Proposed SNF QRP New and Modified Items

Effective Date: October 1, 2020

ADMISSION (Start of SNF Stay)

Section A	Identification Information

A1005. Ethnicity Are you Hispanic, Latino/a, or Spanish origin?	
↓	**Check all that apply**
☐	**A.** No, not of Hispanic, Latino/a, or Spanish origin
☐	**B.** Yes, Mexican, Mexican American, Chicano/a
☐	**C.** Yes, Puerto Rican
☐	**D.** Yes, Cuban
☐	**E.** Yes, Another Hispanic, Latino, or Spanish origin
☐	**X.** Resident unable to respond

A1010. Race What is your race?	
↓	**Check all that apply**
☐	**A.** White
☐	**B.** Black or African American
☐	**C.** American Indian or Alaska Native
☐	**D.** Asian Indian
☐	**E.** Chinese
☐	**F.** Filipino
☐	**G.** Japanese
☐	**H.** Korean
☐	**I.** Vietnamese
☐	**J.** Other Asian
☐	**K.** Native Hawaiian
☐	**L.** Guamanian or Chamorro
☐	**M.** Samoan
☐	**N.** Other Pacific Islander
☐	**X.** Resident unable to respond

A1110. Language	
Enter Code ☐	**A. What is your preferred language?** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **B. Do you need or want an interpreter to communicate with a doctor or health care staff?** 0. **No** 1. **Yes** 9. **Unable to determine**

A1250. Transportation Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
↓	**Check all that apply**
☐	**A. Yes**, it has kept me from medical appointments or from getting my medications
☐	**B. Yes**, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
☐	**C. No**
☐	**D. Resident unable to respond**

A1805. Entered From	
Enter Code ☐☐	01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. **Nursing home** (long-term care facility) 03. **Skilled Nursing Facility** (SNF, swing beds) 04. **Short-term General Hospital** (acute hospital, IPPS) 05. **Long-Term Care Hospital** (LTCH) 06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit) 07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit) 08. **Intermediate Care Facility** (ID/DD facility) 09. **Hospice** (home/non-institutional) 10. **Hospice** (institutional facility) 11. **Critical Access Hospital** (CAH) 12. **Home under care of organized home health service organization** 99. **Not Listed**

Section B	Hearing, Speech, and Vision

B1300. Health Literacy

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Enter Code	
☐	0. **Never** 1. **Rarely** 2. **Sometimes** 3. **Often** 4. **Always** 5. **Resident unable to respond**

Section D	Mood

D0150. Resident Mood Interview (PHQ-2 to 9)

Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence 0. **No** (enter 0 in column 2) 1. **Yes** (enter 0-3 in column 2) 9. **No response** (leave column 2 blank)	**2. Symptom Frequency** 0. **Never or 1 day** 1. **2-6 days** (several days) 2. **7-11 days** (half or more of the days) 3. **12-14 days** (nearly every day)	**1. Symptom Presence**	**2. Symptom Frequency**
		↓ Enter Scores in Boxes ↓	
A. *Little interest or pleasure in doing things*		☐	☐
B. *Feeling down, depressed, or hopeless*		☐	☐
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview and SKIP to next section.			
C. *Trouble falling or staying asleep, or sleeping too much*		☐	☐
D. *Feeling tired or having little energy*		☐	☐
E. *Poor appetite or overeating*		☐	☐
F. *Feeling bad about yourself – or that you are a failure or have let yourself or your family down*		☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*		☐	☐
H. *Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual*		☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*		☐	☐

D0160. Total Severity Score	
Enter Score ☐☐	**Add scores for all frequency responses in Column 2**, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)

D0700. Social Isolation How often do you feel lonely or isolated from those around you?	
Enter Code ☐	0. **Never** 1. **Rarely** 2. **Sometimes** 3. **Often** 4. **Always** 9. **Resident unable to respond**

Section J	Health Conditions

J0510. Pain Effect on Sleep	
Enter Code ☐	*Ask resident: "Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night****?"* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 9. **Unable to answer**
J0520. Pain Interference with Therapy Activities	
Enter Code ☐	*Ask resident: "Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain****?"* 0. **Does not apply – I have not received rehabilitation therapy in the past 5 days** 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 9. **Unable to answer**
J0530. Pain Interference with Day-to-Day Activities	
Enter Code ☐	*Ask resident: "Over the past 5 days,* ***how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain****?"* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 9. **Unable to answer**

Section K	Swallowing/Nutritional Status

K0520. Nutritional Approaches Check all of the following nutritional approaches that were performed **on admission**	
	On Admission **Check all that apply** ↓
A. Parenteral/IV feeding	☐
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	☐
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	☐
Z. None of the above	☐

Section N	Medications

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the resident is taking any medications in the following drug classes by pharmacological classification, not how it is used **2. Indication noted** If Column 1 is checked, check if there is an indication noted for all medications in the drug class	**1. Is taking** **Check all that apply** ↓	**2. Indication noted** **Check all that apply** ↓
A. Antipsychotic	☐	☐
B. Antianxiety	☐	☐
C. Antidepressant	☐	☐
D. Hypnotic	☐	☐
E. Anticoagulant	☐	☐
F. Antibiotic	☐	☐
G. Diuretic	☐	☐
H. Opioid	☐	☐
I. Antiplatelet	☐	☐
J. Hypoglycemic (including insulin)	☐	☐

Section O	Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed on admission	**On Admission** **Check all that apply** ↓
Cancer Treatments	
A1. Chemotherapy	☐
A2. IV	☐
A3. Oral	☐
A10. Other	☐
B1. Radiation	☐
Respiratory Therapies	
C1. Oxygen Therapy	☐
C2. Continuous	☐
C3. Intermittent	☐
C4. High-concentration	☐
D1. Suctioning	☐
D2. Scheduled	☐
D3. As Needed	☐
E1. Tracheostomy care	☐
F1. Invasive Mechanical Ventilator (ventilator or respirator)	☐
G1. Non-Invasive Mechanical Ventilator	☐
G2. BiPAP	☐
G3. CPAP	☐
Other	
H1. IV Medications	☐
H2. Vasoactive medications	☐
H3. Antibiotics	☐
H4. Anticoagulation	☐
H10. Other	☐
I1. Transfusions	☐

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed on admission	**On Admission** **Check all that apply** ↓
J1. Dialysis	☐
J2. Hemodialysis	☐
J3. Peritoneal dialysis	☐
O1. IV Access	☐
O2. Peripheral	☐
O3. Midline	☐
O4. Central (e.g., PICC, tunneled, port)	☐
None of the Above	
Z1. None of the above	☐

PLANNED DISCHARGE (End of SNF Stay)

A0310G =1

Section A	Identification Information

A1110. Language

Enter Code ☐

A. What is your preferred language?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

B. Do you need or want an interpreter to communicate with a doctor or health care staff?

0. **No**
1. **Yes**
9. **Unable to determine**

A1250. Transportation

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

Check all that apply

☐	**A. Yes**, it has kept me from medical appointments or from getting my medications
☐	**B. Yes**, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
☐	**C. No**
☐	**D. Resident unable to respond**

A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code ☐☐

01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)
02. **Nursing home** (long-term care facility)
03. **Skilled Nursing Facility** (SNF, swing beds)
04. **Short-term General Hospital** (acute hospital, IPPS)
05. **Long-Term Care Hospital** (LTCH)
06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
08. **Intermediate Care Facility** (ID/DD facility)
09. **Hospice** (home/non-institutional)
10. **Hospice** (institutional facility)
11. **Critical Access Hospital** (CAH)
12. **Home under care of organized home health service organization**
99. **Not Listed**

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?	
Enter Code ☐	0. **No** – Current reconciled medication list not provided to the subsequent provider 1. **Yes** – Current reconciled medication list provided to the subsequent provider

A2122. Provision of Current Reconciled Medication List to Resident at Discharge At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver?	
Enter Code ☐	0. **No** – Current reconciled medication list not provided to the resident, family and/or caregiver 1. **Yes** – Current reconciled medication list provided to the resident, family and/or caregiver

A2123. Route of Current Reconciled Medication List Transmission

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider and/or resident/family/caregiver.

