

I3.	OTHER CURRENT DIAGNOSES AND ICD-9 CODES	a. _____ b. _____	
J1.	PROBLEM CONDITIONS	(Check all problems present in last 7 days unless other time frame is indicated) INDICATORS OF FLUID STATUS a. Weight gain or loss of 3 or more pounds within a 7-day period b. Inability to lie flat due to shortness of breath c. Dehydrated; output exceeds input d. Insufficient fluid; did NOT consume all/almost all liquids provided during last 3 days	OTHER e. Delusions f. _____ g. Edema h. Fever i. Hallucinations j. Internal bleeding k. Recurrent lung aspirations in last 90 days l. _____ m. Shortness of breath n. Unsteady gait o. Vomiting
J2.	PAIN SYMPTOMS	(Code the highest level of pain present in the last 7 days) a. FREQUENCY with which resident complains or shows evidence of pain 0. No pain (skip to J4) 1. Pain less than daily 2. Pain daily	b. INTENSITY of pain 1. Mild pain 2. Moderate pain 3. Times when pain is horrible or excruciating
J4.	ACCIDENTS	(Check all that apply) a. Fell in past 30 days b. Fell in past 31-180 days	c. Hip fracture in last 180 days d. Other fracture in last 180 days e. NONE OF ABOVE
J5.	STABILITY OF CONDITIONS	a. Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable—(fluctuating, precarious, or deteriorating) b. Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem c. End-stage disease, 6 or fewer months to live d. NONE OF ABOVE	
K1.	ORAL PROBLEMS	a. Chewing problem b. Swallowing problem	
K2.	HEIGHT AND WEIGHT	Record (a.) height in inches and (b.) weight in pounds. Base weight on most recent measure in last 30 days; measure weight consistently in accord with standard facility practice—e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes a. HT (in.) _____ b. WT (lb.) _____	
K3.	WEIGHT CHANGE	a. Weight loss —5 % or more in last 30 days; or 10 % or more in last 180 days 0. No _____ 1. Yes _____ b. Weight gain —5 % or more in last 30 days; or 10 % or more in last 180 days 0. No _____ 1. Yes _____	
K5.	NUTRITIONAL APPROACHES	(Check all that apply in last 7 days) a. Parenteral/IV _____ b. Feeding tube _____	h. On a planned weight change program
K6.	PARENTERAL OR ENTERAL INTAKE	(Skip to Section M if neither 5a nor 5b is checked) a. Code the proportion of total calories the resident received through parenteral or tube feedings in the last 7 days 0. None _____ 3. 51% to 75% 1. 1% to 25% _____ 4. 76% to 100% 2. 26% to 50% _____ b. Code the average fluid intake per day by IV or tube in last 7 days 0. None _____ 3. 1001 to 1500 cc/day 1. 1 to 500 cc/day _____ 4. 1501 to 2000 cc/day 2. 501 to 1000 cc/day _____ 5. 2001 or more cc/day	
M1.	ULCERS (Due to any cause)	(Record the number of ulcers at each ulcer stage—regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9 = 9 or more.) [Requires full body exam.] a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue. d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	Number at Stage _____

M2.	TYPE OF ULCER	(For each type of ulcer, code for the highest stage in the last 7 days using scale in item M1—i.e., 0=none; stages 1, 2, 3, 4) a. Pressure ulcer—any lesion caused by pressure resulting in damage of underlying tissue b. Stasis ulcer—open lesion caused by poor circulation in the lower extremities	
M3.	HISTORY OF RESOLVED ULCERS	Resident had an ulcer that was resolved or cured in LAST 90 DAYS 0. No _____ 1. Yes _____	
M4.	OTHER SKIN PROBLEMS OR LESIONS PRESENT	(Check all that apply during last 7 days) a. Abrasions, bruises b. Burns (second or third degree) c. Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions) d. Rashes—e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster e. Skin desensitized to pain or pressure f. Skin tears or cuts (other than surgery) g. Surgical wounds h. NONE OF ABOVE	
M5.	SKIN TREATMENTS	(Check all that apply during last 7 days) a. Pressure relieving device(s) for chair b. Pressure relieving device(s) for bed c. Turning/repositioning program d. Nutrition or hydration intervention to manage skin problems e. Ulcer care f. Surgical wound care g. Application of dressings (with or without topical medications) other than to feet h. Application of ointments/medications (other than to feet) i. Other preventative or protective skin care (other than to feet) j. NONE OF ABOVE	
M6.	FOOT PROBLEMS AND CARE	(Check all that apply during last 7 days) a. Resident has one or more foot problems—e.g., corns, callouses, bunions, hammer toes, overlapping toes, pain, structural problems b. Infection of the foot—e.g., cellulitis, purulent drainage c. Open lesions on the foot d. Nails/calluses trimmed during last 90 days e. Received preventative or protective foot care (e.g., used special shoes, inserts, pads, toe separators) f. Application of dressings (with or without topical medications) g. NONE OF ABOVE	
N1.	TIME AWAKE	(Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: a. Morning _____ c. Evening _____ b. Afternoon _____ d. NONE OF ABOVE	
(If resident is comatose, skip to Section O)			
N2.	AVERAGE TIME INVOLVED IN ACTIVITIES	(When awake and not receiving treatments or ADL care) 0. Most—more than 2/3 of time 1. Some—from 1/3 to 2/3 of time 2. Little—less than 1/3 of time 3. None	
O1.	NUMBER OF MEDICATIONS	(Record the number of different medications used in the last 7 days; enter "0" if none used)	_____
O3.	INJECTIONS	(Record the number of DAYS injections of any type received during the last 7 days; enter "0" if none used)	_____
O4.	DAYS RECEIVED THE FOLLOWING MEDICATION	(Record the number of DAYS during last 7 days; enter "0" if not used. Note—enter "1" for long-acting meds used less than weekly) a. Antipsychotic _____ b. Antianxiety _____ c. Antidepressant _____ d. Hypnotic _____ e. Diuretic _____	
P1.	SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS	a. SPECIAL CARE—Check treatments or programs received during the last 14 days TREATMENTS a. Chemotherapy _____ b. Dialysis _____ c. IV medication _____ d. Intake/output _____ e. Monitoring acute medical condition _____ f. Ostomy care _____ g. Oxygen therapy _____ h. Radiation _____ i. Suctioning _____ j. Tracheostomy care _____ k. Transfusions _____ l. Ventilator or respirator _____ PROGRAMS m. Alcohol/drug treatment program _____ n. Alzheimer's/dementia special care unit _____ o. Hospice care _____ p. Pediatric unit _____ q. Respite care _____ r. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs) _____ s. NONE OF THE ABOVE _____	