Attachment C: Medical Record Data Abstraction Form

(for use by researchers to enter data abstracted from the paper COF)

SAUL Study PDC - Form Screenshots

Contents

Suspected Lower Respiratory Infection Form C-3

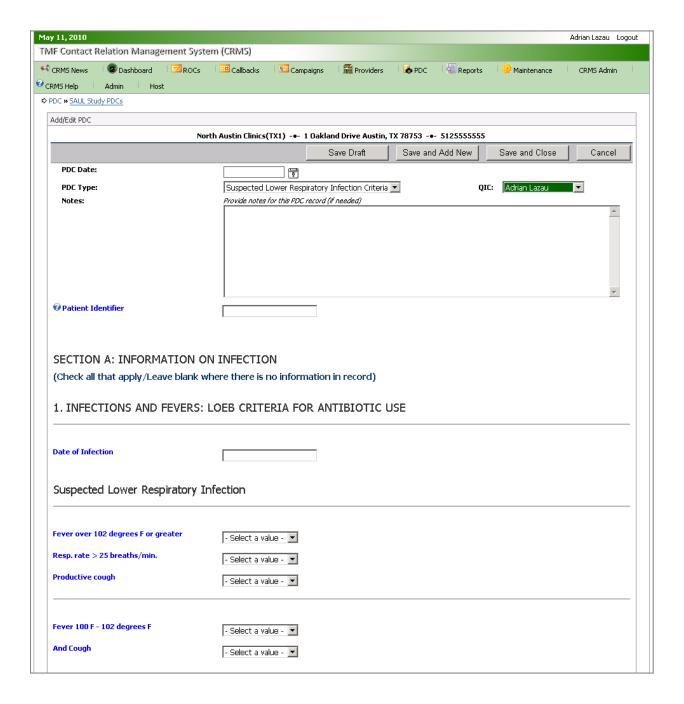
Fever of Unknown Origin Form C-5

Skin and Soft Tissue Infection Form C-7

Suspected Urinary Tract Infection Form C-9

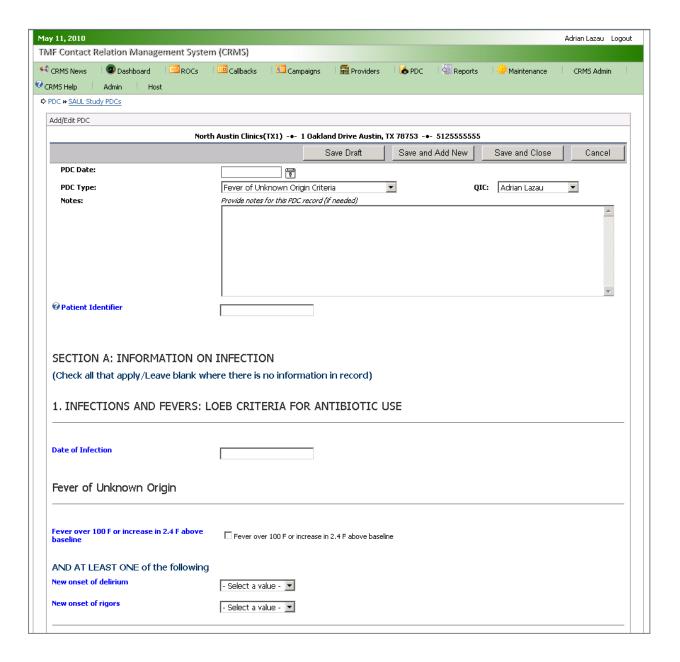
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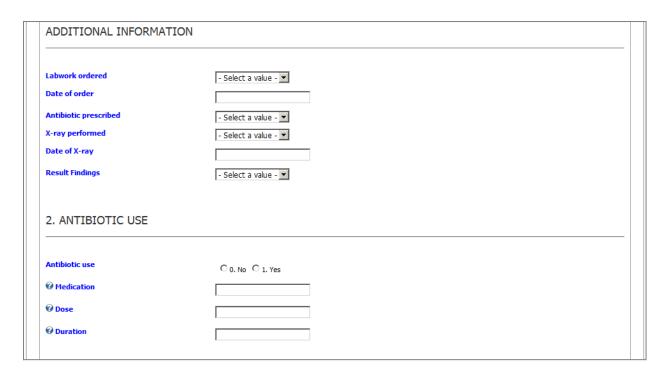
Suspected Lower Respiratory Infection Form



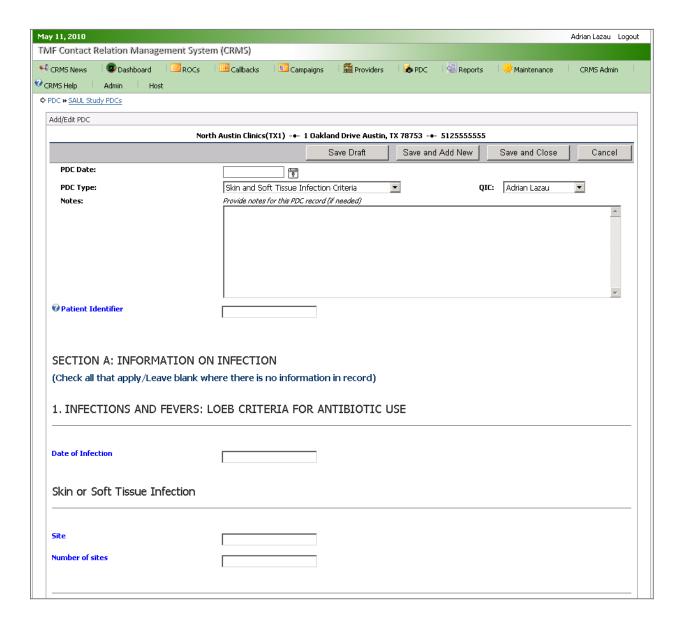
AND AT LEAST ONE of the following		
Pulse > 100	- Select a value - 💌	
Delirium	- Select a value - ▼	
Rigors (shaking chills)	- Select a value - 🔻	
Resp. rate > 25 breaths/min		
resp. race > 25 breachs/min	- Select a value - ▼	
No fever with COPD AND	- Select a value - 💌	
New or increased cough with purulent sputui		
production.	- Select a value - ▼	
No fever AND No COPD AND	- Select a value - 🔻	
New or increased cough with purulent sputu		
production	- Select a value - 💌	
AND AT LEAST ONE of the following		
Resp. rate > 25 breaths/min.	- Select a value - 🔻	
Delirium	- Select a value - 🔻	
	Sciece a value	
ADDITIONAL INFORMATION		
Labwork ordered	- Select a value -	
Date of order		
X-ray performed	- Select a value - 💌	
Date of X-ray		
Chest X-Ray (CXR)	- Select a value - 🔻	
Result Findings	- Select a value - 🔻	
Antibiotic prescribed	- Select a value - 💌	
	- Select a value - 0. No	
2 ANITIDIOTIC LICE	1. Yes 2. N/A	
2 ANTIRIOTIC LISE		
2. ANTIBIOTIC USE		
Antibiotic use	Carrio Carri	
Medication	C 0, No C 1, Yes	
₩ medication		
_		
O Dose		

Fever of Unknown Origin Form



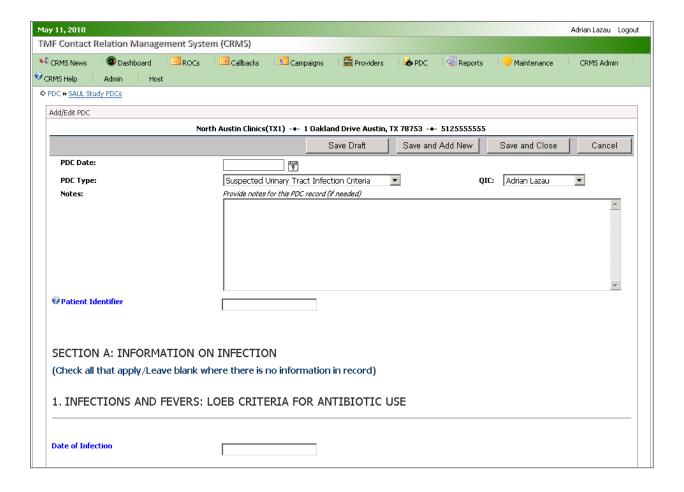


Skin and Soft Tissue Infection Form

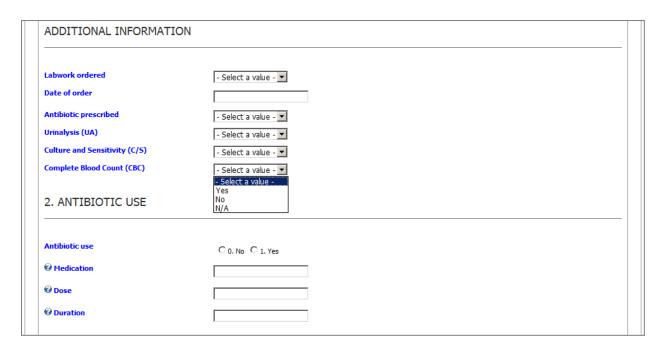


New or increasing purulent discharge at site	- Select a value - ▼	
OR at least TWO of the following Fever over 100 degrees F or increase of 2.4 degrees F above baseline temp.	- Select a value - ▼	
Redness	- Select a value - 🔻	
Tenderness	- Select a value - 💌	
Warmth	- Select a value - 🔻	
Swelling (new/increase at site)	- Select a value - 🔻	
Labwork ordered	- Select a value - ▼	
Date of order Antibiotic prescribed	- Select a value - 💌	
2. ANTIBIOTIC USE		
Antibiotic use	C 0. No C 1. Yes	
Wedication		
O Dose		
O Duration		

Suspected Urinary Tract Infection Form

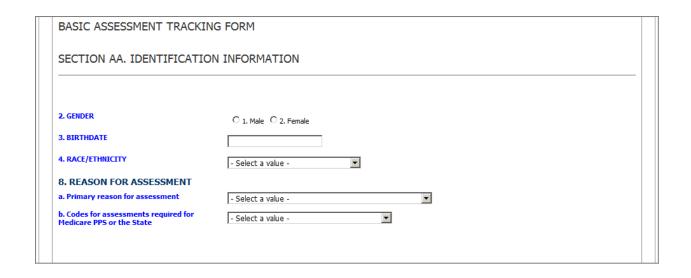


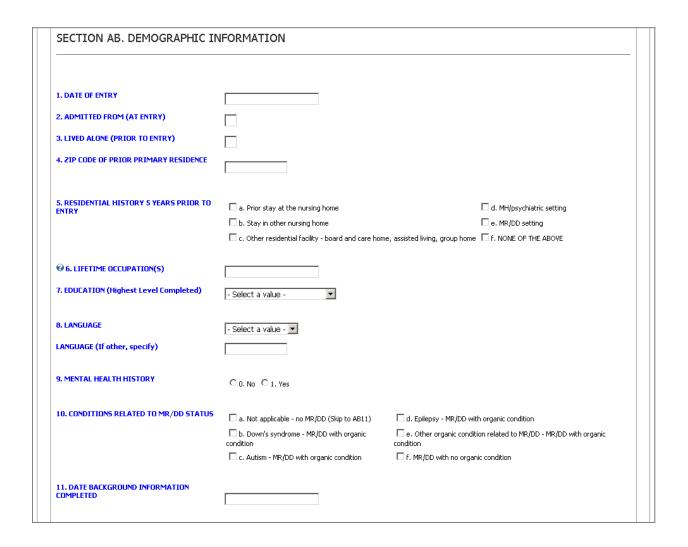
Suspected Urinary Tract Infec	tion	
Chronic indwelling catheter	- Select a value - 🔽	
AND AT LEAST ONE of the following	ng	
Fever over 100 degrees F or increase of 2 degrees F above baseline	- Select a value - 🔽	
New costovertebral tenderness	- Select a value - 💌	
rigors (shaking chills) with or without identified cause	- Select a value - 💌	
new onset of delirium	- Select a value - 💌	
No chronic indwelling catheter AND ONE of following	- Select a value - 💌	
Acute dysuria OR	- Select a value - 🔽	
Fever over 100 degrees F or increase in 2 degrees F above baseline temp.	- Select a value - 💌	
AND AT LEAST ONE of the following	ng	
Urgency	- Select a value - 💌	
frequency	- Select a value - 💌	
suprapubic pain	- Select a value - 💌	
gross hematuria	- Select a value - 💌	
costovertebral angle tenderness	- Select a value - ▼	
urinary incontinence	- Select a value - ▼	



(Everything below appears as a continuation to every infection section from above)

- Form Continued -





- This section	is not needed.
SECTION A	AD. FACE SHEET SIGNATURES
- This section	is not needed.
SECTION E	3. COGNITIVE PATTERNS
- This section	is not needed.
SECTION (C. COMMUNICATION/HEARING PATTERNS
- This section	is not needed.
SECTION I	D. VISION PATTERNS
- This section	is not needed.
SECTION I	E. MOOD AND BEHAVIORAL PATTERNS
- This section	n is not needed.
SECTION I	F. PSYCHOLOGICAL WELL-BEING
- This section	n is not needed.
SECTION (G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS
- This section	n is not needed.
SECTION I	H. CONTINENCE IN LAST 14 DAYS
- This section	n is not needed.

SECTION AC. CUSTOMARY ROUTINE

I. DISEASES			
ENDOCRINE/METABOLIC/NUTRITIONAL	□ a. Diabetes melitus □ c. Hypothyroid	ism	
	☐ b. Hyperthyroidism		
HEART/CIRCULATION	☐ d. Arteriosderotic heart disease (ASHD) \square h. Hypertension	
	☐ e. Cardiac dysrhythmia	☐ i. Hypotension	
	☐ f. Congestive heart failure	☐ j. Peripheral vascular disease	
	g. Deep vein thrombosis	k. Other cardiovascular disease	
MUSCULOSKELETAL	☐ I. Arthritis ☐ o. Osteoporosis		
	☐ m. Hip fracture ☐ p. Pathological bon	e fracture	
	n. Missing limb		
NEUROLOGICAL	□ q. Alzheimer's disease	□ x. Paraplegia	
	☐ r. Aphasia	y. Parkinson's disease	
	s. Celebral palsy	□ z. Quadriplegia	
	☐ t. Cerebrovascular accident (stroke)	□ aa. Seizure disorder	
		ease 🗔 bb. Transient ischenic attack (TIA)	
	□ v. Hemiplegia/Hemiparesis	cc. Traumatic brain injury	
	w. Multiple sclerosis		
PSYCHIATRIC/MOOD	☐ dd. Anxiety disorder ☐ ff. Manic dep	ression	
	☐ ee. Depression ☐ gg. Schizophr	enia	
PULMONARY	☐ hh. Asthma ☐ ii. Emphysema/COPD		
SENSORY	□ jj. Cataracts □ II. Glaucon	na	
	kk. Diabetic retinopathy mm. Macu		
DTHER	☐ nn. Allergies ☐ qq. Renal failure		
	□ oo. Anemia □ rr. NONE OF ABOVE		

INFECTIONS		
FECTIONS	a. Antibiotic resistant infecti	on 🔲 h. Sexually transmitted diseases
	☐ b. Clostridium difficile	☐ i. Tuberculosis
	C. Conjunctivitis	☐ j. Urinary tract infection in last 30 days
	d. HIV infection	k. Viral hepatitis
	e. Pneumonia	☐ I. Wound infection
	f. Respiratory infection	m. NONE OF ABOVE
	\square g. Septicemia	
		CD A CODEC
OTHER CURRENT OR MODI		
OTHER CURRENT OR MORI	E DETAILED DIAGNOSES AND I	CD-9 CODES
OTHER CURRENT OR MORI	E DETAILED DIAGNOSES AND I	CD-9 CODES
OTHER CURRENT OR MORI	E DETAILED DIAGNOSES AND I	CD-9 CODES
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llue for a llue for b	E DETAILED DIAGNOSES AND I	CD-9 CODES
llue for a llue for b	E DETAILED DIAGNOSES AND I	CD-9 CODES
lue for a lue for b lue for c	E DETAILED DIAGNOSES AND I	CD-9 CODES

PROBLEM CONDITIONS (Check all problems present in la	ast 7 days unless other time frame is indicated)
INDICATORS OF FLUID STATUS	\Box a. Weight gain or loss of 3 or more pounds within a 7 \Box c. Dehydrated; output exceeds input day period
	☐ b. Inability to lie flat due to shortness of breath during last 3 days
OTHER	□ e. Delusions □ k. Recurrent lung aspirations in last 90 days
	☐ f. Dizziness/Vertigo ☐ I. Shortness of breath
	\square g, Edema \square m. Syncope (fainting)
	☐ h. Fever ☐ n. Unsteady gait
	☐ i. Hallucinations ☐ o. Vomiting
	☐ j. Internal bleeding ☐ p. NONE OF ABOVE
DATH CYMPTOMS	
2. PAIN SYMPTOMS	
2. PAIN SYMPTOMS a. FREQUENCY with which residents comor shows evidence of pain	nplains - Select a value -
a. FREQUENCY with which residents com or shows evidence of pain	- Select a value Select a value
a. FREQUENCY with which residents com or shows evidence of pain b. INSTENSITY of pain	
n. FREQUENCY with which residents com or shows evidence of pain o. INSTENSITY of pain	- Select a value -
a. FREQUENCY with which residents com or shows evidence of pain b. INSTENSITY of pain	- Select a value - ▼ □ a. Back pain □ f. Incisional pain
a. FREQUENCY with which residents com or shows evidence of pain b. INSTENSITY of pain	- Select a value - □ a. Back pain □ b. Bone pain □ g. Joint pain (other than hip)
n. FREQUENCY with which residents com or shows evidence of pain o. INSTENSITY of pain	- Select a value - □ a. Back pain □ f. Incisional pain □ b. Bone pain □ g. Joint pain (other than hip) □ c. Chest pain while doing usual activities □ h. Soft tissue pain (e.g., lesion, musde)
a. FREQUENCY with which residents com or shows evidence of pain b. INSTENSITY of pain B. PAIN SITE	- Select a value - □ a. Back pain □ f. Incisional pain □ b. Bone pain □ g. Joint pain (other than hip) □ c. Chest pain while doing usual activities □ h. Soft tissue pain (e.g., lesion, muscle) □ d. Headache □ i. Stomach pain
a. FREQUENCY with which residents com or shows evidence of pain b. INSTENSITY of pain B. PAIN SITE	- Select a value - □ a. Back pain □ b. Bone pain □ c. Chest pain while doing usual activities □ h. Soft tissue pain (e.g., lesion, musde) □ d. Headache □ i. Stomach pain □ e. Hip pain □ j. Other
a. FREQUENCY with which residents com or shows evidence of pain b. INSTENSITY of pain B. PAIN SITE	- Select a value - □ a. Back pain □ f. Incisional pain □ g. Joint pain (other than hip) □ c. Chest pain while doing usual activities □ h. Soft tissue pain (e.g., lesion, muscle) □ d. Headache □ i. Stomach pain □ g. Hip pain □ j. Other
	- Select a value - □ a. Back pain □ f. Incisional pain □ g. Joint pain (other than hip) □ c. Chest pain while doing usual activities □ h. Soft tissue pain (e.g., lesion, muscle) □ d. Headache □ i. Stomach pain □ g. Other □ a. Fell in past 30 days □ d. Other fracture in last 180 days □ b. Fell in past 31 - 180 days □ e. NONE OF ABOVE

SECTION K. ORAL/NUTRITIONAL STATUS
- This section is not needed.
SECTION L. ORAL/DENTAL STATUS
- This section is not needed.
SECTION M. SKIN CONDITION
- This section is not needed.
SECTION N. ACTIVITY PURSUIT PATTERNS
- This section is not needed.

MDS QUARTERLY ASSESSMENT	FORM	
A3. ASSESSMENT REFERENCE DATE		
a. Last day of MDS observation period		
b. Original (0) or corrected copy of form (enter number of correction)		
② A4. DATE OF REENTRY		
B1. COMATOSE	C 0. No C 1. Yes	
B2. MEMORY		
a. Short-term memory OK - seems/appears to recall after 5 minutes	C 0. Memory OK C 1. Memory problem	
b. Long-term memory OK - seems/appears to recall long past	C D. Memory OK C 1. Memory problem	
B4. COGNITIVE SKILLS FOR DAILY D	ECISION-MAKING	
(Made decisions regarding tasks of daily life)	- Select a value -	
B5. INDICATORS OF DELIRIUM - PER	LIODIC DISORDERED THINKING/AWARENESS	
a. EASILY DISTRACTED		
b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS		
c. EPISODES OF DISORGANIZED SPEECH		
d. PERIODS OF RESTLESSNESS		
e. PERIODS OF LETHARGY		
f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY		

C4.	MAKING SELF UNDERSTOOD		
(Exp	ressing information content - however)	- Select a value -	
С6.	ABILITY TO UNDERSTAND OTHE	RS	
(Und	derstanding verbal information content - ever able)	- Select a value -	
E1.	INDICATORS OF DEPRESSION, A	ANXIETY, SAD MOOD	
VEF	RBAL EXPRESSIONS OF DISTRESS	S	
a. Re	esident made negative statement		
b. Re	epetitive questions		
c. Re	epetitive verbalizations		
d. Pe	ersistent anger with self or others		
e. 5e	elf deprecating		
f. Ex unre	pressions of what appear to be calistic fears		
g. Re terri	ecurrent statements that something ible is about to happen		
h. Re	epetitive health complaints		
i. Re (non	petitive anxious complaints/concerns i-health related)		
SLE	EEP-CYCLE ISSUES		
j. Un	pleasant mood in morning		
k. In	somnia/change in usual sleep pattern		

SAD, APATHETIC, ANXIOUS APPEA	RANCE	
I. Sad, painted, worried facial expressions		
m. Crying, tearfulness		
n. Repetitive physical movements		
LOSS OF INTEREST		
o. Withdrawl from activities of interest		
p. Reduced social interaction		
E2. MOOD PERSISTANCE	- Select a value -	
E4. BEHAVIORAL SYMPTOMS		
a. WANDERING - (A)		
a. WANDERING - (B)		
b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS - (A)		
b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS - (B)		
c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS - (A)		
c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS - (B)		
d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS - (A)		
d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS - (B)		
e. RESISTS CARE - (A)		
e. RESISTS CARE - (B)		

G1. (A) ADL SELF-PERFORMANC	DE COMPANY OF THE PROPERTY OF
a. BED MOBILITY	
b. TRANSFER	
c. WALK IN ROOM	
d. WALK IN CORRIDOR	
e. LOCOMOTION ON UNIT	
f. LOCOMOTION OFF UNIT	
g. DRESSING	
h. EATING	
i. TOILET USE	
j. PERSONAL HYGIENE	
G2. BATHING	
G4. FUNCTIONAL LIMITATION	IN RANGE OF MOTION
a. Neck - (A)	
a. Neck - (B)	
b. Arm - (A)	
b. Arm - (B)	
c. Hand - (A)	
c. Hand - (B)	
d. Leg - (A)	
d. Leg - (B)	
e. Foot - (A)	
e. Foot - (B)	
f. Other limitation or loss - (A)	
f. Other limitation or loss - (B)	
G6. MODES OF TRANSFER	☐ a. Bedfast all or most of time ☐ f. NONE OF ABOVE ☐ b. Bed rails used for bed mobility or transfer

