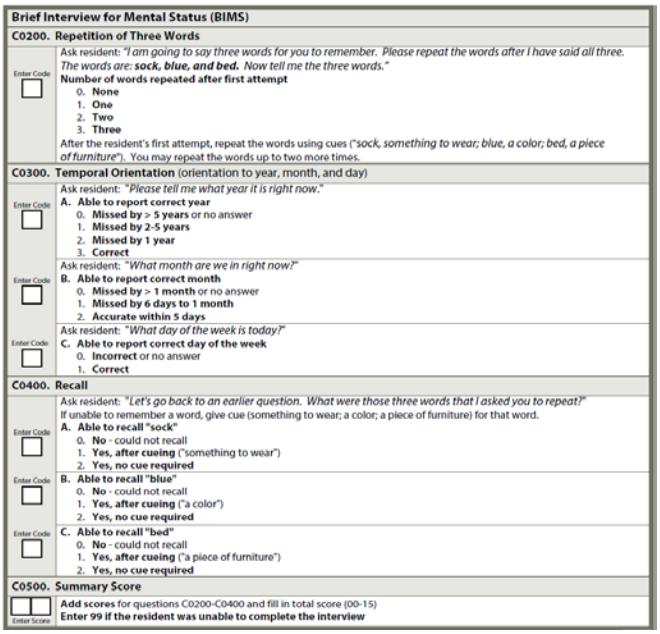
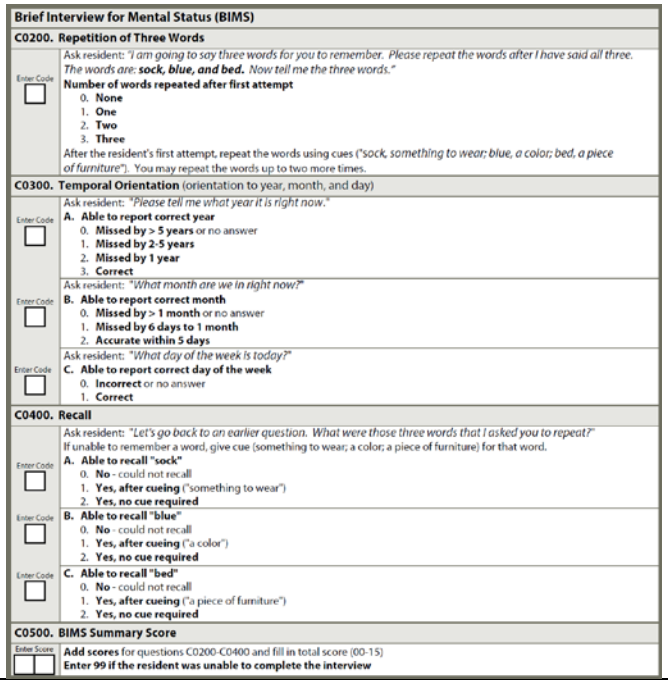
Track Changes
from Chapter 3 Section C v1.13
to Chapter 3 Section C v1.14

Chapter	Section	Page	Change
3	C0100	C-1	• The structured cognitive interview is helpful for identifying possible delirium behaviors (C~~1300~~1310).
3	C0200–C0500	C-2	Replaced screenshot. OLD  NEW 

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

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)

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**

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**

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

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**

B. Able to recall "blue"
0. **No** - could not recall
1. **Yes, after cueing** ("a color")
2. **Yes, no cue required**

C. Able to recall "bed"
0. **No** - could not recall
1. **Yes, after cueing** ("a piece of furniture")
2. **Yes, no cue required**

C0500. Summary Score / **C0500. BIMS Summary 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

