



**SECTION C. COGNITION**

1. **COGNITIVE SKILLS FOR DAILY DECISION MAKING**  
*Making decisions regarding tasks of daily life—e.g., when to get up or have meals, which clothes to wear or activities to do*
  0. **Independent**—Decisions consistent, reasonable, and safe
  1. **Modified independence**—Some difficulty in new situations only
  2. **Minimally impaired**—In specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times
  3. **Moderately impaired**—Decisions consistently poor or unsafe; cues / supervision required at all times
  4. **Severely impaired**—Never or rarely makes decisions
  5. **No discernable consciousness, coma [Skip to Section G]**
2. **MEMORY/RECALL ABILITY**  
*Code for recall of what was learned or known*
  0. Yes, memory OK
  1. Memory problem
  - a. **Short-term memory OK**—Seems / appears to recall after 5 minutes
  - b. **Long-term memory OK**—Seems / appears able to recall distant past
  - c. **Procedural memory OK**—Can perform all or almost all steps in a multitask sequence without cues
  - d. **Situational memory OK**—Both: recognizes caregivers' names / faces frequently encountered AND knows location of places regularly visited (bedroom, dining room, activity room, therapy room)
3. **PERIODIC DISORDERED THINKING OR AWARENESS**  
*[Note: Accurate assessment requires conversations with staff, family or others who have direct knowledge of the person's behavior over this time]*
  0. Behavior not present
  1. Behavior present, consistent with usual functioning
  2. Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)
  - a. **Easily distracted**—e.g., episodes of difficulty paying attention; gets sidetracked
  - b. **Episodes of disorganized speech**—e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought
  - c. **Mental function varies over the course of the day**—e.g., sometimes better, sometimes worse
4. **ACUTE CHANGE IN MENTAL STATUS FROM PERSON'S USUAL FUNCTIONING**—e.g., restlessness, lethargy, difficult to arouse, altered environmental perception
  0. No
  1. Yes
5. **CHANGE IN DECISION MAKING AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT)**
  0. Improved
  1. No change
  2. Declined
  3. Uncertain

**SECTION D.COMMUNICATION AND VISION**

1. **MAKING SELF UNDERSTOOD (Expression)**  
*Expressing information content—both verbal and non-verbal*
  0. **Understood**—Expresses ideas without difficulty
  1. **Usually understood**—Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
  2. **Often understood**—Difficulty finding words or finishing thoughts AND prompting usually required
  3. **Sometimes understood**—Ability is limited to making concrete requests
  4. **Rarely or never understood**
2. **ABILITY TO UNDERSTAND OTHERS (Comprehension)**  
*Understanding verbal information content (however able; with hearing appliance normally used)*
  0. **Understands**—Clear comprehension
  1. **Usually understands**—Misses some part / intent of message BUT comprehends most conversation
  2. **Often understands**—Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation
  3. **Sometimes understands**—Responds adequately to simple, direct communication only
  4. **Rarely or never understands**
3. **HEARING**
  - a. **Ability to hear** (with hearing appliance normally used)
    0. **Adequate**—No difficulty in normal conversation, social interaction, listening to TV
    1. **Minimal difficulty**—Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet [2 meters] away)

2. **Moderate difficulty**—Problem hearing normal conversation, requires quiet setting to hear well
  3. **Severe difficulty**—Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
  4. **No hearing**
- b. **Hearing aid used**
    0. No
    1. Yes
4. **VISION**
    - a. **Ability to see in adequate light** (with glasses or with other visual appliance normally used)
      0. **Adequate**—Sees fine detail, including regular print in newspapers/books
      1. **Minimal difficulty**—Sees large print, but not regular print in newspapers/books
      2. **Moderate difficulty**—Limited vision; not able to see newspaper headlines, but can identify objects
      3. **Severe difficulty**—Object identification in question, but eyes appear to follow objects; sees only light, colors, shapes
      4. **No vision**
    - b. **Visual appliance used**
      0. No
      1. Yes

