

Resident \_\_\_\_\_

Date \_\_\_\_\_

<b>Triggers:</b>		<b>Check if applicable</b>
<b>B0800</b>	<b>Ability to understand others impaired</b>	
<b>C0200-C0500, C0700</b>	<b>Short-term memory problem</b>	
<b>C0800</b>	<b>Long-term memory problem</b>	
<b>C1000</b>	<b>Cognitive skills for daily decision making impaired</b>	
<b>C1300</b>	<b>Delirium</b>	
<b>E</b>	<b>Behavioral symptoms</b>	
<b>Evaluate:</b>		
<b>A1100</b>	<b>Language</b>	
<b>A1550</b>	<b>MR/DD status</b>	
<b>B</b>	<b>Communication or Sensory deficit</b>	
<b>C1600</b>	<b>Acute onset mental status change</b>	
<b>D</b>	<b>Mood problem or decline</b>	
<b>E</b>	<b>Behavioral problem or decline</b>	
<b>G</b>	<b>Problem performing ADLs or decline in ability</b>	
<b>H</b>	<b>Decline in continence</b>	
<b>I</b>	<b>Any medical diagnoses that might impact cognitive abilities</b>	
<b>I1700-I2500</b>	<b>Infections</b>	
<b>I4200-I5500</b>	<b>Neurological disorder</b>	
<b>I5700-I6100</b>	<b>Psychiatric diagnosis</b>	
<b>J0300</b>	<b>Pain</b>	
<b>J1100</b>	<b>Shortness of breath</b>	
<b>K</b>	<b>Nutritional problem</b>	
<b>N0400A-D</b>	<b>Psychotropic use</b>	
<b>P0100</b>	<b>Restraint</b>	
<b>Comfort</b>		
<b>Complete Medication Review</b>		
<b>Isolation</b>		
<b>Abnormal laboratory values</b>		
<b>Noisy or chaotic environment</b>		
<b>Proceed with care-planning</b>		
<b>Do not proceed with care-planning</b>		
<b>Underlying Causes / Complicating factors / Risks / Referrals</b>		
<b>Comments:</b>		