

# HOSPICE GENERAL INPATIENT CARE

## Sample Documentation to Support GIP Level of Care

### Documentation:

Mr. Jones has become increasingly **agitated**. He rates his pain **10/10 within 45 minutes** of the last pain medication administration. Respirations are increased at **28 breaths per minute**; he is **diaphoretic** and complains of “chest tightening”. Adjustments to **medications have not been effective at home**.

### What does the documentation show?

Documentation shows **changes in medication, PRN doses administered, no relief for patient, not effective at home**.

## HOSPICE GIP CHECKLIST

Elements to be included in documentation to support GIP level of care

<b>ELEMENTS OF DOCUMENTATION</b> <i>Use these categories to enrich your documentation</i>	<b>DOCUMENTATION FOR PAIN OR OTHER SYMPTOMS</b> <i>Detailed example below</i>
Pain ratings	Patient rates pain as 10/10
Vital signs	
Weights	
Intake and output	
Changes in medication	Received 30 mg of morphine in the last 24 hours for intractable cancer pain
PRN doses	q1 hr prn pain
Descriptions and other objective data	Patient transitioned to the general inpatient level of care for uncontrolled pain with new femur fracture after fall
Patient response to intervention	Initially patient appeared with slightly reduced level of pain but required repeat dose within one hour.
Body language if unable to communicate	Continues to exhibit signs of uncontrolled pain with moaning, grimace and crying out
Discharge planning	