd	
3452P	Bereavement Follow-Up	100/pd	
3454P	Bereavement Plan of Care Tracking	100/pd	
3473/2P	Death Note	100/pk	
3896P	Expiration Checklist	50/pd	

**QAPI**

Item #	Description	Pkg	Qty
2843P	Decline Supporting Terminal Prognosis	50/pd	
2840P	Quarterly Review of Comfortable Dying Measure	50/pd	
2847P	Heart Disease	50/pd	
2848P	Amyotrophic Lateral Sclerosis	50/pd	
2844P	Stroke & Coma	50/pd	
2849P	Dementia Due to Alzheimer's Disease and Related Disorders	50/pd	
2842P	Comfortable Dying Tracking for Quarter	50/pd	
2841P	Patient Symptom Ratings	50/pd	
2846P	Pulmonary Disease	50/pd	
2845P	Renal Disease	50/pd	

**ORDERING INFORMATION**

Fill out the following, and fax or phone your order information. Orders can also be placed online.

Name/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Acct #: \_\_\_\_\_

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