

449.5585 Additional requirements

1.

In addition to the provisions of NAC 449.558, the clinical record of each patient of a facility must include: (a) An accurate assessment of the progress of the patient, including all changes in the medical status of the patient; (b) The results of each diagnostic test concerning the patient that is requested by the attending nephrologist; (c) Consultation reports; and (d) All unusual occurrences concerning the care and treatment of the patient.

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An accurate assessment of the progress of the patient, including all changes in the medical status of the patient;

(b)

The results of each diagnostic test concerning the patient that is requested by the attending nephrologist;

(c)

Consultation reports; and

(d)

All unusual occurrences concerning the care and treatment of the patient.

2.

Each member of the interdisciplinary team established pursuant to the provisions of NAC 449.541 shall prepare a written record concerning the progress of the

patient. The written record must be prepared at least once every 6 months or more often if required by a change in the medical, nutritional or psychosocial condition of the patient.

3.

The condition of each patient of a facility and the response of the patient to treatment must be noted on the daily treatment record of the patient.