**SECTION E. MOOD AND BEHAVIOR**

1. **INDICATORS OF POSSIBLE DEPRESSED, ANXIOUS, OR SAD MOOD**  
*Code for indicators observed in last 3 days, irrespective of the assumed cause [Note: Whenever possible, ask person]*
  0. Not present
  1. Present but not exhibited in last 3 days
  2. Exhibited on 1-2 of last 3 days
  3. Exhibited daily in last 3 days
  - a. **Made negative statements**—e.g., "Nothing matters; Would rather be dead; What's the use; Regret having lived so long; Let me die"
  - b. **Persistent anger with self or others**—e.g., easily annoyed, anger at care received
  - c. **Expressions, including non-verbal, of what appear to be unrealistic fears**—e.g., fear of being abandoned, being left alone, being with others; intense fear of specific objects or situations
  - d. **Repetitive health complaints**—e.g., persistently seeks medical attention, incessant concern with body functions
  - e. **Repetitive anxious complaints / concerns (non-health related)**—e.g., persistently seeks attention / reassurance regarding schedules, meals, laundry, clothing, relationships
  - f. **Sad, pained, or worried facial expressions**—e.g., furrowed brow, constant frowning
  - g. **Crying, tearfulness**
  - h. **Recurrent statements that something terrible is about to happen**—e.g., believes he or she is about to die, have a heart attack
  - i. **Withdrawal from activities of interest**—e.g., long-standing activities, being with family / friends
  - j. **Reduced social interactions**
  - k. **Expressions, including non-verbal, of a lack of pleasure in life (anhedonia)**—e.g., "I don't enjoy anything anymore"
2. **SELF-REPORTED MOOD**
  0. Not in last 3 days
  1. Not in last 3 days, but often feels that way
  2. In 1-2 of last 3 days
  3. Daily in the last 3 days
  8. Person could not (would not) respond

*Ask: "In the last 3 days, how often have you felt..."*

  - a. **Little interest or pleasure in things you normally enjoy?**
  - b. **Anxious, restless, or uneasy?**
  - c. **Sad, depressed, or hopeless?**
3. **BEHAVIOR SYMPTOMS**  
*Code for indicators observed, irrespective of the assumed cause*
  0. Not present
  1. Present but not exhibited in last 3 days
  2. Exhibited on 1-2 of last 3 days
  3. Exhibited daily in last 3 days
  - a. **Wandering**—Moved with no rational purpose, seemingly oblivious to needs or safety
  - b. **Verbal abuse**—e.g., others were threatened, screamed at, cursed at
  - c. **Physical abuse**—e.g., others were hit, shoved, scratched, sexually abused

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- d. **Socially inappropriate or disruptive behavior**—e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through other's belongings
- e. **Inappropriate public sexual behavior or public disrobing**
- f. **Resists care**—e.g., taking medications / injections, ADL assistance, eating

## SECTION F. PSYCHOSOCIAL WELL-BEING

### 1. SOCIAL RELATIONSHIPS

*[Note: Ask person, direct care staff, and family, if available]*

- 0. Never
- 1. More than 30 days ago
- 2. 8 to 30 days ago
- 3. 4 to 7 days ago
- 4. In last 3 days
- 8. Unable to determine

- a. **Participation in social activities of long-standing interest**
- b. **Visit with a long-standing social relation or family member**
- c. **Other interaction with long-standing social relation or family member**—e.g., telephone, e-mail

### 2. SENSE OF INVOLVEMENT

- 0. Not present
- 1. Present but not exhibited in last 3 days
- 2. Exhibited on 1-2 of last 3 days
- 3. Exhibited daily in last 3 days

- a. **At ease interacting with others**
- b. **At ease doing planned or structured activities**
- c. **Accepts invitations into most group activities**
- d. **Pursues involvement in life of facility**—e.g., makes or keeps friends; involved in group activities; responds positively to new activities; assists at religious services
- e. **Initiates interaction(s) with others**
- f. **Reacts positively to interactions initiated by others**
- g. **Adjusts easily to change in routine**

### 3. UNSETTLED RELATIONSHIPS

- 0. No
- 1. Yes

- a. **Conflict with or repeated criticism of other care recipients**
- b. **Conflict with or repeated criticism of staff**
- c. **Staff report persistent frustration in dealing with person**
- d. **Family or close friends report feeling overwhelmed by person's illness**
- e. **Says or indicates that he/she feels lonely**

