

**Track Changes
from Appendix C v1.15
to Appendix C v1.16**

Chapter	Section	Page	Change
Ap. C	—	C-7	• Opioids (N0410H) narcotic pain drug
Ap. C	—	C-8	• Sleep disturbances (for example, up and awake at night/asleep during the day) (D02400C, D0500C)
Ap. C	—	C-11	• Mood State (D03400, D0600) CAA triggered. Analysis of Findings indicates possible impact on cognition – important to consider when drawing conclusions about cognitive loss
Ap. C	—	C-15	• Opioids (N0410H) Narcotics
Ap. C	—	C-17	• Opioids (N0410H) Narcotic analgesics (medication administration record)
Ap. C	—	C-17	• Parkinson's medications (medication administration record)
Ap. C	—	C-17	• Gentamycin (N0410F) (medication administration record)
Ap. C	—	C-17	• Tobramycin (N0410F) (medication administration record)
Ap. C	—	C-17	• Aspirin (medication administration record)
Ap. C	—	C-22	• Opioids (N0410H)
Ap. C	—	C-22	• Complications of immobility, such as — Pressure ulcers ulcer/injury (M0210)
Ap. C	—	C-26	• Anticholinergics – can lead to overflow incontinence — Parkinson's medications (except Sinemet and Deprenyl) — Disopyramide — Antispasmodics — Antihistamines — Antipsychotics (N0410A) — Antidepressants (N0410C) — Opioids (N0410H) Narcotics
Ap. C	—	C-34	• Opioids (N0410H) Narcotics
Ap. C	—	C-36	• Resident is immediate threat to self – IMMEDIATE INTERVENTION REQUIRED (D0200I.1=1, D0500I.1=1, E0500A=1, E1000A = 1)
Ap. C	—	C-36	• Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) (E0200A=1, 2, or 3)
Ap. C	—	C-36	• Verbal behaviors directed toward others (e.g., threatening, screaming at, or cursing at others) (E0200B=1, 2, or 3)
Ap. C	—	C-36	• Other behavior symptoms not directed toward others (e.g., hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily waste, or verbal/vocal symptoms like screaming, disruptive sounds) (E0200C=1, 2, or 3)
Ap. C	—	C-36	• Behavior significantly interferes with the resident's care (E0500B=1)
Ap. C	—	C-36	• Behavior significantly interferes with the resident's participation in activities or social interaction (E0500C=1)
Ap. C	—	C-36	• Behavior significantly intrudes on the privacy or activity of others (E0600B=1, E1000B=1)
Ap. C	—	C-36	• Behavior significantly disrupts care or living environment (E0600C=1)
Ap. C	—	C-36	• Resident rejects care that is necessary to achieve his or her goals for health and well-being (E0800=1, 2, or 3)

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Chapter	Section	Page	Change
Ap. C	—	C-36	• Resident's behavior status, care rejection, or wandering has worsened since last assessment (E1100=2)
Ap. C	—	C-36–C-86	Page length changed due to revised content on C-36.
Ap. C	—	C-39	• Alarm Use (P0200)
Ap. C	—	C-39	• Need for repositioning (M1200C)
Ap. C	—	C-44	• Indicators of psychosis (E0100A–E0100B E)
Ap. C	—	C-47	Medications (from medication record)
Ap. C	—	C-47	• Cardiovascular medications (from medication administration record)
Ap. C	—	C-47	• Diuretics (N0410G) (from medication administration record)
Ap. C	—	C-47	• Opioids (N0410H) Narcotic analgesics (from medication administration record)
Ap. C	—	C-47	• Neuroleptics (from medication administration record)
Ap. C	—	C-47	• Other medications that cause lethargy or confusion (from medication administration record)
Ap. C	—	C-54	• Recent surgical procedure (I8000, M1200F) (M1200F)
Ap. C	—	C-56	• Unable to swallow or to eat food and unlikely to eat within a few days due to — Physical problems in chewing or swallowing (for example, stroke or Parkinson's disease) (L0200F, K0100D) — Mental problems (I5700 – I6100) (for example, Alzheimer's (I4200), Other Dementia (I4800), depression (I5800))
Ap. C	—	C-60	• Malnutrition (I5600)
Ap. C	—	C-63	• Medications (from MDS and medication administration record) — Antipsychotics (N0410A) — Antidepressants (N0410C) — Antianxiety agents (N0410B) — Sedatives/hypnotics (N0410D) — Diuretics (N0410G) — Antihypertensives — Antiparkinsons medications — Opioids (N0410H) Narcotics — Anticonvulsants — Antihistamines — Decongestants — Antiemetics
Ap. C	—	C-66	16. Pressure Ulcer/Injury(s)
Ap. C	—	C-66	16. PRESSURE ULCER/INJURY(S) <u>Review of Indicators of Pressure Ulcer/Injury(s)</u>
Ap. C	—	C-66	• Existing pressure ulcer/injury(s) (M0210) (M0210)

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Ap. C	—	C-66	<ul style="list-style-type: none"> Assess location, size, stage, presence and type of drainage, presence of odors, condition of surrounding skin (M0610) <ul style="list-style-type: none"> — Note if eschar or slough is present (M0300F, M0770—4) — Assess for signs of infection, such as the presence of a foul odor, increasing pain, surrounding skin is reddened (erythema) or warm, or there is a presence of purulent drainage — Note whether granulation tissue (required for healing) is present and the wound is healing as expected (M0700—2)
Ap. C	—	C-66	<ul style="list-style-type: none"> If the ulcer/injury does not show signs of healing despite treatment, consider complicating factors <ul style="list-style-type: none"> — Elevated bacterial level in the absence of clinical infection — Presence of exudate, necrotic debris or slough in the wound, too much granulation tissue, or odor in the wound bed — Underlying osteomyelitis (bone infection)
Ap. C	—	C-67	16. Pressure Ulcer/Injury(s)
Ap. C	—	C-67	<ul style="list-style-type: none"> Poor nutrition (I5600) (see Nutrition CAA)
Ap. C	—	C-67	Medications that increase risk for pressure ulcer/ injury development
Ap. C	—	C-67	<ul style="list-style-type: none"> Opioids (N0410H) Narcotics
Ap. C	—	C-67	Diagnoses and conditions that present complications or increase risk for pressure ulcers ulcer/injury
Ap. C	—	C-67	Terminal illness (J1400 , O0100K)
Ap. C	—	C-68	16. Pressure Ulcer/Injury(s)
Ap. C	—	C-68	Diagnoses and conditions that present complications or increase risk for pressure ulcers ulcer/injury (continued)
Ap. C	—	C-68	<ul style="list-style-type: none"> Pain (J0300, J0800)
Ap. C	—	C-68	<ul style="list-style-type: none"> Dehydration (J15500C, I8000)
Ap. C	—	C-68	<ul style="list-style-type: none"> History of healed pressure ulcer(s)ulcer/injury (M0900)
Ap. C	—	C-69	16. Pressure Ulcer/Injury(s)
Ap. C	—	C-70	<ul style="list-style-type: none"> Antipsychotic (N0410A, N0450A)
Ap. C	—	C-70	<ul style="list-style-type: none"> Excessive duration and/or without gradual dose reductions (N0450B, N0450C)
Ap. C	—	C-73	<ul style="list-style-type: none"> Decline in behavior (E1100)
Ap. C	—	C-75	<ul style="list-style-type: none"> Pressure ulcer/injury (M0210) or pressure ulcer/injury care (M1200E)
Ap. C	—	C-75	<ul style="list-style-type: none"> Alarm use (P0200)
Ap. C	—	C-79	<ul style="list-style-type: none"> Skin/Wound <ul style="list-style-type: none"> — Pressure ulcer/injury (section M)
Ap. C	—	C-79	<ul style="list-style-type: none"> Terminal condition (J1400)
Ap. C	—	C-83	<ol style="list-style-type: none"> Look at the previous care plans of this individual to identify their previous responses and the issues or barriers they expressed. Consider the individual's overall goals of care and discharge planning from previous items responses (Q0300 and Q0400AB). Has the individual indicated that his or her goal is for end-of-life-care (palliative or hospice care)? Or does the individual expect to return home after rehabilitation in your facility? (Q0300, Q0400)

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Ap. C	—	C-85	Replaced hyperlink: https://www.eatrightpro.org/practice/position-and-practice-papers/position-papers/individualized-nutrition-approaches-adults-health-care-communities