

Section J Health Conditions

Intent

To record specific problems or symptoms that affect or could affect the resident's health or functional status, and to identify risk factors for illness, accident, and functional decline. To record frequency, intensity, symptoms and location of pain. To determine the resident's risk of future falls or injuries.

Care Area Triggers

J0400-J0600, J0800 - Pain

J1550C – Nutritional Status

J1550A-C – Dehydration / Fluid Maintenance

J1700, J1800, J1900 – Falls

Quality Indicators J1700, J1800, J1900 - Falls

Enhanced Quality Measures J0600 – Percent of residents who have moderate to severe pain

RUG IV Categories J1100C, J1550A, B – Special Care High

Skilled Charting Cardiac Care

Care Plans

Altered Breathing Patterns

Pain

Dehydration

Smoker

Fall Risk

Terminal Prognosis

J0100. Pain Management (Complete for all residents, regardless of current pain level)	
At any time in the last 5 days, has the resident:	
	A. Been on a scheduled pain medication regimen? 0. No 1. Yes
	B. Received PRN pain medications or was offered and declined? 0. No 1. Yes
	C. Received non-medication intervention for pain? 0. No 1. Yes

J0100. Pain Management 5 day look back

Complete for all residents, regardless of current pain level.

At any time in the last 5 days, has the resident:

A. Been on a scheduled pain medication regimen? 0. No 1. Yes

B. Received PRN pain medications or was offered and declined? 0. No 1. Yes

C. Received non-medication intervention for pain? 0. No 1. Yes

J0200. Should Pain Assessment Interview be Conducted?	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath.	
	0. No (resident is rarely/never understood) → Skip to J0800, Indicators of Pain or Possible Pain
	1. Yes → Continue to J0300, Pain Presence

J0200. Interview Attempted 5 day look back Skip Item

Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath.

0. No (resident is rarely/never understood) → Skip to J0800, Indicators of Pain or Possible Pain

1. Yes → Continue to J0300, Pain Presence

Basic Interview Instructions for Pain Assessment Interview (J0300-J0600)

Interview any resident not screened out by J0200.

The Pain Assessment Interview for residents consists of four questions: the primary question Pain Presence item (J0300), and three follow-up questions Pain Frequency item (J0400); Pain Effect on Function item (J0500); and Pain Intensity item (J0600).

If the resident is unable to answer the primary question on pain presence, skip to the Staff Assessment for Pain beginning with Indicators of Pain or Possible Pain item (J0800).

If the resident is unable to answer Pain Frequency item (J0400), the resident interview should be stopped and the Staff Assessment for Pain, should be completed.

The look-back period on these items is 5 days. Because this item asks the resident to recall pain during the past 5 days, this assessment should be conducted close to the end of the 5-day look-back period; preferably on the day before, or the day of the ARD. This should more accurately capture pain episodes that occur during the 5-day look-back period.

Suggested language: “I’d like to ask you some questions about pain. The reason I am asking these questions is to understand how often you have pain, how severe it is, and how pain affects your daily activities. This will help us to develop the best plan of care to help manage your pain.”

Directly ask the resident each item in J0300 through J0600 in the order provided.

Use other terms for pain or follow-up discussion if the resident seems unsure or hesitant. Some residents avoid use of the term “pain” but may report that they “hurt.” Residents may use other terms such as “aching” or “burning” to describe pain.

If the resident chooses not to answer a particular item, accept their refusal and move on to the next item. Code 9 and move to the next item.

If the resident is unsure about whether the pain occurred in the 5-day time interval, prompt the resident to think about the most recent episode of pain and try to determine whether it occurred within the look-back period.

Pain Assessment Interview	
J0300. Pain Presence	
	Ask resident: “ Have you had pain or hurting at any time in the last 5 days?” 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0400, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain

J0300. Pain Presence Skip Item 5 day look back

Ask resident: “**Have you had pain or hurting** at any time in the last 5 days?”

0. No → Skip to J1100, Shortness of Breath **1. Yes** → Continue to J0400, Pain Frequency

9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain

J0400. Pain Frequency	
	Ask resident: “ How much of the time have you experienced pain or hurting in the last 5 days?” 1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer

J0400. Pain Frequency 5 day look back

From 2.0 item J2, which combined frequency and intensity. Frequency was coded as daily or less than daily. Different scale and rating used now. Pain intensity is addressed in the new item J0600.

