

GUIDELINES FOR SOC

1. consent (signed) & back of sheet has the insurance information filled in
2. acknowledgement of documents
3. OASIS (patient signature)
4. emergency plan
5. signature on home health aide plan of care if home health aide is ordered
6. medication profile and classification sheets
7. fill in OASIS form of cheat sheet below
8. 485 prep sheet
9. nursing goals

CHEAT SHEET

Medical Hx:

Surgical Hx:

Lives with:

Vision:

Mood/Depression:

Hearing:

Education:

Dentures:

Walker/Cane/WC/Commode/Grab Bars

A&O x

ADLs:

CP:

Vitals: T:____ R:____ B/P:____ P:____

SOB:

Dress:

Pain: Now____/Best____/Worst____

Disaster Code:

Appetite/Nutrition:

Cleaning:

Incontinent:

Laundry:

Constipation:

Shopping:

Breath Sounds:

Meds:

DM:

Falls:

How Long:_____

Insulin Since:_____

O2/DME Company:

Anxious:

Wounds:

Diagnosis:

Disciplines: