

# Occupational Therapy Documentation Cheat Sheet

## Process of occupational therapy service delivery

The occupational therapy process is facilitated by the distinct perspective of occupational therapy practitioners engaging in professional reasoning, analyzing occupations and activities, and collaborating with clients. Service delivery does not occur in a linear fashion. It is a dynamic and fluid process that allows occupational therapy practitioners to focus on identified outcomes while continually reflecting on and accommodating new developments and insights throughout the service delivery process.

## Evaluation

- **Occupational profile:** The occupational therapist summarizes information related to the client's occupational history, experiences, daily living patterns, interests, values, needs, contexts, and reasons for seeking services.
- **Analysis of occupational performance:** After obtaining a thorough occupational profile, the occupational therapist identifies the client's assets, limitations, and potential problems through observation and assessment of the client's performance.
- **Synthesis of the evaluation process:** The occupational therapist interprets the information gathered from the occupational profile and the analysis of occupational performance to determine priorities for intervention and outcomes, working collaboratively with the client to create goals.

## Intervention

- **Intervention plan:** The occupational therapy practitioner integrates information from the evaluation with theory, practice models, frames of reference, and research evidence to develop an action plan for addressing targeted goals and outcomes in collaboration with the client.
- **Intervention implementation:** The occupational therapy practitioner implements the action plan and continually monitors the client's response to interventions, which may include the therapeutic use of occupations and activities, interventions to support occupations, education, training, advocacy, self-advocacy, group intervention, or virtual intervention.
- **Intervention review:** The occupational therapy practitioner reviews the effectiveness of the intervention plan and the client's progress toward targeted goals and outcomes.

## Outcomes

- **Selecting outcome measures:** The occupational therapist selects valid, reliable methods to measure any of the following targeted outcomes: occupational performance, prevention, health and wellness, quality of life, participation, role competence, well-being, or occupational justice.
- **Measuring progress and adjusting goals and interventions:** Throughout the occupational therapy process, the practitioner uses the selected outcome measures to monitor progress, update goals, modify interventions, and plan for transition and/or discontinuation of occupational therapy services.

## General guidelines for documentation

- Always use waterproof, nonerasable black or blue ink in written records. This prevents smearing, erasing, or otherwise changing the health record. Black and blue ink show up best when part of the health record needs to be photocopied or electronically scanned.
- Never use correction tape or black marker to cover up inaccurate information. It is considered an illegal alteration of the record.
- Be as concise as possible without leaving out pertinent data. You will have limited time for documentation under today's productivity standards, and other busy professionals appreciate being able to read what you have written in the shortest time possible.
- Some facilities and funding sources also require you to document the time of day or number of minutes that the client received services. The standard format is first name, middle initial, last name, and credentials.
- Identify the client on every page of documentation. In a written health record, every page must include the client's full name and other identifying information as required by the facility in indelible ink or in the form of a stamp.
- Document as soon after a session as possible. This allows for the best communication between team members and ensures that your recollection of events will be accurate.
- When referring to the persons who receive occupational therapy services, the terms client, patient, consumer, resident, veteran, participant, individual, student, teacher, child, caregiver, employer, or family may be used.
- Although abbreviations save time and help with writing concise notes, using too many or incorrect abbreviations can also cause a denial of payment if the reviewer at the reimbursement agency cannot understand what happened in physical or occupational therapy.
- Focus on the client's experience and leave yourself out.
- Always adhere to legal and ethical guidelines: Be familiar with laws, regulatory guidelines, facility policies, and AOTA Official Documents that affect documentation.
- In terms of fiscal and legal accountability, "If it's not documented, it didn't happen": No activity or contact is ever considered a service that has been provided until a clinical entry has been made in the health record.
- Avoid spelling, grammar, and punctuation errors. Your documentation is a reflection of your skills and professionalism. Errors in documentation can also present safety concerns for your client if another professional misinterprets your documentation due to such errors.
- Be aware of "red-flag" words. Words such as continued and maintained suggest that progress is not occurring, and funding sources may not reimburse for those services.

## General rules for capitalization

Capitalize	Do not capitalize
Proper names in medical terminology (e.g., Alzheimer's disease)	Common nouns in medical terminology (e.g., virus, appendectomy, scapula)
Trade names of products and medications (e.g., Jobst stocking, Advil)	Generic drugs and products (e.g., compression glove, pain reliever)

General rules for capitalization	
Capitalize	Do not capitalize
Specific organizations (e.g., The Joint Commission)	Generic organizations (e.g., accrediting agency)
Academic degrees and professional designations after the person's name (e.g., Crystal Gateley, PhD, OTR/L)	General degrees or generic professional designations (e.g., an associate's degree, an occupational therapist)
Exact test titles (e.g., Peabody Developmental Motor Scales)	Generic test (e.g., sensory test, cognitive test)
Specific department proper names (e.g., Midwest Hospital Occupational Therapy Department)	Generic department names (e.g., an occupational therapy department, the rehab department)
Official titles as part of a name (e.g., Dr. Wolf, Father O'Malley)	Generic or descriptive titles (e.g., the doctor, the clergyperson)
General abbreviations and symbols	
AAA	Abdominal aortic aneurysm
ADHD	Attention-deficit/hyperactivity disorder
A-fib	Atrial fibrillation
AIDS	Acquired immune deficiency syndrome
AKA	Above knee amputation
AKI	Acute kidney injury
ALS	Amyotrophic lateral sclerosis
ARF	Acute renal failure
ASCVD	Atherosclerotic cardiovascular disease
AVM	Arteriovenous malformation
BKA	Below knee amputation
BPH	Benign prostatic hypertrophy
CA	Cancer; carcinoma
CABG	Coronary artery bypass grafting
CAD	Coronary artery disease
C-diff	Clostridioides difficile (bacteria)
CF	Cystic fibrosis
CHF	Congestive heart failure
CHI	Closed head injury

General abbreviations and symbols	
COPD	Chronic obstructive pulmonary disorder
CP	Cerebral palsy
CRF	Chronic renal failure
CRPS	Complex regional pain syndrome
CTR	Carpal tunnel release
CVA	Cerebrovascular accident
DDD	Degenerative disc disease
DJD	Degenerative joint disease
DM	Diabetes mellitus
DVT	Deep vein thrombosis
ESRD	End-stage renal disease
EtOH	Alcohol (use/abuse)
FTT	Failure to thrive
Fx	Fracture
GBS	Guillain-Barré syndrome
GERD	Gastroesophageal reflux disease
GSW	Gunshot wound
H/A or HA	Headache
HIV	Human immunodeficiency virus
HTN	Hypertension
Abbreviations for diagnoses and surgical procedures	
IDDM	Insulin-dependent diabetes mellitus
LOC	Loss of consciousness
MD	Muscular dystrophy
Mets	Metastasis
MI	Myocardial infarction
MRSA	Methicillin-resistant Staphylococcus aureus (bacteria)
MS	Multiple sclerosis
MVA	Motor vehicle accident

**Abbreviations for diagnoses and surgical procedures**

NIDDM	Non–insulin-dependent diabetes mellitus
NKA	No known allergies
NKDA	No known drug allergies
NOS	Not otherwise specified
NPH	Normal pressure hydrocephalus
N/V	Nausea and vomiting
OA	Osteoarthritis
ORIF	Open reduction and internal fixation
PD	Parkinson’s disease
PDD	Pervasive developmental disorder
PVD	Peripheral vascular disease
RA	Rheumatoid arthritis
RSD	Reflex sympathetic dystrophy
SAH	Subarachnoid hemorrhage
SCD	Sickle cell disease
SCI	Spinal cord injury
SDH	Subdural hematoma
SLE	Systemic lupus erythematosus
SOB	Shortness of breath
Sz	Seizure
TBI	Traumatic brain injury
THA	Total hip arthroplasty
THR	Total hip replacement
TIA	Transient ischemic attack
TKA	Total knee arthroplasty
TKR	Total knee replacement
URI	Upper respiratory infection
UTI	Urinary tract infection

**Abbreviations for body parts, functions, and other client descriptors**

A&Ox4	Alert and oriented to person, place, time, situation
Add	Adduction
Ant.	Anterior
A/P	Anterior/posterior
ASIS	Anterior superior iliac spine
Ⓑ/Ⓑ	Bilateral
BM	Bowel movement
BPM	Beats per minute
CMC	Carpometacarpal
CNS	Central nervous system
C/O	Complains of
CSF	Cerebrospinal fluid
DIP	Distal interphalangeal joint
DOB	Date of birth
ENT	Ear, nose, throat
GI	Gastrointestinal
HEENT	Head, eyes, ears, nose, throat
HR	Heart rate
Ht.	Height
IM	Intramuscular
Ⓕ/Ⓕ	Left
LE	Lower extremity
LLQ	Left lower quadrant
LMN	Lower motor neuron
LUQ	Left upper quadrant
MCP	Metacarpophalangeal
NPO	Nothing by mouth
Peri	Perineal

