

“A Knowledgeable and Compassionate partner”



Build Your Own MDS Coordinator Section C – Cognitive Patterns



Learning Objectives

1. **Understand the purpose of the Cognitive Patterns Assessment**
2. **Understand specific rules related to Resident Interview for BIMs**
3. **Understand specific rules related to Staff Interview for Cognitive Assessment**



Cognitive Patterns Assessment – Intent (Resident Interview)

Intent: The items in this section are intended to determine the resident's attention, orientation and ability to register and recall new information and whether the resident has signs and symptoms of delirium. These items are crucial factors in many care-planning decisions.

Most residents are able to attempt the Brief Interview for Mental Status (BIMS), a structured cognitive interview.

A structured cognitive test is more accurate and reliable than observation alone for observing cognitive performance.— Without an attempted structured cognitive interview, a resident might be mislabeled based on their appearance or assumed diagnosis.— Structured interviews will efficiently provide insight into the resident's current condition that will enhance good care.

Structured cognitive interviews assist in identifying needed supports.

The structured cognitive interview is helpful for identifying possible delirium behaviors (C-1315).



Cognitive Patterns Assessment – Intent (Resident Interview)

Direct or performance-based testing of cognitive function decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium.

Cognitively intact residents may appear to be cognitively impaired because of extreme frailty, hearing impairment or lack of interaction.

Some residents may appear to be more cognitively intact than they actually are.

If cognitive impairment is incorrectly diagnosed or missed, appropriate communication, worthwhile activities and therapies may not be offered.

The BIMS is an opportunity to observe residents for signs and symptoms of delirium.



Cognitive Patterns Assessment – Intent (Resident Interview)

Assessment of a resident's mental state provides a direct understanding of resident function that may:

- enhance future communication and assistance and
- direct nursing interventions to facilitate greater independence such as posting or providing reminders for self-care activities.

A resident's performance on cognitive tests can be compared over time.— An abrupt change in cognitive status may indicate delirium and may be the only indication of a potentially life-threatening illness.

If performance worsens, then an assessment for delirium and/or depression should be considered, as a decline in mental status may also be associated with a mood disorder.

Awareness of possible impairment may be important for maintaining a safe environment and providing safe discharge planning.



Cognitive Patterns Assessment – C0100 – C0500 Resident Interview

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?
Attempt to conduct interview with all residents **QRP**

Enter Code ☐ X

0. **No** (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status ♠

1. **Yes** → Continue to C0200, Repetition of Three Words ♠

Brief Interview for Mental Status (BIMS) CATs \$\$ QRP

C0200. Repetition of Three Words \$\$ QRP

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: *sock, blue, and bed*. Now tell me the three words."

Enter Code ☐ X

Number of words repeated after first attempt

0. **None** ♠

1. **One** ♠

2. **Two** ♠

3. **Three** ♠

After the resident's first attempt, repeat the words using cues ("*sock, something to wear; blue, a color; bed, a piece of furniture*"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day) \$\$ QRP

Ask resident: "Please tell me what year it is right now."

Enter Code ☐ X

A. **Able to report correct year**

0. **Missed by > 5 years or no answer** ♠

1. **Missed by 2-5 years** ♠

2. **Missed by 1 year** ♠

3. **Correct** ♠

Ask resident: "What month are we in right now?"

Enter Code ☐ X

B. **Able to report correct month**

0. **Missed by > 1 month or no answer** ♠

1. **Missed by 6 days to 1 month** ♠

2. **Accurate within 5 days** ♠

Ask resident: "What day of the week is today?"

Enter Code ☐ X

C. **Able to report correct day of the week** ♠

0. **Incorrect or no answer** ♠

1. **Correct** ♠

C0400. Recall \$\$

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

Enter Code ☐ X

A. **Able to recall "sock"**

0. **No - could not recall**

1. **Yes, after cueing ("something to wear")**

2. **Yes, no cue required**

Enter Code ☐ X

B. **Able to recall "blue"**

0. **No - could not recall**

1. **Yes, after cueing ("a color")**

2. **Yes, no cue required**

Enter Code ☐ X

C. **Able to recall "bed"**

0. **No - could not recall**

1. **Yes, after cueing ("a piece of furniture")**

2. **Yes, no cue required**

C0500. BIMS Summary Score CATs \$\$ QRP

Enter Score ☐ X ☐ X

Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the resident was unable to complete the interview **CAA: 2, CAA: *2, 5, ♠**

Emerald/PDPM

Crimson/CATs (*) = Single Item Trigger

Royal/QMs (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger

Gold/5-Star

Violet/QRP (Italics = Associated Exclusions, Underline = Associated Covariates)

(♠) = SPADEs, X = No Dash

Magenta/VBP (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger



Cognitive Patterns - Steps

1. Interact with the resident using their preferred language (See A1110). Be sure they can hear you and/or have access to their preferred method for communication. If the resident needs or requires an interpreter, complete the interview with an interpreter. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
2. Determine if the resident is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, skip to C0600, Should the Staff Assessment for Mental Status be Conducted?, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to C1310. Signs and Symptoms of Delirium.