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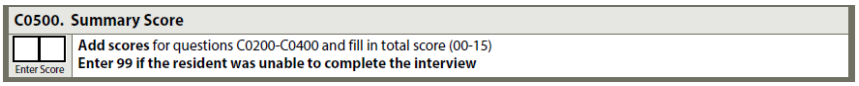
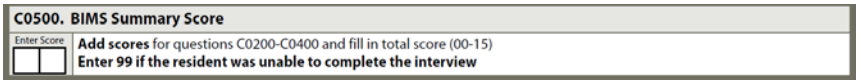
Chapter	Section	Page	Change
3	C0200–C0500	C-3	• The BIMS is an opportunity to observe residents for signs and symptoms of delirium (~~C1300~~C1310).
3	C0200	C-6	*Basic BIMS interview instructions are shown on pages C-~~5~~3 and C-4.*
3	C0300	C-9	*Basic BIMS interview instructions are shown on pages C-~~5~~3 and C-4.*
3	C0400	C-12	*Basic BIMS interview instructions are shown on pages C-~~5~~3 and C-4.*
3	C0400	C-12	3. For any word that is not correctly recalled after 5 seconds, provide a category cue (refer to "Steps for Assessment," pages C-~~7~~6–C-~~8~~7 for the definition of category cue). Category cues should be used only after the resident is unable to recall one or more of the three words.
3	C0500	C-14	C0500: BIMS Summary Score
3	C0500	C-14	Replaced screenshot. OLD  NEW 
3	C0500	C-15	C0500: BIMS Summary Score (cont.)
3	C0500	C-15	• To be considered a completed interview, the resident had to attempt and provide relevant answers to at least four of the questions included in C0200-C0400. To be relevant, a response only has to be related to the question (logical); it does not have to be correct. See general coding tips on page C-~~6~~4 for residents who choose not to participate at all.

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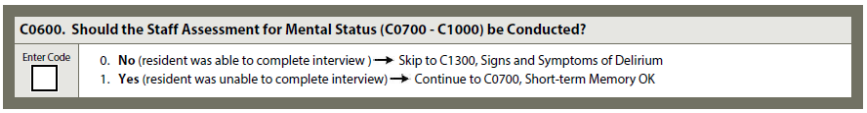
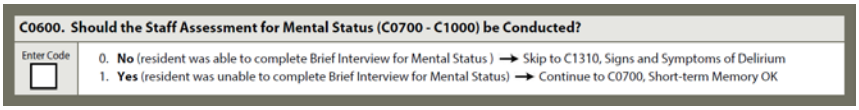
Chapter	Section	Page	Change
3	C0500	C-15	**Coding Tips** Occasionally, a resident can communicate but chooses not to participate in the BIMS and therefore does not attempt any of the items in the section. This would be considered an incomplete interview; enter 99 for C0500, **BIMS Summary Score**, and complete the staff assessment of mental status.
3	C0500	C-16	C0500: BIMS Summary Score (cont.)
3	C0600	C-16	Replaced screenshot. OLD  NEW 
3	C0600	C-17	**Steps for Assessment** 1. Review whether **BIMS Summary Score** item (C0500), is coded 99, unable to complete interview.
3	C0600	C-17	**Coding Instructions** Code 0, no: if the BIMS was completed and scored between 00 and 15. Skip to ~~C1300~~C1310.