### 4. MAJOR LIFE STRESSORS IN LAST 90 DAYS—

*e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income/assets; victim of a crime such as robbery or assault; loss of driving license/car*

- 0. No
- 1. Yes

### 5. STRENGTHS

- 0. No
- 1. Yes

- a. **Consistent positive outlook**
- b. **Finds meaning in day-to-day life**
- c. **Strong and supportive relationship with family**

## SECTION G. FUNCTIONAL STATUS

### 1. ADL SELF-PERFORMANCE

*Consider all episodes over 3-day period.*

*If all episodes are performed at the same level, score ADL at that level. If any episodes at level 6, and others less dependent, score ADL as a 5.*

*Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2-5.*

- 0. **Independent**—No physical assistance, setup, or supervision in any episode
- 1. **Independent, setup help only**—Article or device provided or placed within reach, no physical assistance or supervision in any episode
- 2. **Supervision**—Oversight / cuing
- 3. **Limited assistance**—Guided maneuvering of limbs, physical guidance without taking weight

- 4. **Extensive assistance**—Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- 5. **Maximal assistance**—Weight-bearing support (including lifting limbs) by 2+ helpers —OR— Weight-bearing support for more than 50% of subtasks
- 6. **Total dependence**—Full performance by others during all episodes
- 8. **Activity did not occur during entire period**

- a. **Bathing**—How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area - EXCLUDE WASHING OF BACK AND HAIR
- b. **Personal hygiene**—How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands - EXCLUDE BATHS AND SHOWERS
- c. **Dressing upper body**—How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.
- d. **Dressing lower body**—How dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.
- e. **Walking**—How walks between locations on same floor indoors
- f. **Locomotion**—How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair
- g. **Transfer toilet**—How moves on and off toilet or commode
- h. **Toilet use**—How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes - EXCLUDE TRANSFER ON AND OFF TOILET
- i. **Bed mobility**—How moves to and from lying position, turns from side to side, and positions body while in bed
- j. **Eating**—How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

### 2. LOCOMOTION / WALKING

- a. **Primary mode of locomotion**
  - 0. Walking, no assistive device
  - 1. Walking, uses assistive device—e.g., cane, walker, crutch, pushing wheelchair
  - 2. Wheelchair, scooter
  - 3. Bedbound
- b. **Timed 4-meter (13 foot) walk**

*[Lay out a straight unobstructed course. Have person stand in still position, feet just touching start line]*  
**Then say: "When I tell you begin to walk at a normal pace (with cane/walker if used). This is not a test of how fast you can walk. Stop when I tell you to stop. Is this clear?"** Assessor may demonstrate test.  
**Then say: "Begin to walk now"** Start stopwatch (or can count seconds) when first foot falls. End count when foot falls beyond 4-meter mark.  
**Then say: "You may stop now"**  
 Enter time in seconds, up to 30 seconds.  
 30. 30 or more seconds to walk 4-meters   
 77. Stopped before test complete  
 88. Refused to do the test  
 99. Not tested—e.g., does not walk on own
- c. **Distance walked**—Farthest distance walked at one time without sitting down in the LAST 3 DAYS (with support as needed)
  - 0. Did not walk
  - 1. Less than 15 feet (under 5 meters)
  - 2. 15-149 feet (5-49 meters)
  - 3. 150-299 feet (50-99 meters)
  - 4. 300+ feet (100+ meters)
  - 5. 1/2 mile or more (1+ kilometers)
- d. **Distance wheeled self**—Farthest distance wheeled self at one time in the LAST 3 DAYS (includes independent use of motorized wheelchair)
  - 0. Wheeled by others
  - 1. Used motorized wheelchair / scooter
  - 2. Wheeled self less than 15 feet (under 5 meters)
  - 3. Wheeled self 15-149 feet (5-49 meters)
  - 4. Wheeled self 150-299 feet (50-99 meters)
  - 5. Wheeled self 300+ feet (100+ meters)
  - 8. Did not use wheelchair



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## GI STATUS

- k. **Acid reflux**—Regurgitation of acid from stomach to throat
- l. **Constipation**—No bowel movement in 3 days or difficult passage of hard stool
- m. **Diarrhea**
- n. **Vomiting**