Cognitive Patterns Assessment – C0100

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

Attempt to conduct interview with all residents **QRP**

Enter Code



0. **No** (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status ♠
1. **Yes** → Continue to C0200, Repetition of Three Words ♠

Code 0, no: if the interview should not be conducted because the resident is rarely/never understood; cannot respond verbally, in writing, or using another method; or an interpreter is needed but not available.

Code 1, yes: if the interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.



Cognitive Patterns – Coding Tips

Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and is not contingent upon item B0700, Makes Self Understood.

If the resident needs an interpreter, including a resident who uses American Sign Language (ASL), every effort should be made to have an interpreter present for the BIMS. If it is not possible for a needed interpreter to participate on the day of the interview, code C0100 = 0 to indicate interview not attempted and complete C0600-C1000, Staff Assessment for Mental Status.

If the resident interview was not conducted within the look-back period (preferably the day before or the day of) the ARD, item C0100 must be coded 1, Yes, and the standard “no information” code (a dash “-”) entered in the resident interview items.



Cognitive Patterns – Coding Tips

Do not complete the Staff Assessment for Mental Status items (C0700-C1000) if the resident interview should have been conducted but was not done.

Because a PDPM cognitive level is utilized in the speech language pathology (SLP) payment component of PDPM, only in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS. In this case, the assessor should enter 0, No in C0100: Should Brief Interview for Mental Status Be Conducted? and proceed to the Staff Assessment for Mental Status.



Cognitive Patterns – Steps

Refer to Appendix D for a review of basic approaches to effective interviewing techniques.

Interview any resident not screened out by Should Brief Interview for Mental Status Be Conducted? (Item C0100).

Give an introduction before starting the interview. Suggested language: “I would like to ask you some questions. We ask everyone these same questions. This will help us provide you with better care. Some of the questions may seem very easy, while others may be more difficult.”



Cognitive Patterns – Steps

If the resident expresses concern that you are testing their memory, they may be more comfortable if you reply: “We ask these questions of everyone so we can make sure that our care will meet your needs.”

Directly ask the resident each item in C0200 through C0400 at one sitting and in the order provided.

If the resident chooses not to answer a particular item, accept their refusal and move on to the next questions. For C0200 through C0400, code refusals as incorrect/no answer or could not recall.



Cognitive Patterns – Coding Tips

If the interviewer is unable to articulate or pronounce any cognitive interview items clearly, for any reason (e.g., accent or speech impairment), have a different staff member conduct the BIMS.

Rules for stopping the BIMS before it is complete:

- Stop the interview after completing (C0300C) “Day of the Week” if:
 - all responses up to this point have been nonsensical (i.e., any response that is unrelated, incomprehensible, or incoherent; not informative with respect to the item being rated), OR
 - there has been no verbal or written response to any of the questions up to this point, OR
 - there has been no verbal or written response to some questions up to this point and for all others, the resident has given a nonsensical response.



Cognitive Patterns – Coding Tips

If the interview is stopped, do the following:

1. Code (—), dash in C0400A, C0400B, and C0400C.
2. Code 99 in the BIMS Summary Score (C0500), and if the assessment being completed is a stand-alone Part A PPS Discharge, continue to C1310. Signs and Symptoms of Delirium. Otherwise, proceed to step 3.
3. Code 1, yes in C0600, Should the Staff Assessment for Mental Status be Conducted?
4. Complete the Staff Assessment for Mental Status.



Cognitive Patterns – Coding Tips

If all responses to C0200, C0300A, C0300B, and C0300C are coded 0 because answers are incorrect, continue interview.

Code 0 is used to represent three types of responses:

- * incorrect answers (unless the item itself provides an alternative response code),
- * nonsensical responses,
- * questions the resident chooses not to answer (or “refusals”).

Since 0s resulting from these three situations are treated differently when coding the BIMS Summary Score in C0500, the interviewer may find it valuable to track the reason for each 0 response to aid in accurately calculating the summary score.



Cognitive Patterns – BIMS in Writing (Appendix E)

When staff identify that the resident's primary method of communication is in written format, the BIMS can be administered in writing. The administration of the BIMS in writing should be limited to only this circumstance.

Residents with visual impairment should be tested using their usual visual aids.

Provide a written introduction before starting the interview. Suggested language: "I would like to ask you some questions, which I will show you in a moment. We ask everyone these same questions. This will help us provide you with better care. Some of the questions may seem very easy, while others may be more difficult. We ask these questions of everyone so we can make sure that our care will meet your needs."



Cognitive Patterns – BIMS in Writing (Appendix E)

Directly provide the written questions for each item in C0200 through C0400 at one sitting and in the order provided.

For each BIMS question, show the resident a sheet of paper or card with the instruction for that question from the form clearly written in a large enough font to be easily seen.

The resident may respond to any of the BIMS questions in writing.

Show separate sheets or cards for each question or statement.

For C0200 items, instructions should be written as:— I have written 3 words for you to remember. Please read them. Then I will remove the card and ask you repeat or write down the words as you remember them.

Category cues should be provided to the resident in writing after the resident's first attempt to answer. Written category cues should state: "sock, something to wear; blue, a color; bed, a piece of furniture."