To record the frequency of signs and symptoms of pain

Record any type of physical pain or discomfort in any part of the body, including breakthrough pain.

Facility should have a consistent and standardized process to measure and assess pain.

Ask resident: “**How much of the time** have you experienced pain or hurting in the last 5 days?”

1. Almost constantly **2. Frequently** **3. Occasionally**
4. Rarely **9. Unable to answer**

J0500. Pain Effect on Function	
	A. Ask resident: “Over the past 5 days, has pain made it hard for you to sleep at night? ” 0. No 1. Yes 9. Unable to answer
	B. Ask resident: “Over the past 5 days, have you limited your day to day activities because of pain? ” 0. No 1. Yes 9. Unable to answer

J0500. Pain Effect on Function **CAT – Pain** 5 day look back

A. Ask resident: “Over the past 5 days, **has pain made it hard for you to sleep at night?**”

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

B. Ask resident: “Over the past 5 days, **have you limited your day to day activities because of pain?**”

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

J0600. Pain Intensity – Administer ONLY ONE of the following pain intensity questions (A or B)	
	<p>A. Numeric Rating Scale (00-10) Ask resident: “Please rate your worst pain over the last 5 days on a zero to ten scale with zero being no pain and ten as the worst pain you can imagine.” (Show resident 0-10 scale.) Enter two-digit response. Enter 99 if unable to answer.</p>
	<p>B. Verbal Descriptor Scale Ask resident: “Please rate the intensity of your worst pain over the last 5 days.” (Show resident verbal scale.)</p> <ol style="list-style-type: none"> 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer

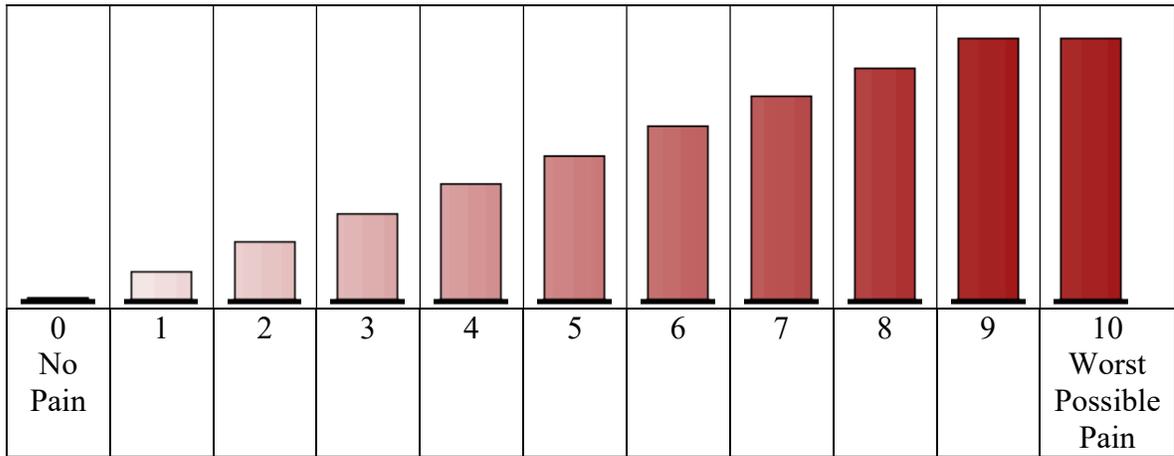
J0600. Pain Intensity 5 day look back

CAT – Pain **EQM – Percent of residents who have moderate to severe pain**

To record the intensity of signs and symptoms of pain
Record any type of physical pain or discomfort in any part of the body, including breakthrough pain.
Facility should have a consistent and standardized process to measure and assess pain.
Pain scales can be found on the following page.