**Abbreviations for body parts, functions, and other client descriptors**

PERRLA	Pupils equal, round, reactive to light and accommodation
PIP	Proximal interphalangeal joint
PNS	Peripheral nervous system
PO	By mouth
Post.	Posterior
PSIS	Posterior superior iliac spine
®/R	Right
RLQ	Right lower quadrant
RUQ	Right upper quadrant
UE	Upper extremity
UMN	Upper motor neuron
Wt.	Weight
Y.O.	Years old

**Abbreviations for medical equipment, tests and interventions**

ABG	Arterial blood gas
AE	Adaptive equipment
AFO	Ankle foot orthosis
AMA	Against medical advice
Appt.	Appointment
Bi-PAP	Bi-level positive airway pressure
BP	Blood pressure
BSC	Bedside commode
BUN	Blood urea nitrogen (blood test)
CAT	Computed axial tomography
Cath.	Catheter; catheterization
CBC	Complete blood count
Chemo	Chemotherapy
CO2	Carbon dioxide
CPAP	Continuous positive airway pressure

**Abbreviations for medical equipment, tests and interventions**

CPM	Continuous passive motion
CPR	Cardiopulmonary resuscitation
CT	Computed tomography
CXR	Chest x-ray
DME	Durable medical equipment
DNR	Do not resuscitate
Dx	Diagnosis
ECG	Electrocardiogram
ECHO	Echocardiogram
EEG	Electroencephalogram
EKG	Electrocardiogram
EMG	Electromyogram
E-stim	Electrical stimulation
FBS	Fasting blood sugar
F/U	Follow up
HFNC	High-flow nasal canula
H&H	Hemoglobin and hematocrit
H&P	History and physical
Hx	History
I&D	Incision and drainage
I&O	Intake and output
IV	Intravenous
KAFO	Knee ankle foot orthosis
LP	Lumbar puncture
LSO	Lumbar sacral orthosis
Meds	Medications
MRA	Magnetic resonance angiography
MRI	Magnetic resonance imaging
NC	Nasal canula



**Abbreviations for medical equipment, tests and interventions**

NG	Nasogastric
NMES	Neuromuscular electric stimulation
O2	Oxygen
PCA	Patient-controlled analgesia
PEG	Percutaneous endoscopic gastrostomy
PET	Positron emission tomography
PMH	Past medical history
Post-op	Postoperatively
Pre-op	Preoperatively
RBC	Red blood cell (count)
R/O	Rule out
Rx	Prescription
SCD	Sequential compression devices
S/P	Status post
S/S	Signs and symptoms
Sx	Symptoms
TEDS	Thromboembolic disease stockings
TEE	Transesophageal echocardiogram
TENS	Transcutaneous electrical nerve stimulation
TLSO	Thoracic lumbar sacral orthosis
TPA	Tissue plasminogen activator
TPN	Total parenteral nutrition
Tx	Treatment
UA	Urinalysis
US	Ultrasound
VC	Vital capacity
VS	Vital signs
WBC	White blood cell (count)

Abbreviations for frequency of time	
a	Before
ad lib	As desired (up on own)
AM/am	Morning
ASAP	As soon as possible
bid	Twice per day
min	Minute
noc	Night; bedtime
p	After
PM/pm	Afternoon
prn	As needed
PTA	Prior to admission
qd	Every day
qod	Every other day
STAT	Immediately/urgently
tid	Three times per day
1x/wk	One time per week
2x/wk	Two times per week
3x/wk	Three times per week
1x/mo	One time per month
2x/mo	Two times per month
3x/mo	Three times per month
Abbreviations for location and settings	
CCU	Coronary (cardiac) care unit
ECF	Extended care facility
ED	Emergency department
ER	Emergency room
HH	Home health
ICU	Intensive care unit
IP	Inpatient

Abbreviations for location and settings	
LTCH/LTACH	Long-term acute care hospital
LTC	Long-term care
MICU	Medical intensive care unit
NICU	Neonatal intensive care unit
NSICU	Neuroscience intensive care unit
OP	Outpatient
OR	Operating room
PACU	Post-anesthesia care unit
PICU	Pediatric intensive care unit
RCF	Residential care facility
SICU	Surgical intensive care unit
SNF	Skilled nursing facility
SNU	Skilled nursing
Abbreviations for level of assistance	
Ⓐ/A	Assistance; assist
Ⓡ/I	Independent; independence
mod I	Modified independence
SBA	Standby assistance
CGA	Contact guard assistance
min A	Minimal assistance (~25%)
mod A	Moderate assistance (~50%)
max A	Maximal assistance (~75%)
Ⓣ/D	Dependent; dependence
x1	Assistance of one person
x2	Assistance of two people

### Reference:

Gateley, C. A. (2023). *Documentation manual for occupational therapy (Fifth)*. Routledge.