

Oklahoma State
Department of Health
Creating a State of Health

NEWS YOU CAN USE

Oklahoma State Department of Health
Quality Improvement & Evaluation Service (405) 271-5278
Nancy Atkinson, Chief



Special points of interest:

- Dehydration—The Assessment Process
- MDS Accuracy Quick Check—J1c—Indicators of Fluid Status
- The MDS Connection—Parenteral/IV—Section K5a
- Automation Tips, Reminders & Updates

Indicators of Dehydration

Sections J1a, J1b, J1c, J1d, and K5a
The Assessment Process

Gail Livengood, RN, BSN—Director, MDS/OASIS



A long term care resident in your nursing facility, Mrs. Smith, enjoys taking a leisurely stroll in the park which is located near by. The fall temperatures have been warmer than normal and you remind Mrs. Smith she should wear a hat and long sleeves and also take a bottle of water to sip. You ask her how much water she drank today. Mrs. Smith assures you she drank plenty of water before starting her walk. However, you notice as you help her put on her light weight jacket that her skin appears dry, her eyes appear dull, and her lips show signs of cracking. You check the chart and note her annual assessment

is coming due and you make a mental note to start the assessment when she returns from the walk.

There are several sections in the MDS assessment that will trigger a RAP related to dehydration/fluid maintenance.

We will focus on sections J and K in this issue and will also look at the various aspects of dehydration and fluid maintenance.

The **INTENT** of section J is 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, accidents, and functional decline. Section J1 has a 7-day look back period that you must use to assess the resident's condition in the following aspects.



GOAL
Highest Practicable
Level of Functioning



The MDS Accuracy Quick Check Section J1c

If this MDS Item is:

- *J1c= unchecked*

J1c—dehydration; output exceeds input.

Does your staff understand that ongoing fluid loss through the lungs and skin occurs at a normal rate of approximately 500cc/day and increases with rapid respiratory rate

and sweating. Therefore, decreased fluid intake for any reason can lead to dehydration.



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Indicators of Dehydration

Sections J1a, J1b, J1c, J1d, and K5a



Inability to lie flat in bed due to shortness of breath can often be attributed to fluid overload



**MDS HELP
DESK**

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Technical

J1a—Weight Gain or Loss of 3 or more pounds within a 7-day period. Understanding dehydration and monitoring fluid balance requires repeated measurements of weight. Clinicians need to know the average weight of the resident in order to determine if there has been a recent change in weight. It is important to remember when weighing the resident to weigh in the same manner each time. Health care workers are encouraged to weigh the resident at least weekly.

J1b—Inability to lie flat due to shortness of breath. This symptom often occurs with fluid overload. If the resident has shortness of breath when not lying flat, also check Item J11, “Shortness of breath.” If the resident does not have shortness of breath when upright (e.g., O.K. when using two pillows or sitting up), do not check Item J11.

J1c—Dehydrated; Output Exceeds Intake.

This item will be checked if the resident has 2 or more of the following indicators:

- Resident usually takes in less than the recommended 1500 ml of fluids daily (water or liquids in beverages, and water in high fluid content, food such as gelatin and soups). In case you haven’t reviewed the latest practice guidelines recently, the recommended intake has changed from 2500 ml to 1500 ml for daily fluid intake.
- 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 or onset or increased confusion, fever, abnormal laboratory values, (e.g., 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. Remember that fluid loss can occur from vomiting, fever, or diarrhea that exceeds fluids replacement.

J1d—Insufficient Fluid; Did not Consume All/Almost All Liquids Provided During Last 3 Days—

Liquids can include water, juices, coffee, gelatins, and soups. This item should be coded only when the resident is receiving, but not consuming, the proper amounts above and beyond what could reasonably be expected to be consumed.

Dehydration can cause many distressing symptoms such as the body being unable to maintain adequate blood pressure, deliver sufficient oxygen and nutrients to the cells, and rid itself of wastes. Many distressing symptoms can originate including:

- Dizziness on Sitting/ Standing
- Confusion or Change in Mental Status
- Decreased Urine Output
- Decreased Skin Turgor
- Constipation
- Fever

The MDS Connection

Section K5a—Indicator of Fluid Status



If K5a = checked

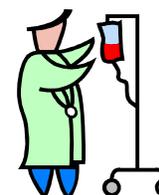
Then review this MDS section: Fluids administered for **nutrition and/or hydration**.

Item **K5a** asks you to indicate whether the resident receives IV fluids administered continuously or intermittently for **nutrition and/or hydration**:

If an IV solution contains medi-

cation, nutrients and/or fluids for reconstitution, then **K5a** can **only** be coded if there is supporting documentation that reflects an identified need for additional fluid intake for **nutrition and/or hydration**. This supporting documentation should be located in the resident’s medical record.

(Reference: Data Assessment and Verification: Dave Tip Sheet: Item K5a. Parenteral /Intravenous (IV), May 2007.)





Dehydration is a condition in which water or fluid loss (output) far exceeds fluid intake

Latest MDS Manual Revision— July 2008
Be sure to check the web for quarterly MDS Manual Revisions
To Download Manual
www.cms.hhs.gov/nursinghomequalityinits/20_nhqimds20.asp

Indicators of Dehydration

Sections J1a, J1b, J1c, J1d, and K5a



Section K, Oral and Nutritional Status, contains **K5a**-Nutritional Approaches which addresses Intravenous (IV).

Recent questions related to MDS coding for item **K5a**, resulted in the Dave Tip Sheet in which this topic is discussed. It will assist you to better understand MDS coding for this item. The Dave Tip Sheets can be found at :

http://www.cms.hhs.gov/nursinghomequalityinits/20_NHQIMDS20.asp

Item **K5a** asks you to indicate whether the resident receives IV fluids administered continuously or intermittently for **nutrition and/or hydration** during the 7-day look back period.