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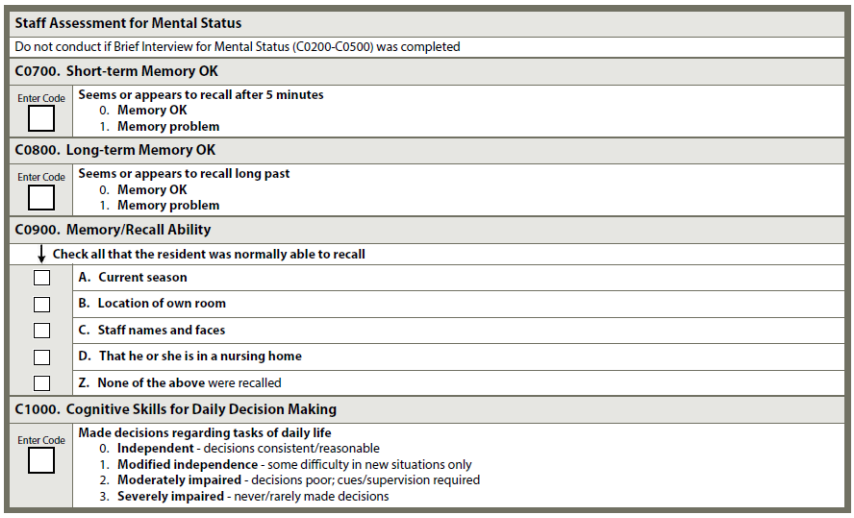
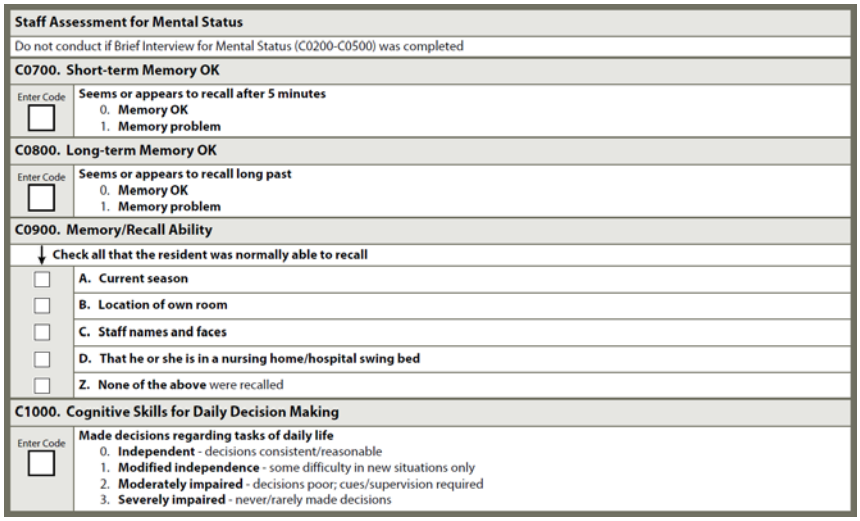
Chapter	Section	Page	Change
3	C0700–C1000	C-17	Replaced screenshot. OLD  NEW 

Track Changes
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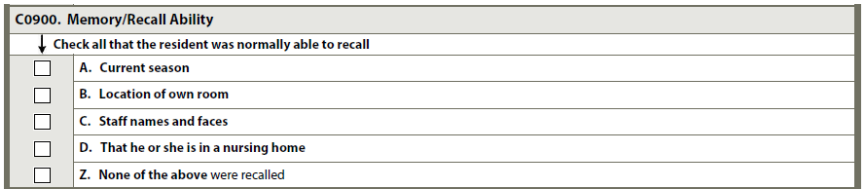
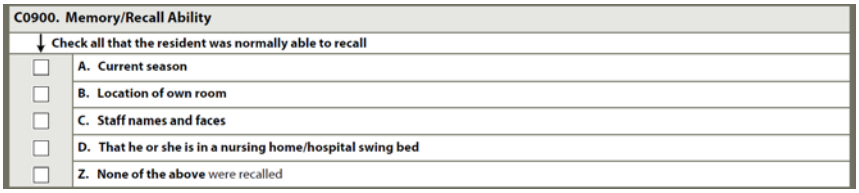
to Chapter 3 Section C v1.14

Chapter	Section	Page	Change
3	C0900	C-21	Replaced screenshot. OLD  NEW 
3	C0900	C-22	• Check C0900D, that he or she is in a nursing home/hospital swing bed: if resident is able to determine that he or she is currently living in a nursing home. To check this item, it is not necessary that the resident be able to state the name of the nursing home, but he or she should be able to refer to the nursing home by a term such as a "home for older people," a "hospital for the elderly," "a place where people who need extra help live," etc.
3	C1310	C-26	~~C1300~~C1310: Signs and Symptoms of Delirium