Cognitive Patterns – BIMS in Writing (Appendix E)

For C0300 items, instructions should be written as:— C0300A: “Please tell me what year it is right now.”— C0300B: “What month are we in right now?”— C0300C: “What day of the week is today?”

For C0400 items, instructions should be written as:— “Let’s go back to an earlier question. What were those three words that I asked you to repeat?”

If the resident is unable to remember a word, provide Category cues again, but without using the actual word. Therefore, Category cues for:

- C0400A should be written as “something to wear,”
- C0400B should be written as “a color,” and
- C0500C should be written as “a piece of furniture.”

If the resident chooses not to answer a particular item, accept their refusal and move on to the next questions. For C0200 through C0400, code refusals as incorrect.

Rules for stopping the interview are the same as if for administering the BIMS verbally.



Cognitive Patterns Assessment – C0200 Intent

C0200. Repetition of Three Words \$\$ QRP

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three.
The words are: **sock, blue, and bed.** Now tell me the three words."

Enter Code



Number of words repeated after first attempt

- 0. None ♠
- 1. One ♠
- 2. Two ♠
- 3. Three ♠

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

Inability to repeat three words on first attempt may indicate:

- a memory impairment,
- a hearing impairment,
- a language barrier, or
- inattention that may be a sign of delirium or another health issue.

Planning for Care:

A cue can assist learning.

Cues may help residents with memory impairment who can store new information in their memory but who have trouble retrieving something that was stored (e.g., not able to remember someone's name but can recall if given part of the first name).

Staff can use cues when assisting residents with learning and recall in therapy, and in daily and restorative activities.



Cognitive Patterns Assessment – C0200 Steps

C0200. Repetition of Three Words \$\$ QRP

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed**. Now tell me the three words."

Enter Code



Number of words repeated after first attempt

- 0. None ♠
- 1. One ♠
- 2. Two ♠
- 3. Three ♠

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

Say to the resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed." Interviewers need to use the words and related category cues as indicated. If the interview is being conducted with an interpreter present, the interpreter should use the equivalent words and similar, relevant prompts for category cues.

Immediately after presenting the three words, say to the resident: "Now please tell me the three words."

After the resident's first attempt to repeat the items:

- If the resident correctly stated all three words, say, "That's right, the words are sock, something to wear; blue, a color; and bed, a piece of furniture" [category cues].
- Category cues serve as a hint that helps prompt residents' recall ability. Putting words in context stimulates learning and fosters memory of the words that residents will be asked to recall in item C0400, even among residents able to repeat the words immediately.
- If the resident recalled two or fewer words, say to the resident: "Let me say the three words again. They are sock, something to wear; blue, a color; and bed, a piece of furniture. Now tell me the three words." If the resident still does not recall all three words correctly, you may repeat the words and category cues one more time.
- If the resident does not repeat all three words after three attempts, re-assess ability to hear. If the resident can hear, move on to the next question. If they are unable to hear, attempt to maximize hearing (alter environment, use hearing amplifier) before proceeding.



Cognitive Patterns Assessment – C0200 Coding Instructions

C0200. Repetition of Three Words \$\$ QRP

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed**. Now tell me the three words."

Enter Code



Number of words repeated after first attempt

- 0. None ♠
- 1. One ♠
- 2. Two ♠
- 3. Three ♠

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

Record the maximum number of words that the resident correctly repeated on the first attempt.

This will be any number between 0 and 3.

- The words may be recalled in any order and in any context. For example, if the words are repeated back in a sentence, they would be counted as repeating the words.
- Do not score the number of repeated words on the second or third attempt. These attempts help with learning the item, but only the number correct on the first attempt go into the total score. Do not record the number of attempts that the resident needed to complete.
- Code 0, none: if the resident did not repeat any of the 3 words on the first attempt.
- Code 1, one: if the resident repeated only 1 of the 3 words on the first attempt.
- Code 2, two: if the resident repeated only 2 of the 3 words on the first attempt.
- Code 3, three: if the resident repeated all 3 words on the first attempt.



Cognitive Patterns Assessment – C0300 Intent

C0300. Temporal Orientation (orientation to year, month, and day) **SS QRP**

Ask resident: "Please tell me what year it is right now."

Enter Code

A. Able to report correct year

- 0. Missed by > 5 years or no answer
- 1. Missed by 2-5 years
- 2. Missed by 1 year
- 3. Correct

Ask resident: "What month are we in right now?"

Enter Code

B. Able to report correct month

- 0. Missed by > 1 month or no answer
- 1. Missed by 6 days to 1 month
- 2. Accurate within 5 days

Ask resident: "What day of the week is today?"

Enter Code

C. Able to report correct day of the week

- 0. Incorrect or no answer
- 1. Correct

TEMPORAL ORIENTATION: In general, the ability to place oneself in correct time. For the BIMS, it is the ability to indicate the correct date in current surroundings.

A lack of temporal orientation may lead to decreased communication or participation in activities.

Not being oriented may be frustrating or frightening.

