AROC FIM Guide for Documentation

In rehabilitation, it is important that clinicians accurately document the 'burden of care' (or need for assistance) required by a patient to effectively perform basic activities of daily living (ADL's). This documentation should include assistance provided in all environments for a 24-hour period.

Careful documentation will support an accurate FIM Score, identify the actual need for assistance and the type of assistance required by the patient. This careful documentation will therefore assist all rehabilitation team members, and the patient, in planning goals to improve the patient's functional ability to perform basic ADL's.

Too often, documentation does not accurately reflect the patient's actual need for assistance, especially overnight documentation. Night clinicians are not usually present during discussions regarding FIM Scoring of the patient. As a result, if their observations are not documented carefully, those observations may not be included in the FIM scoring decisions. It has been observed that during the night the patient's need for assistance can be at its greatest. Therefore, accurate overnight documentation of assistance required may have the greatest influence on the patient's FIM Score, that is by indicating their 'lowest performance'.

Bladder

🚫	"Mary PU'd x2 overnight."	This documentation only indicates that Mary's sphincter opened and closed twice overnight. It does not describe anything else.
✓	"Mary rang for a bedpan to PU X2 overnight. She needed x 2 to assist with clothing and positioning, x1 to wipe. No incontinence."	This documentation describes that Mary remembered to ring for assistance (Memory - can remember at a basic level), was aware she needed help (Problem Solving – she solved a problem at a basic level), used a pan with x2 to assist (Score = 1 for Bladder Management, 2 helpers to assist), did not do a toilet transfer, used a pan (Toilet Transfer Score = 1) and was unable to adjust clothing and perform perineal hygiene (Toileting = Score 1). Although the actual length of the documentation of this example is relatively short it is very informative.

Bladder Management — Problem Solving

🚫	"Some incontinence this shift."	This documentation indicates that the patient was incontinent. It does not describe the level of assistance received or the frequency of accidents.
✓	"Patient says she had 1 urine accident this shift. Used incontinence pad independently."	This documentation describes the equipment required (incontinence product), the level of assistance required (none) and how often the patient had an accident. Bladder Management – Part 1 Level of Assistance = 6 Problem solving – Patient is using incontinence products independently. Use this knowledge in conjunction with other knowledge in regard to problem solving.

Eating

🚫	"Max is tolerating food and fluids."	This documentation only tells you that the patient was eating and drinking but does not provide enough information to score the FIM accurately. FIM score may be a "7" based on this comment.
✓	"Patient ate a normal diet independently once his meal was cut up by staff. Patient needed encouragement to drink adequate amounts throughout the shift."	Further documented information about the same patient enables the FIM scorer to feel confident with a "5" score for set up and prompting.

Locomotion — Walk/Wheelchair

🚫	"Mobilised with standby assist x 1."	This documentation does not describe mode of locomotion or distance travelled – unable to score Locomotion.
✓	"Mobilised 17m with steadying assistance of x 1 helper"	This documentation describes the distance the patient mobilised and how much assistance was given. Locomotion Walk/Wheelchair, FIM score = 2

Transfers for bath or shower — Bathing — Grooming

🚫	"Showered with setup."	This documentation says that the patient was showered. Although it may describe setup, (Bathing FIM score = 5) these words are often used by staff to indicate that the patient had a shower and was given a towel.
✓	"Transferred to the shower on a commode (staff pushed). Patient washed her face, arms, chest, abdomen and front perineal area. Assistance given to wash, rinse or dry other areas."	This documentation describes how the patient was transferred and what parts of her body she washed, rinsed and dried. Transfers – Bath or Shower, FIM score = 1 Bathing FIM score = 3 Grooming - Patient is able to wash their face. Use this knowledge in conjunction with other knowledge for grooming.

Dressing Upper/Lower Body

🚫	"Mr Smith dressed independently with some minimal assistance."	This documentation is confusing. He cannot be independent and receive help - unable to score FIM.
✓	"Mr Smith dressed in in a T shirt, underpants, track pants, socks and slippers. He required assistance with his left sleeve and socks. He managed the rest."	This documentation describes what was worn and how much help was required. Dressing upper score = 4. Help with left sleeve – he managed 3 out of 4 parts to the task =75%. Dressing Lower score = 4. Help with socks – he managed 8 out of 10 parts to the task = 80%.

Bowel

🚫	"Bob went to the toilet on the commode x1 overnight. His bowels opened – soft, formed."	This docuentation does not describe whether Bob required any assistance or not.
✓	"Bob rang for assistance to toilet overnight. He required supervision to transfer onto and off the commode from his bed. He was pushed over the toilet. Bob managed his own clothing and wiping. His bowels opened – soft, formed. He asked to wash his hands (no assist. required) and be taken back to his bed."	This documentation describes the use of basic memory and problem solving. He transfers bed to chair with supervision only (Score = 5 for Bed to Chair Transfer). Toilet Transfer is scored as 1 as he was pushed on the commode. He can wash his hands – part of the Grooming task.

Expression

🚫	"Mr Smith is hard to understand."	This documentation does not describe any assistance.
✓	"Mr Smith is hard to understand at times. His speech was very slurred this evening. He was encouraged to use single/ keywords and gestures with good effect."	This documentation describes that for this portion of the 24-hour period Mr Smith had difficulty expressing himself. However, with prompting to use single words and gestures he was able to make his basic needs known. For this portion of the 24-hour period he would score Expression = 2. However, his ability to express himself at other times must be considered as well before scoring for the entire 24-hour period.

Multiple FIM Items

🚫	"Marjorie needed moderate assist with ADLs."	It's very difficult to know from this documentation whether the helper is referring to all ADLs or just showering/dressing/toileting.
✓	"Marjorie was independent with eating and grooming, but required moderate assistance with showering, upper and lower body dressing and toileting"	Here the documentation is clear, so that it is easy to score eating and grooming as "7" but the other self-care items as "3". This documentation would be further enhanced with reference to any equipment used by Marjorie for these self-care tasks.

Multiple FIM Items

🚫	"Mrs Smith was yelling loudly overnight waking others."	This documentation provides very little information.
✓	"Mrs Smith was unsettled from 0100-0230 yelling loudly waking others. She was unable to say what was wrong when asked. She walked to the toilet using her walking frame and steadying assistance. She managed her own toileting tasks with prompting. Large void – no incontinence. Returned to bed. Regular pain relief given with a glass of water which she manged independently. Settled back to sleep for rest of night."	This documentation describes poor problem solving and poor social interaction skills. 'Comprehension' and 'Expression' ability for that period was poor. Locomotion score would be 4 (steadying assist only). Prompting only was needed for 'Toileting' task (Score = 5). Mrs Smith can drink from a glass independently (part of Eating Item score).

Multiple FIM Items

🚫	"Bill was confused and agitated overnight."	This documentation does not describe any assistance from the staff member to assist or prompt Bill through his confusion and agitation during the evening shift.
✓	"Bill was unable to follow and remember instructions overnight after a broken sleep. He needed multiple prompts and encouragement from staff throughout the shift to enable him to safely attend to his toileting needs and to resume his sleep."	This documentation advises that multiple prompts were instrumental in assisting Bill to toilet safely and to settle back to sleep.