

Section K

Swallowing / Nutritional Status

Intent

Geriatric residents have many conditions that can affect the ability to consume foods and fluids and to maintain adequate nutrition and hydration. Early problem recognition can help to ensure appropriate and timely nutritional intervention. Prevention is the goal, and early detection and modification of interventions is the key.

Nurse assessors will need to collaborate with the dietitian and dietary staff to ensure that some items in this section have been assessed and calculated accurately.

Significant Changes

K0300 – Emergence of an unplanned weight loss

Care Area Triggers

K0200A, K0200B, K0300, K0500 – Nutritional Status

K0300 – Pressure Ulcer

K0510 – Dehydration

K0510 – Feeding Tubes

Quality Indicators

K0300 – Weight Loss

K0510 – Tube Feeding

RUG IV Categories

K0300 – Special Care High

K0510, K0710 – Special Care High

Skilled Charting

Dehydration

IV Feeding

Tube Feeding

Weight Loss

Care Plans

Allergies, Food

Refuses to Eat / Drink

Swallowing Problem

Tube Feeding

Weight Loss

K0100. Swallowing Disorder	
Signs and symptoms of possible swallowing disorder. Check all that apply:	
<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above

K0100. Swallowing Disorder

K1a, Chewing problem, has been dropped.

Check all that apply:

- A. Loss of liquids/solids from mouth when eating or drinking**
- B. Holding food in mouth/cheeks or residual food in mouth after meals**
- C. Coughing or choking during meals or when swallowing medications**
- D. Complaints of difficulty or pain with swallowing RAP – Dental Care**
- Z. None of the above**

K0200. Height and Weight – While measuring if the number is X.1 - X.4, round down. X.5 or greater, round up.		
<input type="checkbox"/>	<input type="checkbox"/>	a. Height (in inches). Record most recent height measure since admission/entry or reentry
<input type="checkbox"/>	<input type="checkbox"/>	B. Weight (in pounds). Record base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m., after voiding, before meal, with shoes off, etc.).

K0200. Height and Weight CAT – Nutritional Status

While measuring if the number is X.1 - X.4, round down. X.5 or greater, round up.

A. Height In inches. Record most recent height measure since admission/entry or reentry
If height includes a fraction, round up to nearest inch.
If last height was recorded more than a year ago, measure resident’s height again.

B. Weight In pounds. Record base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m., after voiding, before meal, with shoes off, etc.).
If last recorded weight was taken more than one month ago or previous weight is not available, weigh resident again.
If resident has experienced a decline in intake of meals, snacks, or fluids, weigh the resident again.
If weight was taken more than once during the previous month, record the most recent weight.

K0300. Weight Loss	
	Loss of 5% or more in last month (or since last assessment if sooner) or loss of 10% or more in last 6 months. 0. No or unknown 1. Yes, on physician-prescribed weight-loss regimen 2. Yes, not on physician-prescribed weight-loss regimen

K0300. Weight Loss Significant Change – Emergence of unplanned weight loss

RUG – Special Care High CAT – Nutritional Status, Pressure Ulcer QI – Weight Loss

1 month and 6 months look backs Weight loss in percentages

Loss of 5% or more in last month (or since last assessment if sooner)
or loss of 10% or more in last 6 months.

0. No or unknown

1. Yes, on physician-prescribed weight-loss regimen

2. Yes, not on physician-prescribed weight-loss regimen

For new admission, ask the resident or family about weight changes over the last month and 6 months, and review transfer records.

A 7.5% weight change in 90 days must be evaluated to determine how much of the weight change occurred over the last 30 days.

OBRA guidelines give the following parameters for evaluating weight loss:

30 days weight loss: 5% significant, >5% severe

90 days weight loss: 7.5% significant, >7.5% severe

180 days weight loss: 10% significant, >10% severe

Significant weight changes should prompt a thorough assessment of the resident’s nutritional status.

Do not round the actual weight for this calculation

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed in the last 7 days .		
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 7 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank. 2. While a Resident Performed while a resident of this facility within the last 7 days .	1. While NOT a Resident	2. While a Resident
A. Parenteral / IV feeding		
B. Feeding-tube – 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 (low salt, diabetic, low cholesterol)		
Z. None of the above		

K0510. Nutritional

1. While NOT a Resident

Performed **while NOT a resident** of this facility and within the **last 7 days**. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank.

2. While a Resident

Check all of the following nutritional approaches that were performed in the last **7 days**.

A. Parenteral / IV feeding

CAT – Nutritional Status CAT – Dehydration RUG – Special Care High

May be Included:

The following Parenteral/IV fluids may be included **when they are administered for nutrition or hydration:**

IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently

IV fluids running at KVO (Keep Vein Open)

IV fluids administered via heparin locks

Hypodermoclysis and subcutaneous ports in hydration therapy

Do NOT include:

IV Medications—Code these in (O0100H) IV medication.

IV fluids used to reconstitute and/or dilute medications for IV administration unless there is a documented need for additional fluid intake for nutrition and/or hydration. This supporting documentation should be noted in the resident’s record, according to State or facility policy.

IV fluids administered as a routine part of an operative/diagnostic procedure or recovery room stay.

IV fluids administered solely as flushes.

Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis.

Additives, such as electrolytes and insulin, that are added to TPN or IV fluids—Code these in O0100H, IV Medication.

B. Feeding-tube – nasogastric or abdominal (PEG)

RUG – Special Care High CAT – Feeding Tubes CAT – Dehydration QI – Tube Feeding

Includes nasogastric tubes, gastrostomy tubes, jejunostomy tubes, percutaneous gastrostomy (PEG) tubes.

C. Mechanically altered diet CAT – Nutritional Status

Requires change in texture of food or liquids (e.g., pureed food, thickened liquids)

Consistency of food altered to facilitate oral intake

Should not be automatically considered a therapeutic diet.

D. Therapeutic diet (low salt, diabetic, low cholesterol) **CAT – Nutritional Status**

A diet ordered to manage problematic health conditions, such as calorie-specific, low-salt, low-fat, no added sugar, and supplements between meals

Enteral feeding formulas should not be coded as a mechanically altered diet. They should be coded as **K0400D, Therapeutic Diet**.

Z. None of the above

K0710. Percent Intake by Artificial Route – Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B			
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 7 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS . If resident last entered 7 or more days ago, leave column 1 blank. 2. While a Resident Performed while a resident of this facility within the last 7 days . 3. During Entire 7 Days Performed during the entire last 7 days.	1. While NOT a Resident	2. While a Resident	3. During Entire 7 Days
A. Proportion of total calories the resident received through parenteral or tube feedings 1. 25% or less 2. 26-50% 3. 51% or more			
B. Average fluid intake per day by parenteral or tube feedings 1. 500 cc/day or less 2. 501 cc/day or more			

K0710. Percent Intake by Artificial Route RUG – Special Care High

1. While NOT a Resident

Performed **while NOT a resident** of this facility and within the **last 7 days**. Only check column 1 if resident entered (admission or reentry) **IN THE LAST 7 DAYS**. If resident last entered 7 or more days ago, leave column 1 blank.

2. While a Resident

3. During Entire 7 Days

Performed during the entire last 7 days

Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B

A. Proportion of total calories the resident received through parenteral or tube feedings

- 1. 25% or less**
- 2. 26-50%**
- 3. 51% or more**

B. Average fluid intake per day by parenteral or tube feedings

- 1. 500 cc/day or less**
- 2. 501 cc/day or more**