Route of Transmission	**1. To subsequent provider**	**2. To resident/family/ caregiver**
	↓ Check all that apply ↓	
A. Electronic Health Record	☐	☐
B. Health Information Exchange Organization	☐	☐
C. Verbal (e.g., in-person, telephone, video conferencing)	☐	☐
D. Paper-based (e.g., fax, copies, printouts)	☐	☐
E. Other Methods (e.g., texting, email, CDs)	☐	☐

Section B	Hearing, Speech, and Vision

B1300. Health Literacy
How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Enter Code ☐

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
9. **Resident unable to respond**

Section C	Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?
Attempt to conduct interview with all residents

Enter Code ☐

0. **No** (resident is rarely/never understood) → *Skip to XXXX*
1. **Yes** → *Continue to C0200, Repetition of Three Words*

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Enter Code ☐

Ask resident: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue, and bed****. Now tell me the three words."*

Number of words repeated after first attempt

0. **None**
1. **One**
2. **Two**
3. **Three**

After the resident's first attempt, repeat the words using cues (*"sock, something to wear; blue, a color; bed, a piece of furniture"*). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)

Enter Code ☐

Ask resident: *"Please tell me what year it is right now."*

A. Able to report correct year

0. **Missed by > 5 years** or no answer
1. **Missed by 2-5 years**
2. **Missed by 1 year**
3. **Correct**

Enter Code ☐

Ask resident: *"What month are we in right now?"*

B. Able to report correct month

0. **Missed by > 1 month** or no answer
1. **Missed by 6 days to 1 month**
2. **Accurate within 5 days**

Enter Code ☐	Ask resident: *"What day of the week is today?"* **C. Able to report correct day of the week** 0. **Incorrect** or no answer 1. **Correct**
C0400. Recall	
Enter Code ☐	Ask resident: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"* If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. **A. Able to recall "sock"** 0. **No** - could not recall 1. **Yes, after cueing** ("something to wear") 2. **Yes, no cue required**
Enter Code ☐	**B. Able to recall "blue"** 0. **No** - could not recall 1. **Yes, after cueing** ("a color") 2. **Yes, no cue required**
Enter Code ☐	**C. Able to recall "bed"** 0. **No** - could not recall 1**. Yes, after cueing** ("a piece of furniture") 2. **Yes, no cue required**
C0500. BIMS Summary Score	
Enter Score ☐☐	**Add scores** for questions C0200-C0400 and fill in total score (00-15) **Enter 99 if the resident was unable to complete the interview**

C1310. Signs and Symptoms of Delirium (from CAM©)	
Code **after completing** Brief Interview for Mental Status and reviewing medical record.	
A. Acute Onset Mental Status Change	
Enter Code ☐	**Is there evidence of an acute change in mental status** from the resident's baseline? 0. **No** 1. **Yes**

Coding:	↓ **Enter Code in Boxes**	
0. Behavior not present **1. Behavior continuously present, does not fluctuate** **2. Behavior present, fluctuates** (comes and goes, changes in severity)	☐	**B. Inattention** – Did the resident have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was being said?
	☐	**C. Disorganized thinking** – Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	☐	**D. Altered level of consciousness** – Did the resident have altered level of consciousness as indicated by any of the following criteria? • **vigilant** – startled easily to any sound or touch • **lethargic** – repeatedly dozed off when being asked questions, but responded to voice or touch • **stuporous** – very difficult to arouse and keep aroused for the interview • **comatose** – could not be aroused

Section D	**Mood**

D0150. Resident Mood Interview (PHQ-2 to 9)

Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence	**2. Symptom Frequency**	**1. Symptom Presence**	**2. Symptom Frequency**
0. **No** (enter 0 in column 2) 1. **Yes** (enter 0-3 in column 2) 9. **No response** (leave column 2 blank)	0. **Never or 1 day** 1. **2-6 days** (several days) 2. **7-11 days** (half or more of the days) 3. **12-14 days** (nearly every day)	**↓ Enter Scores in Boxes ↓**	
A. *Little interest or pleasure in doing things*		☐	☐
B. *Feeling down, depressed, or hopeless*		☐	☐
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview and SKIP to next section.			
C. *Trouble falling or staying asleep, or sleeping too much*		☐	☐
D. *Feeling tired or having little energy*		☐	☐
E. *Poor appetite or overeating*		☐	☐
F. *Feeling bad about yourself – or that you are a failure or have let yourself or your family down*		☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*		☐	☐
H. *Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual*		☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*		☐	☐

