

# 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 Mary that 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.

## Bowel



"Bob went to the toilet on the commode x1 overnight. His bowels opened - soft, formed."

This documentation 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.

## A Mix of 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 managed 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).

## 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.

## 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

## Bladder Management — Problem Solving



“Some incontinence this shift.”

The documentation says that the patient was incontinent. It does not describe the level of assistance received or the frequency of accidents.



“Patient says she had a urine accident x 1 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.

## 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 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%.

## 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.