Track Changes
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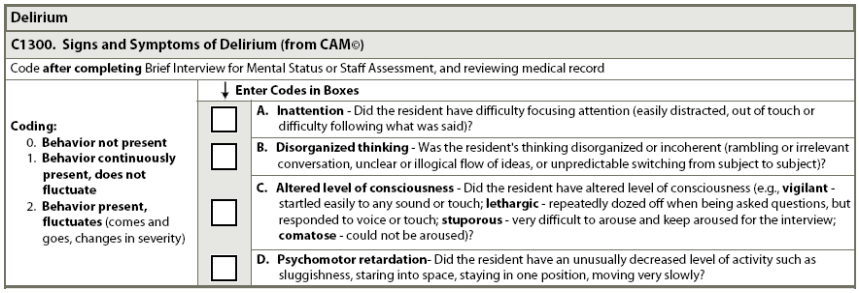
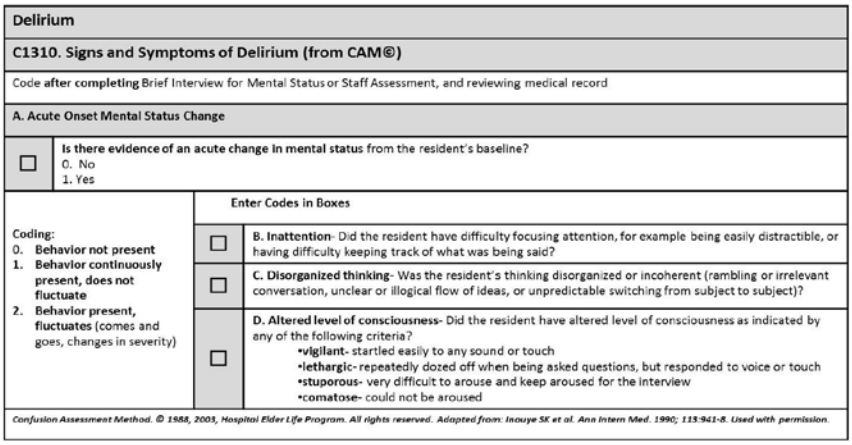
Chapter	Section	Page	Change
3	C1310	C-26	Replaced screenshot. OLD  NEW 
3	C1310	C-26	~~*Disclaimer: Adapted from Confusion Assessment Method. ©1988, 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission. All rights reserved.*~~
3	C1310	C-27	~~C1300~~C1310: Signs and Symptoms of Delirium (cont.)

Track Changes
from Chapter 3 Section C v1.13
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Chapter	Section	Page	Change
3	C1310	C-27	**Coding Instructions for C1310A, Acute Mental Status Change** • Code 0, no: if there is no evidence of acute mental status change from the resident's baseline. • Code 1, yes: if resident has an alteration in mental status observed in the past 7 days or in the BIMS that represents a change from baseline. **Coding Tips** • Interview resident's family or significant others. • Review medical record prior to 7-day look-back to determine the resident's usual mental status. **Examples** 1. Resident was admitted to the nursing home 4 days ago. Her family reports that she was alert and oriented prior to admission. During the BIMS interview, she is lethargic and incoherent. Coding: Item C1310A would be coded 1, yes. Rationale: There is an acute change of the resident's behavior from alert and oriented (family report) to lethargic and incoherent during interview. 2. Nurse reports that a resident with poor short-term memory and disorientation to time suddenly becomes agitated, calling out to her dead husband, tearing off her clothes, and being completely disoriented to time, person, and place. Coding: Item C1310A would be coded 1, yes. Rationale: The new behaviors represent an acute change in mental status.
3	C1310	C-28	**Other Examples of Acute Mental Status Changes** • A resident who is usually noisy or belligerent becomes quiet, lethargic, or inattentive. • A resident who is normally quiet and content suddenly becomes restless or noisy. • A resident who is usually able to find his or her way around the unit begins to get lost.