## SLEEP PROBLEMS

- o. **Difficulty falling asleep or staying asleep; waking up too early; restlessness; non-restful sleep**
- p. **Too much sleep**—Excessive amount of sleep that interferes with person's normal functioning

## OTHER

- q. **Aspiration**
- r. **Fever**
- s. **GI or GU bleeding**
- t. **Peripheral edema**

## 4. DYSPNEA (Shortness of breath)

- 0. Absence of symptom
- 1. Absent at rest, but present when performed moderate activities
- 2. Absent at rest, but present when performed normal day-to-day activities
- 3. Present at rest

## 5. FATIGUE

*Inability to complete normal daily activities—e.g., ADLs, IADLs*

- 0. **None**
- 1. **Minimal**—Diminished energy but completes normal day-to-day activities
- 2. **Moderate**—Due to diminished energy, UNABLE TO FINISH normal day-to-day activities
- 3. **Severe**—Due to diminished energy, UNABLE TO START SOME normal day-to-day activities
- 4. **Unable to commence any normal day-to-day activities**—Due to diminished energy

## 6. PAIN SYMPTOMS

*[Note: Always ask the person about pain frequency, intensity, and control. Observe person and ask others who are in contact with the person.]*

- a. **Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other non-verbal signs suggesting pain)** 
  - 0. No pain
  - 1. Present but not exhibited in last 3 days
  - 2. Exhibited on 1-2 of last 3 days
  - 3. Exhibited daily in last 3 days
- b. **Intensity of highest level of pain present** 
  - 0. No pain
  - 1. Mild
  - 2. Moderate
  - 3. Severe
  - 4. Times when pain is horrible or excruciating
- c. **Consistency of pain** 
  - 0. No pain
  - 1. Single episode during last 3 days
  - 2. Intermittent
  - 3. Constant
- d. **Breakthrough pain**—Times in last 3 days when person experienced sudden, acute flare-ups of pain 
  - 0. No
  - 1. Yes
- e. **Pain control**—Adequacy of current therapeutic regimen to control pain (from person's point of view) 
  - 0. No issue of pain
  - 1. Pain intensity acceptable to person; no treatment regimen or change in regimen required
  - 2. Controlled adequately by therapeutic regimen
  - 3. Controlled when therapeutic regimen followed, but not always followed as ordered
  - 4. Therapeutic regimen followed, but pain control not adequate
  - 5. No therapeutic regimen being followed for pain; pain not adequately controlled

## 7. INSTABILITY OF CONDITIONS

- 0. No
- 1. Yes
- a. **Conditions / diseases make cognitive, ADL, mood or behavior patterns unstable** (fluctuating, precarious, or deteriorating)
- b. **Experiencing an acute episode, or a flare-up of a recurrent or chronic problem**
- c. **End-stage disease, 6 or fewer months to live**

## 8. SELF-REPORTED HEALTH

*Ask: "In general, how would you rate your health?"*

- 0. Excellent
- 1. Good
- 2. Fair
- 3. Poor
- 8. Could not (would not) respond

## 9. TOBACCO AND ALCOHOL

- a. **Smokes tobacco daily** 
  - 0. No
  - 1. Not in last 3 days, but is usually a daily smoker
  - 2. Yes
- b. **Alcohol**—Highest number of drinks in any "single sitting" in LAST 14 DAYS 
  - 0. None
  - 1. 1
  - 2. 2-4
  - 3. 5 or more

## SECTION K. ORAL AND NUTRITIONAL STATUS

### 1. HEIGHT AND WEIGHT [INCHES AND POUNDS—COUNTRY SPECIFIC]

*Record (a.) height in inches and (b.) weight in pounds. Base weight on most recent measure in LAST 30 DAYS.*

- a. HT (in.)
- b. WT (lb.)