Administer ONLY ONE of the following pain intensity questions (A or B)

- A. Numeric Rating Scale (00-10)** **Enter two-digit response. Enter 99 if unable to answer.**
Ask resident: “Please rate your worst pain over the last 5 days on a zero to ten scale with zero being no pain and ten as the worst pain you can imagine.” (Show resident 0-10 scale.)
- B. Verbal Descriptor Scale**
Ask resident: “Please rate the intensity of your worst pain over the last 5 days.”
(Show resident verbal scale.)
- 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer**



Mild

Moderate

Severe

Very severe, horrible

J0700. Should the Staff Assessment for Pain be Conducted?	
	0. No (J0400=1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes (J0400=9) → Continue to J0800, Indicators of Pain or Possible Pain

J0700. Should the Staff Assessment for Pain be Conducted?

- 0. No** (J0400=1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)
- 1. Yes** (J0400=9) → Continue to J0800, Indicators of Pain or Possible Pain

Staff Assessment for Pain	
J0800. Indicators of pain or possible pain in the last 5 days. Check all that apply.	
	A. Non-verbal sounds (crying, whining, gasping, moaning, or groaning)
	B. Vocal complaints of pain (that hurts, ouch, stop)
	C. Facial expressions (grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
	D. Protective body movements or postures (bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
	Z. None of these signs observed or documented – If checked, skip to J1100, Shortness of Breath

J0800. Indicators of pain or possible pain in the last 5 days **CAT – Pain**

Check all that apply. 5 day look back

- A. Non-verbal sounds** Crying, whining, gasping, moaning, or groaning
- B. Vocal complaints of pain** That hurts, ouch, stop
- C. Facial expressions** Grimaces, wrinkled forehead, furrowed brow, clenched teeth or jaw
- D. Protective body movements or postures** Bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement
- Z. None of these signs observed or documented** – If checked, skip to J1100, Shortness of Breath

J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days	
	Frequency with which resident complains or shows evidence of pain 1. Indicators of pain or possible pain observed 1 to 2 days 2. Indicators of pain or possible pain observed 3 to 4 days 3. Indicators of pain or possible pain observed daily

J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days 5 day look back

Frequency with which resident complains or shows evidence of pain

- 1. Indicators of pain or possible pain observed 1 to 2 days**
- 2. Indicators of pain or possible pain observed 3 to 4 days**
- 3. Indicators of pain or possible pain observed daily**

Other Health Conditions	
J1100. Shortness of Breath (dyspnea)	
Check all that apply.	
<input type="checkbox"/>	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
<input type="checkbox"/>	B. Shortness of breath or trouble breathing when sitting at rest
<input type="checkbox"/>	C. Shortness of breath or trouble breathing when lying flat
<input type="checkbox"/>	Z. None of the above

J1100. Shortness of Breath (dyspnea)

Select all that apply.

Any evidence of the presence of a symptom of shortness of breath should be captured in this item. A resident may have any combination of these symptoms.

A. Shortness of breath or trouble breathing **with exertion** During walking, bathing, transferring Shortness of breath or trouble breathing is present when the resident is engaging in activity. Shortness of breath could be present during activity as limited as turning or moving in bed during daily care or with more strenuous activity such as transferring, walking, or bathing. If the resident avoids activity or is unable to engage in activity because of shortness of breath, then code this as present

B. Shortness of breath or possible pain **when sitting at rest**

C. Shortness of breath or possible pain **when lying flat** **RUG – Special Care High** Resident is short of breath unless more than one pillow used or head of the bed raised. Also code this as present if the resident avoids lying flat because of shortness of breath.

Z. None of the above

J1300. Current Tobacco Use	
<input type="checkbox"/>	Tobacco use
<input type="checkbox"/>	0. No
<input type="checkbox"/>	1. Yes

J1300. Current Tobacco Use

Tobacco use 0. No 1. Yes

J1400. Prognosis	
	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? Requires physician documentation. 0. No 1. Yes

J1400. Prognosis Requires physician documentation.

A physician's certification that resident has six months or less to live must be present in the record before coding the resident as terminal on the MDS.

Should be substantiated by a well documented disease diagnosis and deteriorating clinical course.
Does the resident have a condition or chronic disease that may result in a **life expectancy of less than 6 months?**

0. No 1. Yes

J1550. Problem Conditions. Check all that apply:	
	A. Fever
	B. Vomiting
	C. Dehydrated
	D. Internal Bleeding
	Z. None of the above

J1550. Problem Conditions in the last 5 days. Check all that apply. CAT - Dehydration

A. Fever RUG – Special Care High

A temperature of 100.4 degrees F (38 degrees C) on admission (prior to the establishment of the baseline temperature) would be considered a fever.

