

## Section M Skin Conditions

### M1200. Skin and Ulcer Treatments

↓ Check all that apply

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A. Pressure reducing device for chair  |
| <input type="checkbox"/> | B. Pressure reducing device for bed  |
| <input type="checkbox"/> | C. Turning/repositioning program   |
| <input type="checkbox"/> | D. Nutrition or hydration intervention to manage skin problems                                   |
| <input type="checkbox"/> | E. Ulcer care  |
| <input type="checkbox"/> | F. Surgical wound care   |
| <input type="checkbox"/> | G. Application of nonsurgical dressings (with or without topical medications) other than to feet |
| <input type="checkbox"/> | H. Applications of ointments/medications other than to feet                                      |
| <input type="checkbox"/> | I. Application of dressings to feet (with or without topical medications)                        |
| <input type="checkbox"/> | Z. None of the above were provided   |

## Section N Medications

### N0350. Insulin

- |  |   |
|--|---|
| Enter Days<br><input type="checkbox"/> | A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/reentry if less than 7 days   |
| Enter Days<br><input type="checkbox"/> | B. Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/reentry if less than 7 days |

## Section O Special Treatments, Procedures, and Programs

### O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures and programs that were performed during the last 14 days

1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <b>last 14 days</b> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <b>last 14 days</b>	↓ Check all that apply ↓	
<b>Cancer Treatments</b>		
A. Chemotherapy		<input type="checkbox"/>
B. Radiation		<input type="checkbox"/>
<b>Respiratory Treatments</b>		
C. Oxygen therapy		<input type="checkbox"/>
E. Tracheostomy care		<input type="checkbox"/>
F. Ventilator or respirator		<input type="checkbox"/>
<b>Other</b>		
H. IV medications		<input type="checkbox"/>
I. Transfusions		<input type="checkbox"/>
J. Dialysis		<input type="checkbox"/>
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)		<input type="checkbox"/>

**Section O****Special Treatments, Procedures, and Programs****O0400. Therapies**

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Days

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Days

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Days

**A. Speech-Language Pathology and Audiology Services**

- Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days
- Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days
- Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B, Occupational Therapy

- Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days
- Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started
- Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

-  -   
Month Day Year

-  -   
Month Day Year

**B. Occupational Therapy**

- Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days
- Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days
- Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400C, Physical Therapy

- Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days
- Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started
- Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

-  -   
Month Day Year

-  -   
Month Day Year

**C. Physical Therapy**

- Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days
- Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days
- Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400D, Respiratory Therapy

- Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days
- Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started
- Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

-  -   
Month Day Year

-  -   
Month Day Year

**O0400 continued on next page**

**Section O****Special Treatments, Procedures, and Programs****O0400. Therapies - Continued**

<b>Enter Number of Days</b> <input type="text"/>	<b>D. Respiratory Therapy</b>
	<b>2. Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days

**O0500. Restorative Nursing Programs**

Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)

Number of Days	Technique
<input type="text"/>	<b>A. Range of motion (passive)</b>
<input type="text"/>	<b>B. Range of motion (active)</b>
<input type="text"/>	<b>C. Splint or brace assistance</b>
<b>Number of Days</b>	<b>Training and Skill Practice In:</b>
<input type="text"/>	<b>D. Bed mobility</b>
<input type="text"/>	<b>E. Transfer</b>
<input type="text"/>	<b>F. Walking</b>
<input type="text"/>	<b>G. Dressing and/or grooming</b>
<input type="text"/>	<b>H. Eating and/or swallowing</b>
<input type="text"/>	<b>I. Amputation/prostheses care</b>
<input type="text"/>	<b>J. Communication</b>

**Section Q****Participation in Assessment and Goal Setting****Q0100. Participation in Assessment**

<b>Enter Code</b> <input type="text"/>	<b>A. Resident participated in assessment</b> 0. No 1. Yes
<b>Enter Code</b> <input type="text"/>	<b>B. Family or significant other participated in assessment</b> 0. No 1. Yes 9. No family or significant other
<b>Enter Code</b> <input type="text"/>	<b>C. Guardian or legally authorized representative participated in assessment</b> 0. No 1. Yes 9. No guardian or legally authorized representative