D0160. Total Severity Score

Enter Score	
☐☐	**Add scores for all frequency responses in Column 2**, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)

D0700. Social Isolation How often do you feel lonely or isolated from those around you?	
Enter Code ☐	0. **Never** 1. **Rarely** 2. **Sometimes** 3. **Often** 4. **Always** 9. **Resident unable to respond**

Section J	**Health Conditions**

J0510. Pain Effect on Sleep	
Enter Code ☐	*Ask resident: "Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night****?"* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 9. **Unable to answer**
J0520. Pain Interference with Therapy Activities	
Enter Code ☐	*Ask resident: "Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain****?"* 0. **Does not apply – I have not received rehabilitation therapy in the past 5 days** 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 9. **Unable to answer**
J0530. Pain Interference with Day-to-Day Activities	
Enter Code ☐	*Ask resident: "Over the past 5 days,* ***how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain****?"* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 9. **Unable to answer**

Section K	Swallowing/Nutritional Status

K0520. Nutritional Approaches		
While a Resident Performed ***while a resident*** of this facility and within the ***last 7 days*** **At Discharge**	**1. While a Resident**	**2. At Discharge**
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	☐	☐
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	☐	☐
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	☐	☐
Z. None of the above	☐	☐

Section N	Medications

N0420. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the resident is taking any medications in the following drug classes by pharmacological classification, not how it is used **2. Indication noted** If Column 1 is checked, check if there is an indication noted for all medications in the drug class	**1. Is taking**	**2. Indication noted**
	Check all that apply ↓	**Check all that apply ↓**
A. Antipsychotic	☐	☐
B. Antianxiety	☐	☐
C. Antidepressant	☐	☐
D. Hypnotic	☐	☐
E. Anticoagulant	☐	☐
F. Antibiotic	☐	☐
G. Diuretic	☐	☐
H. Opioid	☐	☐
I. Antiplatelet	☐	☐
J. Hypoglycemic (including insulin)	☐	☐

Section O	Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed at discharge	**At Discharge** **Check all that apply** ↓
Cancer Treatments	
A1. Chemotherapy	☐
A2. IV	☐
A3. Oral	☐
A10. Other	☐
B1. Radiation	☐
Respiratory Therapies	
C1. Oxygen Therapy	☐
C2. Continuous	☐
C3. Intermittent	☐
C4. High-concentration	☐
D1. Suctioning	☐
D2. Scheduled	☐
D3. As Needed	☐
E1. Tracheostomy care	☐
F1. Invasive Mechanical Ventilator (ventilator or respirator)	☐
G1. Non-Invasive Mechanical Ventilator	☐
G2. BiPAP	☐
G3. CPAP	☐
Other	
H1. IV Medications	☐
H2. Vasoactive medications	☐
H3. Antibiotics	☐
H4. Anticoagulation	☐
H10. Other	☐
I1. Transfusions	☐

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed at discharge	**At Discharge** **Check all that apply** ↓
J1. Dialysis	☐
J2. Hemodialysis	☐
J3. Peritoneal dialysis	☐
O1. IV Access	☐
O2. Peripheral	☐
O3. Midline	☐
O4. Central (e.g., PICC, tunneled, port)	☐
None of the Above	
Z1. None of the above	☐

UNPLANNED DISCHARGE (End of SNF Stay)

A0310G =2

Section A	Identification Information

A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code ☐☐

01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)
02. **Nursing home** (long-term care facility)
03. **Skilled Nursing Facility** (SNF, swing beds)
04. **Short-term General Hospital** (acute hospital, IPPS)
05. **Long-Term Care Hospital** (LTCH)
06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
08. **Intermediate Care Facility** (ID/DD facility)
09. **Hospice** (home/non-institutional)
10. **Hospice** (institutional facility)
11. **Critical Access Hospital** (CAH)
12. **Home under care of organized home health service organization**
99. **Not Listed**

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?

Enter Code ☐

0. **No** – Current reconciled medication list not provided to the subsequent provider
1. **Yes** – Current reconciled medication list provided to the subsequent provider

A2122. Provision of Current Reconciled Medication List to Resident at Discharge

At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver?

Enter Code ☐

0. **No** – Current reconciled medication list not provided to the resident, family and/or caregiver
1. **Yes** – Current reconciled medication list provided to the resident, family and/or caregiver

A2123. Route of Current Reconciled Medication List Transmission

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider and/or resident/family/caregiver.

Route of Transmission	1. To subsequent provider	2. To resident/family/ caregiver
	↓ Check all that apply ↓	
A. Electronic Health Record	☐	☐
B. Health Information Exchange Organization	☐	☐
C. Verbal (e.g., in-person, telephone, video conferencing)	☐	☐
D. Paper-based (e.g., fax, copies, printouts)	☐	☐
E. Other Methods (e.g., texting, email, CDs)	☐	☐

Section C Cognitive Patterns

C1310. Signs and Symptoms of Delirium (from CAM©)

Code **after** evaluating cognitive status and reviewing medical record.

A. Acute Onset Mental Status Change

Enter Code ☐

Is there evidence of an acute change in mental status from the resident's baseline?

0. **No**
1. **Yes**

Coding:

0. **Behavior not present**
1. **Behavior continuously present, does not fluctuate**
2. **Behavior present, fluctuates** (comes and goes, changes in severity)

↓ **Enter Code in Boxes**

☐ **B. Inattention** – Did the resident have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was being said?

☐ **C. Disorganized thinking** – Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

☐ **D. Altered level of consciousness** – Did the resident have altered level of consciousness as indicated by any of the following criteria?

- **vigilant** – startled easily to any sound or touch
- **lethargic** – repeatedly dozed off when being asked questions, but responded to voice or touch
- **stuporous** – very difficult to arouse and keep aroused for the interview
- **comatose** – could not be aroused

Section K	Swallowing/Nutritional Status

K0520. Nutritional Approaches		
While a Resident Performed ***while a resident*** of this facility and within the ***last 7 days*** **At Discharge**	**1. While a Resident**	**2. At Discharge**
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	☐	☐
B. Feeding tube (e.g., nasogastric or abdominal [PEG])	☐	☐
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	☐	☐
Z. None of the above	☐	☐

Section N	Medications

N0420. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the resident is taking any medications in the following drug classes by pharmacological classification, not how it is used **2. Indication noted** If Column 1 is checked, check if there is an indication noted for all medications in the drug class	**1. Is taking**	**2. Indication noted**
	Check all that apply ↓	**Check all that apply ↓**
A. Antipsychotic	☐	☐
B. Antianxiety	☐	☐
C. Antidepressant	☐	☐
D. Hypnotic	☐	☐
E. Anticoagulant	☐	☐
F. Antibiotic	☐	☐
G. Diuretic	☐	☐
H. Opioid	☐	☐
I. Antiplatelet	☐	☐
J. Hypoglycemic (including insulin)	☐	☐

Section O	Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed at discharge	**At Discharge** **Check all that apply** ↓
Cancer Treatments	
A1. Chemotherapy	☐
A2. IV	☐
A3. Oral	☐
A10. Other	☐
B1. Radiation	☐
Respiratory Therapies	
C1. Oxygen Therapy	☐
C2. Continuous	☐
C3. Intermittent	☐
C4. High-concentration	☐
D1. Suctioning	☐
D2. Scheduled	☐
D3. As Needed	☐
E1. Tracheostomy care	☐
F1. Invasive Mechanical Ventilator (ventilator or respirator)	☐
G1. Non-Invasive Mechanical Ventilator	☐
G2. BiPAP	☐
G3. CPAP	☐
Other	
H1. IV Medications	☐
H2. Vasoactive medications	☐
H3. Antibiotics	☐
H4. Anticoagulation	☐
H10. Other	☐
I1. Transfusions	☐

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed at discharge	**At Discharge** **Check all that apply** ↓
J1. Dialysis	☐
J2. Hemodialysis	☐
J3. Peritoneal dialysis	☐
O1. IV Access	☐
O2. Peripheral	☐
O3. Midline	☐
O4. Central (e.g., PICC, tunneled, port)	☐
None of the Above	
Z1. None of the above	☐