### 2. NUTRITIONAL ISSUES

- 0. No
- 1. Yes
- a. **Weight loss of 5% or more in last 30 days, or 10% or more in last 180 days**
- b. **Dehydrated, or BUN/Cre ratio >25** [Ratio, country specific]
- c. **Fluid intake less than 1,000cc per day (less than four 8 oz cups/day)**
- d. **Fluid output exceeds input**

### 3. MODE OF NUTRITIONAL INTAKE

- 0. **Normal**—Swallows all types of foods
- 1. **Modified independent**—e.g., liquid is sipped, takes limited solid food, need for modification may be unknown
- 2. **Requires diet modification to swallow solid food**—e.g., mechanical diet (puree, minced, etc.) or only able to ingest specific foods
- 3. **Requires modification to swallow liquids**—e.g., thickened liquids
- 4. **Can swallow only pureed solids —AND— thickened liquids**
- 5. **Combined oral and parenteral or tube feeding**
- 6. **Nasogastric tube feeding only**
- 7. **Abdominal feeding tube**—e.g., PEG tube
- 8. **Parenteral feeding only**—includes all types of parenteral feedings, such as total parenteral nutrition (TPN)
- 9. **Activity did not occur**—During entire period

### 4. PARENTERAL OR ENTERAL INTAKE

*The proportion of TOTAL CALORIES received through parenteral or tube feedings in the LAST 3 DAYS*

- 0. No parenteral / enteral tube
- 1. Parenteral / enteral tube, but no caloric intake
- 2. 1% to 25% of total calories through device
- 3. 26% or more of total calories through device

### 5. DENTAL OR ORAL

- 0. No
- 1. Yes
- a. **Wears a denture (removable prosthesis)**
- b. **Has broken, fragmented, loose, or otherwise non-intact natural teeth**
- c. **Reports mouth or facial pain / discomfort**
- d. **Reports having dry mouth**
- e. **Reports difficulty chewing**
- f. **Presents with gum (soft tissue) inflammation or bleeding adjacent to natural teeth or tooth fragments**

## SECTION L. SKIN CONDITION

### 1. MOST SEVERE PRESSURE ULCER

- 0. No pressure ulcer
- 1. Any area of persistent skin redness
- 2. Partial loss of skin layers
- 3. Deep craters in the skin
- 4. Breaks in skin exposing muscle or bone
- 5. Not codeable, e.g., necrotic eschar predominant

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- 2. PRIOR PRESSURE ULCER**  
 0. No 1. Yes
- 3. PRESENCE OF SKIN ULCER OTHER THAN PRESSURE ULCER**—e.g., venous ulcer, arterial ulcer, mixed venous-arterial ulcer, diabetic foot ulcer  
 0. No 1. Yes
- 4. MAJOR SKIN PROBLEMS**—e.g., lesions, 2nd or 3rd degree burns, healing surgical wounds  
 0. No 1. Yes
- 5. SKIN TEARS OR CUTS**—Other than surgery  
 0. No 1. Yes
- 6. OTHER SKIN CONDITIONS OR CHANGES IN SKIN CONDITION**—e.g., bruises, rashes, itching, mottling, herpes zoster, intertrigo, eczema  
 0. No 1. Yes
- 7. FOOT PROBLEMS**—e.g., bunions, hammer toes, overlapping toes, structural problems, infections, ulcers  
 0. No foot problems  
 1. Foot problems, no limitation in walking  
 2. Foot problems limit walking  
 3. Foot problems prevent walking  
 4. Foot problems, does not walk for other reasons

## SECTION M. ACTIVITY PURSUIT

- 1. AVERAGE TIME INVOLVED IN ACTIVITIES**—e.g., alone, in social group  
*[Note: When awake and not receiving treatments or ADL care]*  
 0. Most—more than 2/3 of time  
 1. Some—from 1/3 to 2/3 of time  
 2. Little—less than 1/3 of time  
 3. None
- 2. ACTIVITY PREFERENCES AND INVOLVEMENT (adapted to current abilities)**  
 0. No preference, not involved in last 3 days  
 1. No preference, involved in last 3 days  
 2. Preferred, not involved  
 3. Preferred, regularly involved but not in last 3 days  
 4. Preferred, involved in last 3 days
- a. Cards, games, or puzzles   
 b. Computer activity   
 c. Conversing or talking on the phone   
 d. Crafts or arts   
 e. Dancing   
 f. Discussing/remiscing about life   
 g. Exercise or sports   
 h. Gardening or plants   
 i. Helping others   
 j. Music or singing   
 k. Pets   
 l. Reading, writing, or crossword puzzles   
 m. Spiritual or religious activities   
 n. Trips or shopping   
 o. Walking or wheeling outdoors   
 p. Watching TV or listening to radio
- 3. TIME ASLEEP DURING DAY**  
 0. Awake all or most of time (no more than one nap in the morning or afternoon)  
 1. Had multiple naps  
 2. Asleep most of the time, but some periods awake and alert (e.g., at meals)  
 3. Largely asleep or unresponsive