Planning for Care

If staff know that a resident has a problem with orientation, they can provide reorientation aids and verbal reminders that may reduce anxiety and encourage resident participation in activities.

Reorienting those who are disoriented or at risk of disorientation may be useful in treating symptoms of delirium and cognitive problems associated with other medical conditions.

Residents who are not oriented may need further assessment for delirium, especially if this fluctuates or is recent in onset.



Cognitive Patterns Assessment – C0300 Steps

C0300. Temporal Orientation (orientation to year, month, and day) \$\$ QRP

Ask resident: "Please tell me what year it is right now."

Enter Code



- A. Able to report correct year
- 0. Missed by > 5 years or no answer ♠
 - 1. Missed by 2-5 years ♠
 - 2. Missed by 1 year ♠
 - 3. Correct ♠

Ask resident: "What month are we in right now?"

Enter Code



- B. Able to report correct month
- 0. Missed by > 1 month or no answer ♠
 - 1. Missed by 6 days to 1 month ♠
 - 2. Accurate within 5 days ♠

Ask resident: "What day of the week is today?"

Enter Code



- C. Able to report correct day of the week
- 0. Incorrect or no answer ♠
 - 1. Correct ♠

Ask the resident each of the three questions in Item C0300 separately.

Allow the resident up to 30 seconds for each answer and do not provide clues.

If the resident specifically asks for clues (e.g., "Is it bingo day?") respond by saying, "I need to know if you can answer this question without any help from me."



Cognitive Patterns Assessment – C0300A Coding Instructions

Enter Code

Ask resident: *"Please tell me what year it is right now."*

A. Able to report correct year

- 0. Missed by > 5 years or no answer ♠
- 1. Missed by 2-5 years ♠
- 2. Missed by 1 year ♠
- 3. Correct ♠

Code 0, missed by >5 years or no answer: if the resident's answer is incorrect and is greater than 5 years from the current year or the resident chooses not to respond or the answer is nonsensical.

Code 1, missed by 2-5 years: if the resident's answer is incorrect and is within 2 to 5 years from the current year.


Code 2, missed by 1 year: if the resident's answer is incorrect and is within one year from the current year.

Code 3, correct: if the resident states the correct year.



Cognitive Patterns Assessment – C0300B Coding Instructions

Enter Code



Ask resident: *"What month are we in right now?"*

B. Able to report correct month

- 0. Missed by > 1 month or no answer ♠
- 1. Missed by 6 days to 1 month ♠
- 2. Accurate within 5 days ♠

Count the current day as day 1 when determining whether the response was accurate within 5 days or missed by 6 days to 1 month.

Code 0, missed by >1 month or no answer: if the resident's answer is incorrect by more than 1 month or if the resident chooses not to answer the item or the answer is nonsensical.

Code 1, missed by 6 days to 1 month: if the resident's answer is accurate within 6 days to 1 month.

Code 2, accurate within 5 days: if the resident's answer is accurate within 5 days, count current date as day 1.



Cognitive Patterns Assessment – C0300C Coding Instructions

Enter Code

X

Ask resident: "What day of the week is today?"

C.

Able to report correct day of the week ♠

0.

Incorrect or no answer ♠

1.

Correct ♠

Code 0, incorrect, or no answer: if the answer is incorrect or the resident chooses not to answer the item or the answer is nonsensical.

Code 1, correct: if the answer is correct.



Emerald/PDPM **Crimson/CATs** (*) = Single Item Trigger **Royal/QMs** (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger **Gold/5-Star** **Violet/QRP** (Italics = Associated Exclusions, Underline = Associated Covariates) (♠) = SPADEs, X = No Dash
Magenta/VBP (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger

Cognitive Patterns Assessment – C0400 Intent

C0400. Recall \$\$

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
If unable to remember a word, give cue (something to wear, a color, a piece of furniture) for that word.

Enter Code ☐ **A. Able to recall "sock"**
0. No - could not recall
1. Yes, after cueing ("something to wear")
2. Yes, no cue required

Enter Code ☐ **B. Able to recall "blue"**
0. No - could not recall
1. Yes, after cueing ("a color")
2. Yes, no cue required

Enter Code ☐ **C. Able to recall "bed"**
0. No - could not recall
1. Yes, after cueing ("a piece of furniture")
2. Yes, no cue required

Many persons with cognitive impairment can be helped to recall if provided cues.

Providing memory cues can help maximize individual function and decrease frustration for those residents who respond.

Planning for Care

Care plans should maximize use of cueing for resident who respond to recall cues. This will enhance independence.



Cognitive Patterns Assessment – C0400 Steps

C0400. Recall \$\$

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
If unable to remember a word, give cue (something to wear, a color, a piece of furniture) for that word.

Enter Code ☐ **A. Able to recall "sock"**
0. No - could not recall
1. Yes, after cueing ("something to wear")
2. Yes, no cue required

Enter Code ☐ **B. Able to recall "blue"**
0. No - could not recall
1. Yes, after cueing ("a color")
2. Yes, no cue required

Enter Code ☐ **C. Able to recall "bed"**
0. No - could not recall
1. Yes, after cueing ("a piece of furniture")
2. Yes, no cue required

Ask the resident the following: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"

Allow up to 5 seconds for spontaneous recall of each word.