Track Changes
from Chapter 3 Section C v1.13
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Chapter	Section	Page	Change
3	C1310	C-27–C-32	Page length change due to revised content.
3	C1310	C-28	**Steps for Assessment for ~~C1300A~~C1310B, Inattention** ~~*Basic delirium assessment instructions are on page C-33. In addition, for C1300 (Inattention):*~~
3	C1310	C-28	**Coding Instructions for ~~C1300A~~C1310B, Inattention**
3	C1310	C-29	**~~C1300~~C1310: Signs and Symptoms of Delirium (cont.)**
3	C1310	C-29	Coding: Item ~~C1300A~~C1310B would be coded 0, behavior not present. Rationale: The resident remained focused throughout the interview and this was constant during the look-back period.
3	C1310	C-29	Coding: Item ~~C1300A~~C1310B would be coded 1, behavior continuously present, does not fluctuate. Rationale: The resident's attention consistently wandered throughout the 7-day look-back period. The resident's dementia diagnosis does not affect the coding.
3	C1310	C-29	Coding: Item ~~C1300A~~C1310B would be coded 2, behavior present, fluctuates. Rationale: Evidence of inattention was found during the BIMS but was noted to be absent in the medical record. This disagreement shows possible fluctuation in the behavior. If any information source reports the symptom as present, ~~C1300A~~C1310B cannot be coded as 0, Behavior not present.
3	C1310	C-29	Coding: Item ~~C1300A~~C1310B would be coded 2, behavior present, fluctuates. Rationale: Resident's attention fluctuated during the interview. If as few as one source notes fluctuation, then the behavior should be coded 2.
3	C1310	C-30	**~~C1300~~C1310: Signs and Symptoms of Delirium (cont.)**

Track Changes
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to Chapter 3 Section C v1.14

Chapter	Section	Page	Change
3	C1310	C-30	**Coding Instructions for ~~C1300B~~C1310C, Disorganized Thinking**
3	C1310	C-30	Coding: ~~C1300B~~C1310C would be coded 1, behavior continuously present, does not fluctuate. Rationale: All sources agree that the disorganized thinking is constant.
3	C1310	C-30	Coding: ~~C1300B~~C1310C would be coded 0, behavior not present. Rationale: The resident's answer was related to the question, even though it was incorrect. No other sources report disorganized thinking.
3	C1310	C-30	Coding: ~~C1300B~~C1310C would be coded 2, behavior present, fluctuates. Rationale: The resident's thinking fluctuated between coherent and incoherent at least once. If as few as one source notes fluctuation, then the behavior should be coded 2.
3	C1310	C-31	**~~C1300~~C1310: Signs and Symptoms of Delirium (cont.)**
3	C1310	C-31	**Coding Instructions for ~~C1300C~~C1310D, Altered Level of Consciousness**
3	C1310	C-31	Coding: ~~C1300C~~C1310D would be coded 0, behavior not present. Rationale: All evidence indicates that the resident is alert during conversation, interview(s) and activities.
3	C1310	C-31	Coding: ~~C1300C~~C1310D would be coded 1, behavior continuously present, does not fluctuate. Rationale: The resident's lethargy was consistent throughout the interview, and there is consistent documentation of lethargy in the medical record during the look-back period.
3	C1310	C-32	**~~C1300~~C1310: Signs and Symptoms of Delirium (cont.)**

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Chapter	Section	Page	Change
3	C1310	C-32	Coding: ~~C1300C~~C1310D would be coded 2, behavior present, fluctuates. Rationale: The level of consciousness fluctuated during the interview. If as few as one source notes fluctuation, then the behavior should be coded 2, fluctuating.
3	C1310	C-31	Deleted definition box.
			~~DEFINITION~~ ~~PSYCHOMOTOR RETARDATION~~ ~~Greatly reduced or slowed level of activity or mental processing. Psychomotor retardation differs from altered level of consciousness. Resident need not be lethargic (altered level of consciousness) to have slowness of response. Psychomotor retardation may be present with normal level of consciousness; also residents with lethargy or stupor do not necessarily have psychomotor retardation.~~
3	C1310	C-32	Added CAM Assessment Scoring Methodology.
			CAM Assessment Scoring Methodology The indication of delirium by the CAM requires the presence of: Item A = 1 **OR** Item B, C or D = 2 **AND** Item B = 1 OR 2 **AND EITHER** Item C = 1 OR 2 **OR** Item D = 1 OR 2