## SECTION N. MEDICATIONS

- 1. LIST OF ALL MEDICATIONS**  
*List all active prescriptions, and any non-prescribed (over the counter) medications taken in the LAST 3 DAYS*  
*[Note: Use computerized records if possible, hand enter only when absolutely necessary]*  
**For each drug record:**
- a. Name  
 b. Dose—A number such as 0.5, 5, 150, 300. [NOTE: Never write a zero by itself after a decimal point (X mg). Always use a zero before a decimal point (0.X mg).]

- c. **Unit**—Code using the following list:  
 gtts (Drops)      mEq (Milli-equivalent)      Puffs  
 gm (Gram)      mg (Milligram)      % (Percent)  
 L (Liters)      ml (Milliliter)      Units  
 mcg (Microgram)      oz (Ounce)      OTH (Other)
- d. **Route of administration**—Code using the following list:  
 PO (By mouth/oral)      REC (Rectal)      ET (Enteral Tube)  
 SL (Sublingual)      TOP (Topical)      TD (Transdermal)  
 IM (Intramuscular)      IH (Inhalation)      EYE (Eye)  
 IV (Intravenous)      NAS (Nasal)      OTH (Other)  
 Sub-Q (Subcutaneous)
- e. **Freq**—Code the number of times per day, week, or month the medication is administered using the following list:  
 Q1H (Every hour)      5D (5 times daily)  
 Q2H (Every 2 hours)      Q2D (Every other day)  
 Q3H (Every 3 hours)      Q3D (Every 3 days)  
 Q4H (Every 4 hours)      Weekly  
 Q6H (Every 6 hours)      2W (2 times weekly)  
 Q8H (Every 8 hours)      3W (3 times weekly)  
 Daily      4W (4 times weekly)  
 BED (At bedtime)      5W (5 times weekly)  
 BID (2 times daily)      6W (6 times weekly)  
 (includes every 12 hrs)      1M (Monthly)  
 TID (3 times daily)      2M (Twice every month)  
 QID (4 times daily)      OTH (Other)
- f. PRN  
 0. No 1. Yes

g. **Computer-entered drug code** g. ATC or NDC code

a. Name	b. Dose	c. Unit	d. Route	e. Freq.	f. PRN	g. ATC or NDC code
1.						
2.						
3.						
4.						
5.						

*[Note: Add additional lines, as necessary, for other drugs taken]  
 [Abbreviations are Country Specific for Unit, Route, Frequency]*

- 2. ALLERGY TO ANY DRUG**  
 0. No known drug allergies 1. Yes

## SECTION O. TREATMENTS AND PROCEDURES

- 1. PREVENTION**  
 0. No 1. Yes
- a. Blood pressure measured in LAST YEAR   
 b. Colonoscopy test in LAST 5 YEARS   
 c. Dental exam in LAST YEAR   
 d. Eye exam in LAST YEAR   
 e. Hearing exam in LAST 2 YEARS   
 f. Influenza vaccine in LAST YEAR   
 g. Mammogram or breast exam in LAST 2 YEARS (for women)   
 h. Pneumovax vaccine in LAST 5 YEARS or after age 65
- 2. TREATMENTS AND PROGRAMS RECEIVED OR SCHEDULED IN THE LAST 3 DAYS (OR SINCE LAST ASSESSMENT IF LESS THAN 3 DAYS)**  
 0. Not ordered AND did not occur  
 1. Ordered, not implemented  
 2. 1-2 of last 3 days  
 3. Daily in last 3 days

- TREATMENTS**
- a. Chemotherapy   
 b. Dialysis   
 c. Infection control—e.g., isolation, quarantine   
 d. IV medication   
 e. Oxygen therapy   
 f. Radiation   
 g. Suctioning
- h. Tracheostomy care   
 i. Transfusion   
 j. Ventilator or respirator   
 k. Wound care
- PROGRAMS**
- l. Scheduled toileting program   
 m. Palliative care program   
 n. Turning / repositioning program