H1. CONTINENCE SELF-CONTROL CA	ATEGORIES				
a. BOWEL CONTINENCE					
b. BLADDER CONTINENCE					
H2. BOWEL ELIMINATION PATTERN	C d. Fecal Impaction C e. NONE OF ABOVE				
H3. APPLIANCES AND PROGRAMS	□ a. Any schedule toileting plan □ d. Indwelling catheter				
	□ b. Bladder retraining program □ i. Ostomy present				
	□ c. External (condom) catheter □ j. NONE OF ABOVE				
12. INFECTIONS	☐ j. Urinary tract infection in last 30 days ☐ m. NONE OF ABOVE				
13. OTHER CURRENT DIAGNOSES AN	ND ICD-9 CODES				
(a.)					
Value for (a.)					
(b.)					
Value for (b.)					
J1. PROBLEM CONDITIONS	□ c. Dehydrated; output exceeds input □ p. NONE OF ABOVE □ I. Hallucinations				
J2. PAIN SYMPTOMS - NOT NEEDED					
J3. PAIN SITE - NOT NEEDED					
J4. ACCIDENTS	□ a. Fell in past 30 days □ d. Other fracture in last 180 days				
	☐ b. Fell in past 31-180 days days ☐ e. NONE OF ABOVE				
	□ c. Hip fracture in last 180 days				
J5. STABILITY OF CONDITIONS	□ a. Conditions/diseases make resident's cognitive, ADL, mood or behavior status unstable - fewer months to live □ b. Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem □ d. NONE OF ABOVE				
K3. WEIGHT CHANGE					
a. Weight loss	C 0. No C 1. Yes				
b. Weight gain	C 0. No C 1. Yes				
1		\rightarrow			

K5. NUTRITIONAL APPROACHES	☐ b. Feeding tube	☐ i. NONE OF ABOVE	
	\square h. On a planned weight char	ge program	
M1.ULCERS			
a. Stage 1			
b. Stage 2			
c. Stage 3			
d. Stage 4			
M2, TYPE OF ULCER			
a. Pressure ulcer	П		
b. Stasis ulcer			
N1. TIME AWAKE	🗆 a. Morning 🗆 c. Evening		
	☐ b. Afternoon ☐ d. NONE C		
N2. AVERAGE TIME INVOLVED IN ACTIVITIE	;		
01. NUMBER OF MEDICATIONS			
O4. DAYS RECEIVED THE FOLLOW	ING MEDICATION		
a. Antipsychotic			
b. Antianxiety			
c. Antidepressant			
d. Hypnotic			
e. Diuretic			

P4. DEVICES AND RESTRAINTS			
a. Full bed rails on all open sides of bed			
b. Other types of side rails used (e.g., half rail, one side)			
c. Trunk restraint			
d. Limb restraint			
e. Chair prevents rising			
Q2. OVERALL CHANGE IN CARE NEEDS	- Select a value - 🔻		
SECTION W. SUPPLEMENTAL MD	OS ITEMS		
2. Influenza Vaccines			
a. Did the resident receive the influenza vaccine in this facility for the year's influenza season (October 1 through March 31)?	the resident receive the influenza e in this facility for the year's influenza (Officher Libroruph March 31)? C 0. No (If No, go to item W2b) C 3. Not documented		
	C 1. Yes (If Yes, go to item W3)		
b. If influenza vaccine not received, state reason	C 1. Not in facility during the year's flu season C 2. Received outside of this facility C 3. Not eligible C 4. Offered and declined	C 5. Not offered C 6. Inability to obtain vaccine C 7. Not documented	
3. Pneumococcal Vaccine			
a. Is the resident's PPV status up to date?	C 0. No (If No, go to item W3b) C 2. Not (C 1. Yes (If Yes, skip to item W3b)	documented	
b. If PPV not received, state reason	C 1. Not eligible C 3. Not offered C 2. Offered and declined C 4. Not documen	ced	

Modified By:	Modified:	Created By:	Created:	
4b. ADMITTED FROM (AT REENTRY)				
4a. DATE OF REENTRY				
SECTION A. IDENTIFICATIO	N AND BACKGROUN	ID INFORMATION		
- This section is not needed.				
SECTION AA. IDENTIFICATI	ON INFORMATION			
REENTRY TRACKING FORM				
4. DISCHARGE DATE				
o. Optional State Code				
discharge				
a. Code for resident disposition upon				
B. DISCHARGE STATUS				
SECTION R. ASSESSMENT/D	ISCHARGE INFORMA	ATION		
- This section is not needed.	N AND BACKGROOM	IN OR ALLON		
SECTION A. IDENTIFICATIO	N AND BACKGROUN	ID TNEODMATION		
SECTION AB. DEMOGRAPHI - This section is not needed.	CINFORMATION			
- This section is not needed.				
SECTION AA. IDENTIFICATI	ON INFORMATION			
DISCHARGE TRACKING FOR	•			

- This is the end of the form -