B. Vomiting RUG – Special Care High

C. Dehydrated

Output exceeds input

Check this item if the resident has two or more of the following indicators:

Resident usually takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups). Note: The recommended intake level has been changed from 2,500 ml to 1,500 ml to reflect current practice standards.

Resident has one or more clinical signs of dehydration, including but not limited to dry mucous membranes, poor skin turgor, cracked lips, thirst, sunken eyes, dark urine, new onset or increased confusion, fever, or abnormal laboratory values (elevated hemoglobin and hematocrit, potassium chloride, sodium, albumin, blood urea nitrogen, or urine specific gravity).

Resident's fluid loss exceeds the amount of fluids he or she takes in (loss from vomiting, fever, diarrhea that exceeds fluid replacement).

D. Internal Bleeding

Bleeding may be frank (such as bright red blood) or occult (such as guaiac positive stools). Clinical indicators include black, tarry stools, vomiting “coffee grounds,” hematuria (blood in urine), hemoptysis (coughing up blood), and severe epistaxis (nosebleed) that requires packing. However, nose bleeds that are easily controlled should not be coded in internal bleeding.

Z. None of the above

J1700. Fall History on Admission/Entry or Reentry – Complete only if A0310A = 1 or A0310E = 1	
	A. Did the resident have a fall any time in the last month prior to Admission/Entry or Reentry? 0. No 1. Yes 9. Unable to determine
	B. Did the resident have a fall any time in the last 2-6 months prior to Admission/Entry or Reentry? 0. No 1. Yes 9. Unable to determine
	C. Did the resident have any fracture related to a fall in the 6 months prior to Admission/Entry or Reentry? 0. No 1. Yes 9. Unable to determine

J1700. Fall History on Admission CAT – Falls QI – Falls QI – New Fractures

Skip Item

Look back periods: 1 month, 2-6 months, and 6 months

To determine resident’s risk of future falls or injuries

CMS Policy on Falls:

- a. An intercepted fall is still a fall.
- b. A fall without an injury is still a fall.
- c. When a resident is found on the floor, it is assumed to be a fall unless there is evidence proving otherwise.
- d. If a resident rolled off a bed or mattress that was close to the floor, this is a fall.

Complete only if A0310A = 1 or A0310E = 1

A. Did the resident have a fall anytime **in the last month** prior to Admission/Entry or Reentry?

0. No 1. Yes 9. Unable to determine

B. Did the resident have a fall any time **in the last 2-6 months** prior to Admission/Entry or Reentry?

0. No 1. Yes 9. Unable to determine

C. Did the resident have any **fracture related to a fall in the 6 months** prior to Admission/Entry or Reentry?

0. No 1. Yes 9. Unable to determine

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) whichever is more recent	
	Has the resident had any falls since admission or the prior assessment (OBRA or PPS) whichever is more recent? 0. No → Skip to Section K0100, Swallowing Disorder 1. Yes → Continue to Section J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) whichever is more recent

J1800. Any Falls Since Admission or Prior Assessment (OBRA, PPS, or Discharge) Whichever is More Recent

CAT – Falls QI – Falls Skip item

Information about the resident’s history of falls can be obtained by examining the facility’s Falls Log.

Has the resident **had any falls since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) whichever is more recent**

0. No → Skip to Section K0100, Swallowing Disorder

1. Yes → Continue to Section J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) whichever is more recent

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) whichever is more recent	
Enter Codes in Boxes	
Coding: 0. None 1. One 2. Two or more	A. No Injury – no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident’s behavior is noted after the fall
	B. Injury (except major) – skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	C. Major Injury – bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1900. Number of Falls Since Admission or Prior Assessment (OBRA or PPS) Whichever is More Recent

QI – Falls QI – New Fractures

Information about the resident’s history of falls can be obtained by examining the facility’s Falls Log. Code the number of falls in each category since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) whichever is more recent

Coding: 0. None 1. One 2. Two or more

A. No Injury

No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident’s behavior is noted after the fall

B. Injury (except major)

Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain

C. Major Injury

Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma