## Purpose

1. Residents will be assessed for Nursing Restorative /Rehabilitation needs and placed into the appropriate program(s)
2. The program(s) will not duplicate the modalities of specialized therapy (occupational, physical and speech therapy) \
3. For residents to achieve and maintain optimal levels of physical, mental and psychosocial functioning
4. To promote the resident’s ability to adapt and adjust to living as independently and safely as possible
5. To provide skill practice in walking and mobility, dressing and grooming, eating and swallowing, transferring, amputation care and communication

# **Procedure**

1. All residents that are referred to restorative/rehabilitative nursing by specialized therapy will be assessed and placed in the appropriate program(s)
2. Restorative nursing programs do not require a physician’s order
3. Each restorative/rehabilitation program will meet the following criteria:
	1. The restorative care plan will include measurable objectives and interventions
	2. A licensed nurse will periodically evaluate the program(s)
	3. Nurse aides/assistants will be trained in the techniques that promote resident involvement in the activity
	4. Restorative/rehabilitative programs will be performed or supervised by members of the nursing staff
	5. No exercise group will contain more than four residents per supervising helper or caregiver
4. Residents may stay on a nursing restorative program for maintenance of functional status only as long as documentation shows that without the program, decline would occur
5. The following types of restorative nursing programs will be used
	1. **Passive range of motion** — The extent to which, or the limits between which, a part of the body can be moved around a fixed point, or joint
		1. Range of motion exercise is a program of passive movements to maintain flexibility and useful motion in the joints of the body
	2. **Active range of motion** — Exercises performed by a resident, with cueing or supervision by staff, that are planned, scheduled, and documented in the clinical record
	3. **Training and skill practice** — Activities including repetition, physical or verbal cueing, and task segmentation provided by any staff member or volunteer under the supervision of a licensed nurse
	4. **Bed mobility** — Activities used to improve or maintain the resident's self-performance in moving to and from a lying position, turning side to side, and positioning him or herself in bed
	5. **Transfer** — Activities used to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices
	6. **Walking** — Activities used to improve or maintain the resident's self-performance in walking, with or without assistive devices
	7. **Dressing or grooming** — Activities used to improve or maintain the resident's self-performance in dressing and undressing, bathing and washing, and performing other personal hygiene tasks
	8. **Eating or swallowing** — Activities used to improve or maintain the resident's self-performance in feeding one’s self food and fluids, or activities used to improve or maintain the resident's ability to ingest nutrition and hydration by mouth
	9. **Amputation/prosthesis care** — Activities used to improve or maintain the resident's self-performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body (e.g., leg stump or eye socket)
	10. **Communication** — Activities used to improve or maintain the resident's self-performance in using newly acquired functional communication skills or assisting the resident in using residual communication skills and adaptive devices
	11. **Splint or brace assistance** — Assistance can be of 2 types:
		1. Where staff provide verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint, or
		2. Where staff have a scheduled program of applying and removing a splint or brace, assess the resident's skin and circulation under the device, and reposition the limb in correct alignment
		3. These sessions are planned, scheduled, and documented in the clinical record
	12. **Any scheduled toileting plan** — A plan whereby staff members at scheduled times each day either take the resident to the toilet room, or give the resident a urinal, or remind the resident to go to the toilet
		1. Includes habit training and/or prompted voiding
		2. Daily documentation is required, but does not need to show allocation of the 15 minutes of time
	13. **Other** — Any other activities used to improve or maintain the resident's self-performance in functioning
		1. This includes, but is not limited to, teaching self-care for diabetic management, self-administration of medications, ostomy care, and cardiac rehabilitation

# **General Documentation Guidelines**

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| **Type** | **Frequency** | **Charting** | **Reimbursement** |
| Restorative Nursing Program | 6 days/week15 minutes/day | * Written assessment noting initial measurements related to goal;
* Daily documentation by STNA
* Monthly progress note by nurse
* Documented training of nurses and STNA's
 | * 2 programs 6 days/week increases case mix score for:
	+ Physical Functioning, Behavior, and Impaired Cognition categories
	+ Combined with 45 minutes of therapy/week (Toileting program not counted for credit in Rehab low category)
 |
| Routine Restorative Nursing | Less than dailyOrLess than 15 minutes/day | * Include in POC
* IDT Progress note quarterly
* No daily documentation
 | None |