

Patient Name: _____ Room: _____ Admit Date: _____ ARD Date: _____

A. CLINICAL CATEGORY

Is a Neuro Dx the primary reason for SNF stay? YES NO

- Refer to Rehab Director for Primary Dx and Clinical Category

B. SLP CO-MORBIDITIES: (one item will trigger, but check all that apply)

| Check | Co-Morbidity | MDS Item | Check | Co-Morbidity* | MDS Item* |
|-------|---------------------------|----------|-------|-------------------------|-----------|
| | Aphasia | I4300 | | ALS* | I8000* |
| | CVA, TIA, or Stroke | I4500 | | Apraxia* | I8000* |
| | Hemiplegia or Hemiparesis | I4900 | | Dysphagia* | I8000* |
| | Traumatic Brain Injury | I5500 | | Speech & Lang Deficits* | I8000* |
| | Tracheostomy Care | O0100E2 | | Laryngeal Cancer* | I8000* |
| | Ventilator or Respirator | O0100F2 | | Oral Cancers* | I8000* |
| | NA | | | NA | |

- Review Hospital records
- All diagnoses must be ACTIVELY impacting pt.'s current status
- Refer to SLP comorbidity list for exact ICD-10 for I8000 items
- All diagnoses must be diagnosed by an MD and document in chart
- Speak to the MD if you identify a dx not listed in SNF medical chart
- Diagnoses must be entered onto MDS by MDS coordinator

* If a co-morbidity is checked under I8000, MUST refer to the SLP comorbidity list and indicate EXACT ICD10 Code. ICD-10 codes(s) to be listed in I8000: _____

C. MECHANICALLY ALTERED DIET

| Check if Present | MECHANICAL DIET | MDS Item |
|------------------|---------------------------|----------|
| | MECHANICALLY ALTERED DIET | K0510C2 |
| | NA | |

- Identify solids OR liquids with texture altered to facilitate oral intake
- Includes thickened liquids
- Prescribed pleasure tray can be coded
- PO trials given by SLP cannot be coded

D. SWALLOWING DISORDER (check all that apply)

| Check | K0100: SWALLOW DISORDER | MDS Item |
|-------|-----------------------------------------------------------------------|----------|
| | A. Loss of liquids/solids from the mouth when eating or drinking | K0100A |
| | B. Holding food in mouth/cheeks or residual food in mouth after meals | K0100B |
| | C. Coughing or choking during meals or when swallowing medications | K0100C |
| | D. Complaints of difficulty or pain when swallowing | K0100D |
| | Z. NONE of the Above | K0100Z |

- Document if occurred even once in 7-day lookback
- Do not code if interventions/diet modifications have been successful in eliminating the signs/symptoms
- Interview nursing staff
- Proceed to swallowing evaluation as clinically indicated
- Ensure supportive documentation and swallowing care plan in place

SUMMARY (check all that apply)

Neuro Dx SLP Co-morbidity BIMS score ≤ 12 (from MDS) Mech Altered Diet Swallow Disorder NONE

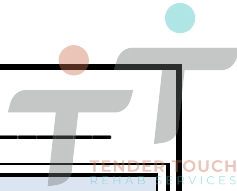
RECOMMENDATIONS

SLP Eval Swallow Eval No SLP -no prob identified Prob identified, but no SLP (explain)

Comments: _____

SLP Name: _____ SLP Signature: _____ Date: _____

PATIENT NAME: _____ ADMIT DATE: _____ ARD: _____



Section K0100: Swallow Impairment Checklist *(check all that apply & eval as indicated)*

___ **K0100A:** ___ **N/A**

Loss of liquids/solids from mouth when eating or drinking

RAI manual: When resident has food/liquid in mouth, food/liquid dribbles down chin and falls from mouth.

May present as:

- ___ Food/liquid spilling from the lips
- ___ Food/liquid residue on lips/cheeks/chin from spillage
- ___ Drooling food or liquids during meals

___ **K0100B:** ___ **N/A**

Holding food in mouth or cheeks or residual food in mouth after meals

RAI manual: Holding food in mouth/cheeks for prolonged time (sometimes labeled pocketing) or food left in mouth due to failing to empty mouth completely

May present as:

- ___ Food/liquid residue on/around tongue, cheeks, gums
- ___ Stops chewing & holds food in mouth for prolonged time
- ___ Requires oral care to remove food/liquid from mouth

___ **K0100C:** ___ **N/A**

Coughing or choking during meals or when swallowing medications

RAI manual: May cough, gag, turn red, have more labored breathing or difficulty speaking when eating, drinking, or taking meds. May frequently c/o food or meds "going down wrong way."

May present as:

- ___ Coughing, gagging, or choking during/after swallow
- ___ Turning red or changing color during / after swallow
- ___ Labored breath/diffic speaking during/after swallow

___ **K0100D:** ___ **N/A**

Complaints of difficulty or pain when swallowing

RAI manual: May refuse food because it's painful or difficult to swallow.

May present as:

- ___ Complaints of food too difficult to chew or getting stuck
- ___ Complaints of chewing or swallowing pain
- ___ Excessive time to complete meal/poor activity tolerance
- ___ Swallow difficulty due to dental or denture issues
- ___ Complaints of discomfort or esophageal symptoms

Section K0510C2: Mechanically Altered Diet *(any texture change in solids or liquids)*

Mechanically Altered Diet: ___ Mechanical Diet (specify _____) AND/OR ___ Thickened Liquid

NOT a Mechanically Altered Diet: ___ N/A: Regular Diet & Thin Liquids ___ N/A: Strictly NPO

COMMENTS

SLP NAME: _____ SLP SIGNATURE: _____ DATE: _____