The key to accurate coding is that you include only those fluids administered for nutrition or hydration.

Do not include:

- IV Medications
- IV fluids administered as a routine part of an operative or diagnostic procedure or recovery room stay
- IV fluids administered solely as flushes
- Parenteral/IV fluids administered during chemotherapy dialysis.

Recent findings on the effect of age on body hydration and on diagnosing dehydration confirm classical notions in medicine,

which state that aging results in loss of body water and that dryness of the body is very difficult to assess.

The clinical staff must understand whether a resident's hydration habits are what they have developed over a lifetime, or if the resident is attempting to adapt to their current environment or health status. Understanding hydration habits of older adults can help the clinical staff to plan appropriate interventions to improve or ensure adequate fluid intake. Is the kitchen accessible to the resident? Is the kitchen environment warm and welcoming or is the resident reluctant to enter the kitchen and ask for help? Does the resident understand the water from the kitchen and bathroom come from the same tap? Sometimes residents do not think it is okay to drink water from the bathroom tap. Remember also, accommodating older resident's preference for type and appropriate temperature of beverages has been demonstrated to increase fluid intake.

There are many nursing interventions staff can provide to ensure residents have access to fluids at all times. Make sure you are regularly offering

fluids throughout the day, assessing the resident's fluid preference, providing the fluid of choice, and ensuring appropriate supervision of personnel who will be providing the fluids.

There are residents factors that may impede the resident's ability to maintain fluid balance.

Some issues to consider are:

- Has there been a recent unexplainable change in mental status?
- Does the resident seem unusually agitated or disoriented?
- Is the resident delirious?
- Is the resident comatose?
- Does dementia, aphasia or other condition seriously limit resident's understanding of others, or how well others can understand the resident?

Residents in nursing facilities challenge the staff with many conditions which could affect their ability to consume fluids to maintain adequate hydration. Early problem recognition can help you to ensure appropriate and timely intervention. Prevention is the goal, early detection, and intervention is the key.

(Reference: RAI Manual, Chapter 3, page 138-139, Appendix C, Pages C-74-75.)

SCENARIO QUIZ—Section K5a

Resident Elaine Brown is receiving an antibiotic in 100cc of Normal Saline via IVP. She has a UTI, fever, abnormal lab results and documented inadequate fluid intake. She is placed on the nursing home's hydration plan to ensure adequate hydration.

Documentation shows IVP fluids are being administered as a part of the already identified need for additional hydration.

Based on the above information, how will you code Section K5a?





MDS Automation Tips

Bob Bischoff MDS/OASIS Automation Coordinator

Revised Facility Guide for the MDS QI/QM Reports

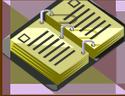
The Centers for Medicare and Medicaid Services (CMS) has revised Appendix A of the Technical Specifications in the Facility Guide for the MDS QI/QM reports as of March 25, 2008. The following measures have been revised by excluding admission assessments.

DOMAIN	QUALITY MEASURES
Accidents	1.1 Incidence of New Fractures
Behavior/Emotional Patterns	2.1 Residents who have become more depressed or anxious
Cognitive Patterns	4.1 Incidence of cognitive impairment
Physical Functioning	9.1 Residents whose need for help with daily activities has increased
	9.3 Residents whose ability to move in and around their room got worse
	9.4 Incidence of decline in ROM



The result of this change means your admission assessments for the above domains will be excluded on your Facility Quality Measure/Indicator Report. This change will have no effect on the Resident Level Quality Measure/Indicator Report, meaning all residents that trigger the above QI/QM, will continue to appear on the Resident Level report. To obtain the new data specifications go to: <https://www.qtso.com>, click on MDS, scroll down to revised facility guide for MDS QI/QM report, then select and choose Appendix A.

MARK YOUR CALENDAR!



Upcoming MDS Training

- **October 15, 2008**
Assuring Dental Health in Long Term Care Facilities
- **November 6, 2008**
Automation Workshop

See Training Calendar at: www.health.ok.gov/PROGRAM/qies/mds/index.html

Broadband Required Now

Change over required, Contact QIES for help, or go to:

www.qtso.com and click on "Attention Broadband"

Review the instructions and download the program.

MDS 3.0

MDS 3.0 is scheduled to be implemented October 1, 2009. Keep up with the timeline of events at: <http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS30Timeline.pdf> or contact QIES for periodic updates.

Answer to Scenario—K5a=✓

At first, you may think K5a should not be coded in Mrs. B's case because she is receiving an antibiotic IVP. A closer look at the situation reveals that she is also receiving IVP fluids as a result of an identified need for additional hydration, which means K5a must be checked. Code the antibiotic medication at item P1a (c).

Prevalence of Dehydration

First Quarter 2008	
Nation	.21
Region 6	.22
Oklahoma	.28
Fourth Quarter 2007	
Nation	.21
Region 6	.23
Oklahoma	.27
First Quarter 2007	
Nation	.28
Region 6	.30
Oklahoma	.35



Pull your CASPER QI/QM reports and see how you compare. Call QIES for any needed assistance.



Time Saver

Section W

It's that time of the season again to begin completing Section W on all your assessments and tracking forms. For MDS purposes, the flu season captures information from October 1, 2008 through June 30, 2009. Remember, section W2 will be based on Assessment Reference Date (ARD) and discharge dates stated above. Make sure you are accurately coding this section based on these time frames or your assessment will have inaccuracies, which will then have to be corrected.

(Reference: RAI Manual, page 3-240)

Result: Time Saved