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to Chapter 3 Section C v1.14

Chapter	Section	Page	Change
3	C1310	—	~~**Coding Instructions for C1300D, Psychomotor Retardation**~~ • ~~Code 0, behavior not present: if the resident's movements and responses were noted to be appropriate during BIMS and across all information sources.~~ • ~~Code 1, behavior continuously present, did not fluctuate: if, during the interview and according to other sources, the resident consistently had an unusually decreased level of activity such as being sluggish, staring into space, staying in one position, or moving or speaking very slowly.~~ • ~~Code 2, behavior present, fluctuates: if, during the BIMS interview or according to other sources, the resident showed slowness or decreased movement and activity which varied during the interview(s) or during the look-back period.~~ ~~**Examples**~~ 1. ~~Resident answers questions promptly during interview and staff and medical record note similar behavior.~~ ~~Coding: Item C1300D would be coded 0, behavior not present.~~ ~~Rationale: There is no evidence of psychomotor retardation from any source.~~ 2. ~~The resident is alert, but has a prolonged delay before answering the interviewer's question. Staff reports that the resident has always been very slow in answering questions.~~ ~~Coding: C1300D would be coded 1, behavior continuously present, does not fluctuate.~~ ~~Rationale: The psychomotor retardation was continuously present according to sources that described the resident's response speed to questions.~~ 3. ~~Resident moves body very slowly (i.e., to pick up a glass). Staff reports that they have not noticed any slowness.~~ ~~Coding: C1300D would be coded 2, behavior present, fluctuates.~~ ~~Rationale: There is evidence that psychomotor retardation comes and goes.~~

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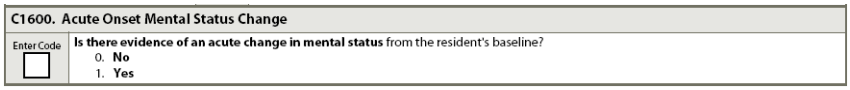
Chapter	Section	Page	Change
3	C1310	—	Deleted C1600: Acute Onset of Mental Status Change.

~~C1600: Acute Onset of Mental Status Change~~



~~Item Rationale~~

~~Health-related Quality of Life~~

- ~~Acute onset mental status change may indicate delirium or other serious medical complications, which may be reversible if detected and treated in a timely fashion.~~

~~Planning for Care~~

- ~~Prompt detection of acute mental status change is essential in order to identify and treat or eliminate the cause.~~

~~Coding Instructions~~

- ~~`Code 0, no`: if there is no evidence of acute mental status change from the resident's baseline.~~
- ~~`Code 1, yes`: if resident has an alteration in mental status observed in the past 7 days or in the BIMS that represents a change from baseline.~~

~~Coding Tips~~

- ~~Interview resident's family or significant others.~~
- ~~Review medical record prior to 7-day look-back.~~

Track Changes
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Chapter	Section	Page	Change
3	C1310	—	**~~Examples~~** ~~1. Resident was admitted to the nursing home 4 days ago. Her family reports that she was alert and oriented prior to admission. During the BIMS interview, she is lethargic and incoherent.~~ ~~Coding: Item C1600 would be coded 1, yes.~~ ~~Rationale: There is an acute change of the resident's behavior from alert and oriented (family report) to lethargic and incoherent during interview.~~ ~~2. Nurse reports that a resident with poor short-term memory and disorientation to time suddenly becomes agitated, calling out to her dead husband, tearing off her clothes, and being completely disoriented to time, person, and place.~~ ~~Coding: Item C1600 would be coded 1, yes.~~ ~~Rationale: The new behaviors represent an acute change in mental status.~~
3	C1310	—	~~C1600: Acute Onset of Mental Status Change~~ ~~(cont.)~~ **~~Other Examples of Acute Mental Status Changes~~** • ~~A resident who is usually noisy or belligerent becomes quiet, lethargic, or inattentive.~~ • ~~A resident who is normally quiet and content suddenly becomes restless or noisy.~~ • ~~A resident who is usually able to find his or her way around the unit begins to get lost.~~