For any word that is not correctly recalled after 5 seconds, provide a category cue (refer to "Steps for Assessment," page C-8 for the definition of category cue). Category cues should be used only after the resident is unable to recall one or more of the three words.

Allow up to 5 seconds after category cueing for each missed word to be recalled.



Cognitive Patterns Assessment – C0400 Coding Instructions

C0400. Recall \$\$

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
If unable to remember a word, give cue (something to wear, a color, a piece of furniture) for that word.

Enter Code ☐ **A. Able to recall "sock"**
0. No - could not recall
1. Yes, after cueing ("something to wear")
2. Yes, no cue required

Enter Code ☐ **B. Able to recall "blue"**
0. No - could not recall
1. Yes, after cueing ("a color")
2. Yes, no cue required

Enter Code ☐ **C. Able to recall "bed"**
0. No - could not recall
1. Yes, after cueing ("a piece of furniture")
2. Yes, no cue required

For each of the three words the resident is asked to remember:

Code 0, no—could not recall: if the resident cannot recall the word even after being given the category cue or if the resident responds with a nonsensical answer or chooses not to answer the item.

Code 1, yes, after cueing: if the resident requires the category cue to remember the word.

Code 2, yes, no cue required: if the resident correctly remembers the word spontaneously without cueing.

If on the first try (without cueing), the resident names multiple items in a category, one of which is correct, they should be coded as correct for that item.

If, however, the interviewer gives the resident the cue and the resident then names multiple items in that category, the item is coded as could not recall, even if the correct item was in the list.



Cognitive Patterns Assessment – C0500 BIMS Score

C0500. BIMS Summary Score CATs \$\$ QRP

Enter Score



Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the resident was unable to complete the interview CAA: 2, CAA: *2, 5, ♠

Scores from a carefully conducted BIMS assessment where residents can hear all questions and the resident is not delirious suggest the following distributions:

13-15: cognitively intact

8-12: moderately impaired

0-7: severe impairment

*Most Software calculates the score and automatically populates this answer on the MDS

Add up the values for all questions from C0200 through C0400.

Enter the total score as a two-digit number. The total possible BIMS score ranges from 00 to 15.

If the resident chooses not to answer a specific question(s), that question is coded as incorrect and the item(s) counts in the total score. If, however, the resident chooses not to answer four or more items, then the interview is coded as incomplete and the Staff Assessment for Mental Status is completed.

To be considered a completed interview, the resident had to attempt and provide relevant answers to at least four of the questions included in C0200-C0400. To be relevant, a response only has to be related to the question (logical); it does not have to be correct. See general coding tips below for residents who choose not to participate at all.

Cognitive Patterns Assessment – C0500 BIMS Score

C0500. BIMS Summary Score CATs \$\$ QRP

Enter Score



Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the resident was unable to complete the interview CAA: 2, CAA: *2, 5, ♠

Code 99, unable to complete interview: if

- (a) the resident chooses not to participate in the BIMS,
- (b) if four or more items were coded 0 because the resident chose not to answer or gave a nonsensical response, or
- (c) if any but not all of the BIMS items are coded with a dash (—).

A “0” score does not mean the BIMS was incomplete. For the BIMS to be incomplete, a resident must choose not to answer or must give completely unrelated, nonsensical responses to four or more items. If one or more of the 0s in C0200–C0300 are due to incorrect answers, the interview should continue.

Occasionally, a resident can communicate but chooses not to participate in the BIMS and therefore does not attempt any of the items in the section. This would be considered an incomplete interview; enter 99 for C0500, BIMS Summary Score, and complete the Staff Assessment for Mental Status.

If all of the BIMS items are coded with a dash, then C0500, BIMS Summary Score must also be coded with a dash.



Cognitive Patterns Assessment – C0700 – C1000 Staff Interview

C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?

Enter Code

☐

0. No (resident was able to complete Brief Interview for Mental Status) → Skip to C1310, Signs and Symptoms of Delirium
1. Yes (resident was unable to complete Brief Interview for Mental Status) → Continue to C0700, Short-term Memory OK

Staff Assessment for Mental Status CATs \$\$

Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed

C0700. Short-term Memory OK CATs \$\$

Enter Code

☐

Seems or appears to recall after 5 minutes

0. Memory OK
1. Memory problem CAA: 2

C0800. Long-term Memory OK CATs

Enter Code

☐

Seems or appears to recall long past

0. Memory OK
1. Memory problem CAA: 2

C0900. Memory/Recall Ability



Check all that the resident was normally able to recall

☐

A. Current season

☐

B. Location of own room

☐

C. Staff names and faces

☐

D. That they are in a nursing home/hospital swing bed

☐

Z. None of the above were recalled

C1000. Cognitive Skills for Daily Decision Making CATs \$\$

Enter Code

☐

Made decisions regarding tasks of daily life

0. Independent - decisions consistent/reasonable
1. Modified independence - some difficulty in new situations only CAA: *5
2. Moderately impaired - decisions poor; cues/supervision required CAA: *5
3. Severely impaired - never/rarely made decisions CAA: *5

Emerald/PDPM

Crimson/CATs (*) = Single Item Trigger

Royal/QMs (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger

Gold/5-Star

Violet/QRP (Italics = Associated Exclusions, Underline = Associated Covariates)

(♠) = SPADEs, X = No Dash

Magenta/VBP (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger



Cognitive Patterns Assessment – Intent (Staff Interview)

Direct or performance-based testing of cognitive function using the BIMS is preferred as it decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium. However, a minority of residents are unable or unwilling to participate in the BIMS.

Mental status can vary among persons unable to communicate or who do not complete the interview.— Therefore, report of observed behavior is needed for persons unable to complete the BIMS interview.— When cognitive impairment is incorrectly diagnosed or missed, appropriate communication, activities, and therapies may not be offered.

Planning for Care

Abrupt changes in cognitive status (as indicative of delirium) often signal an underlying potentially life-threatening illness and a change in cognition may be the only indication of an underlying problem.— This remains true for persons who are unable to communicate or to complete the BIMS.

Cognitive Patterns Assessment – Intent (Staff Interview)

Cognitive impairment is prevalent among some groups of residents, but not all residents are cognitively impaired.

Many persons with memory problems can function successfully in a structured, routine environment.

Residents may appear to be cognitively impaired because of communication challenges or lack of interaction but may be cognitively intact.

When cognitive impairment is incorrectly diagnosed or missed, appropriate communication, worthwhile activities, and therapies may not be offered.



Cognitive Patterns Assessment – Intent (Staff Interview)

Abrupt changes in cognitive status (as indicative of a delirium) often signal an underlying potentially life-threatening illness and a change in cognition may be the only indication of an underlying problem.

The level and specific areas of impairment affect daily function and care needs. By identifying specific aspects of cognitive impairment, nursing interventions can be directed toward facilitating greater function.

Probing beyond first, perhaps mistaken, impressions is critical to accurate assessment and appropriate care planning.



Cognitive Patterns Assessment – C0600

Coding Instructions

C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?

Enter Code

☐

- 0. No (resident was able to complete Brief Interview for Mental Status) → Skip to C1310, Signs and Symptoms of Delirium
- 1. Yes (resident was unable to complete Brief Interview for Mental Status) → Continue to C0700, Short-term Memory OK

Code 0, no: if the BIMS was completed and scored between 00 and 15. Skip to C1310.

Code 1, yes: if the resident chooses not to participate in the BIMS or if four or more items were coded 0 because the resident chose not to answer or gave a nonsensical response. Continue to C0700, Short-term Memory OK, to perform the Staff Assessment for Mental Status. Note: C0500 should be coded 99.



Cognitive Patterns Assessment – C0700 Intent

C0700. Short-term Memory OK CATs \$\$	
Enter Code	Seems or appears to recall after 5 minutes
<input type="checkbox"/>	0. Memory OK
	1. Memory problem CAA: 2

To assess the mental state of residents who cannot be interviewed, an intact 5-minute recall (“short-term memory OK”) indicates greater likelihood of normal cognition.

An observed “memory problem” should be taken into consideration in Planning for Care.

Identified memory problems typically indicate the need for:— Assessment and treatment of an underlying related medical problem (particularly if this is a new observation) or adverse medication effect, or— possible evaluation for other problems with thinking— additional nursing support— at times frequent prompting during daily activities— additional support during recreational activities.



Cognitive Patterns Assessment – C0700 Steps

C0700. Short-term Memory OK CATs \$\$

Enter Code

☐

Seems or appears to recall after 5 minutes

0. Memory OK

1. Memory problem CAA: 2

Determine the resident's short-term memory status by asking them:

- to describe an event 5 minutes after it occurred if you can validate the resident's response, or
- to follow through on a direction given 5 minutes earlier.

Observe how often the resident has to be re-oriented to an activity or instructions.

Staff members also should observe the resident's cognitive function in varied daily activities.

Observations should be made by staff across all shifts and departments and others with close contact with the resident.

Ask direct care staff across all shifts and family or significant others about the resident's short-term memory status.

Review the medical record for clues to the resident's short-term memory during the look-back period.



Cognitive Patterns Assessment – C0700 Coding Instructions

C0700. Short-term Memory OK CATs \$\$

Enter Code ☐ Seems or appears to recall after 5 minutes

- 0. Memory OK
- 1. Memory problem CAA: 2

Based on all information collected regarding the resident's short-term memory during the 7-day look-back period, identify and code according to the most representative level of function.

Code 0, memory OK: if the resident recalled information after 5 minutes.

Code 1, memory problem: if the most representative level of function shows the absence of recall after 5 minutes.

If the test cannot be conducted (resident will not cooperate, is non-responsive, etc.) and staff members were unable to make a determination based on observing the resident, use the standard "no information" code (a dash, "-") to indicate that the information is not available because it could not be assessed.



Emerald/PDPM Crimson/CATs (*) = Single Item Trigger Royal/QMs (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger Gold/5-Star Violet/QRP (Italics = Associated Exclusions, Underline = Associated Covariates) (♠) = SPADEs, X = No Dash Magenta/VBP (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger

Cognitive Patterns Assessment – C0800 Intent

C0800. Long-term Memory OK CATs

Enter Code

☐

Seems or appears to recall long past

0. Memory OK
1. Memory problem CAA: 2

An observed “long-term memory problem” may indicate the need for emotional support, reminders, and reassurance. It may also indicate delirium if this represents a change from the resident’s baseline.

An observed “long-term memory problem” should be taken into consideration in Planning for Care.Planning for Care

Long-term memory problems indicate the need for:

- Exclusion of an underlying related medical problem (particularly if this is a new observation) or adverse medication effect, or
- possible evaluation for other problems with thinking
- additional nursing support
- at times frequent prompting during daily activities
- additional support during recreational activities.



Cognitive Patterns Assessment – C0800 Steps

C0800. Long-term Memory OK CATs

Enter Code

☐

Seems or appears to recall long past

- 0. Memory OK
- 1. Memory problem CAA: 2

Determine resident's long-term memory status by engaging in conversation, reviewing memorabilia (photographs, memory books, keepsakes, videos, or other recordings that are meaningful to the resident) with the resident or observing response to family who visit.

Ask questions for which you can validate the answers from review of the medical record, general knowledge, the resident's family, etc.

Ask the resident, "Are you married?" "What is your spouse's name?" "Do you have any children?" "How many?" "When is your birthday?"

Observe if the resident responds to memorabilia or family members who visit.

Observations should be made by staff across all shifts and departments and others with close contact with the resident.

Ask direct care staff across all shifts and family or significant others about the resident's memory status.

Review the medical record for clues to the resident's long-term memory during the look-back period.



Cognitive Patterns Assessment – C0800 Coding Instructions

C0800. Long-term Memory OK CATs

Enter Code ☐ Seems or appears to recall long past

- 0. Memory OK
- 1. Memory problem CAA: 2

Code 0, memory OK: if the resident accurately recalled long past information.

Code 1, memory problem: if the resident did not recall long past information or did not recall it correctly.

If the test cannot be conducted (resident will not cooperate, is non-responsive, etc.) and staff were unable to make a determination based on observation of the resident, use the standard “no information” code (a dash, “-”), to indicate that the information is not available because it could not be assessed.

Emerald/PDPM Crimson/CATs (*) = Single Item Trigger Royal/QMs (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger Gold/5-Star Violet/QRP (Italics = Associated Exclusions, Underline = Associated Covariates) (♠) = SPADEs, X = No Dash Magenta/VBP (Italics = Associated Exclusions, Underline = Associated Covariates) (*) = Single Item Trigger



Cognitive Patterns Assessment – C0900 Intent

C0900. Memory/Recall Ability	
↓	Check all that the resident was normally able to recall
<input type="checkbox"/>	A. Current season
<input type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input type="checkbox"/>	D. That they are in a nursing home/hospital swing bed
<input type="checkbox"/>	Z. None of the above were recalled

An observed “memory/recall problem” with these items may indicate:

- *cognitive impairment and the need for additional support with reminders to support increased independence; or
- *delirium, if this represents a change from the resident’s baseline.

An observed “memory/recall problem” with these items may indicate the need for:

- *exclusion of an underlying related medical problem (particularly if this is a new observation) or adverse medication effect; or
- *possible evaluation for other problems with thinking;
- *additional signs, directions, pictures, verbal reminders to support the resident’s independence;
- *an evaluation for acute delirium if this represents a change over the past few days to weeks;
- *an evaluation for chronic delirium if this represents a change over the past several weeks to months; or
- *additional nursing support;
- *the need for emotional support, reminders and reassurance to reduce anxiety and agitation.



Cognitive Patterns Assessment – C0900 Steps

C0900. Memory/Recall Ability	
↓	Check all that the resident was normally able to recall
<input type="checkbox"/>	A. Current season
<input type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input type="checkbox"/>	D. That they are in a nursing home/hospital swing bed
<input type="checkbox"/>	Z. None of the above were recalled

Ask the resident about each item. For example, “What is the current season? Is it fall, winter, spring, or summer?” “What is the name of this place?” If the resident is not in their room, ask, “Will you show me to your room?” Observe the resident’s ability to find the way.

For residents with limited communication skills, in order to determine the most representative level of function, ask direct care staff across all shifts and family or significant other about recall ability. Ask whether the resident gave indications of recalling these subjects or recognizing them during the look-back period.

Observations should be made by staff across all shifts and departments and others with close contact with the resident.

Review the medical record for indications of the resident’s recall of these subjects during the look-back period.



Cognitive Patterns Assessment – C0900 Coding Instructions

C0900. Memory/Recall Ability	
↓	Check all that the resident was normally able to recall
<input type="checkbox"/>	A. Current season
<input type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input type="checkbox"/>	D. That they are in a nursing home/hospital swing bed
<input type="checkbox"/>	Z. None of the above were recalled

*For each item that the resident recalls, check the corresponding answer box. If the resident recalls none, check **none of above**.*

Check C0900A, current season: if resident is able to identify the current season (e.g., correctly refers to weather for the time of year, legal holidays, religious celebrations, etc.).

Check C0900B, location of own room: if resident is able to locate and recognize own room. It is not necessary for the resident to know the room number, but they should be able to find the way to the room.

Check C0900C, staff names and faces: if resident is able to distinguish staff members from family members, strangers, visitors, and other residents. It is not necessary for the resident to know the staff member's name, but they should recognize that the person is a staff member and not the resident's child, etc.

Check C0900D, that they are in a nursing home/hospital swing bed: if resident is able to determine that they are currently living in a nursing home. To check this item, it is not necessary that the resident be able to state the name of the nursing home, but they should be able to refer to the nursing home by a term such as a "home for older people," a "hospital for the elderly," "a place where people who need extra help live," etc.

Check C0900Z, none of above was recalled.



Cognitive Patterns Assessment – C1000 Intent

C1000. Cognitive Skills for Daily Decision Making CATs \$\$

Enter Code

☐

Made decisions regarding tasks of daily life

0. **Independent** - decisions consistent/reasonable
1. **Modified independence** - some difficulty in new situations only CAA: *5
2. **Moderately impaired** - decisions poor; cues/supervision required CAA: *5
3. **Severely impaired** - never/rarely made decisions CAA: *5

DAILY DECISION MAKING (Definition)

*Includes: choosing clothing; knowing when to go to meals; using environmental cues to organize and plan (e.g., clocks, calendars, posted event notices); in the absence of environmental cues, seeking information appropriately (i.e. not repetitively) from others in order to plan the day; using awareness of one's own strengths and limitations to regulate the day's events (e.g., asks for help when necessary); acknowledging need to use appropriate assistive equipment such as a walker.

An observed “difficulty with daily decision making” may indicate:

- *underlying cognitive impairment and the need for additional coaching and support or
- *possible anxiety or depression.

An observed “difficulty with daily decision making” may indicate the need for:

- *a more structured plan for daily activities and support in decisions about daily activities,
- *encouragement to participate in structured activities, or
- *an assessment for underlying delirium and medical evaluation.



Cognitive Patterns Assessment – C1000 Steps

C1000. Cognitive Skills for Daily Decision Making CATs \$\$

Enter Code

☐

Made decisions regarding tasks of daily life

0. **Independent** - decisions consistent/reasonable
1. **Modified independence** - some difficulty in new situations only CAA: *5
2. **Moderately impaired** - decisions poor; cues/supervision required CAA: *5
3. **Severely impaired** - never/rarely made decisions CAA: *5

Review the medical record. Consult family and direct care staff across all shifts. Observe the resident.

Observations should be made by staff across all shifts and departments and others with close contact with the resident.

The intent of this item is to record what the resident is doing (performance). Focus on whether or not the resident is actively making these decisions and not whether staff believes the resident might be capable of doing so.

Focus on the resident's actual performance. Where a staff member takes decision-making responsibility away from the resident regarding tasks of everyday living, or the resident does not participate in decision making, whatever their level of capability may be, the resident should be coded as impaired performance in decision making.



Cognitive Patterns Assessment – C1000 Coding Instructions

C1000. Cognitive Skills for Daily Decision Making CATs \$\$

Enter Code

Made decisions regarding tasks of daily life

0. **Independent** - decisions consistent/reasonable
1. **Modified independence** - some difficulty in new situations only CAA: *5
2. **Moderately impaired** - decisions poor; cues/supervision required CAA: *5
3. **Severely impaired** - never/rarely made decisions CAA: *5

Record the resident's actual performance in making everyday decisions about tasks or activities of daily living. Enter one number that corresponds to the most correct response.

Code 0, independent: if the resident's decisions in organizing daily routine and making decisions were consistent, reasonable and organized reflecting lifestyle, culture, values.

Code 1, modified independence: if the resident organized daily routine and made safe decisions in familiar situations, but experienced some difficulty in decision making when faced with new tasks or situations.

Code 2, moderately impaired: if the resident's decisions were poor; the resident required reminders, cues, and supervision in planning, organizing, and correcting daily routines.

Code 3, severely impaired: if the resident's decision making was severely impaired; the resident never (or rarely) made decisions.



Cognitive Patterns Assessment – C1000 Coding Instructions

C1000. Cognitive Skills for Daily Decision Making CATs \$\$

Enter Code

☐

Made decisions regarding tasks of daily life

0. Independent - decisions consistent/reasonable
1. Modified independence - some difficulty in new situations only CAA: *5
2. Moderately impaired - decisions poor; cues/supervision required CAA: *5
3. Severely impaired - never/rarely made decisions CAA: *5

If the resident “rarely or never” made decisions, despite being provided with opportunities and appropriate cues, Item C1000 would be **coded 3, severely impaired**. If the resident makes decisions, although poorly, **code 2, moderately impaired**.

A resident’s considered decision to exercise their right to decline treatment or recommendations by interdisciplinary team members should **not** be captured as impaired decision making in Item C1000, **Cognitive Skills for Daily Decision Making**.



Cognitive Patterns Assessment – C1310 Intent

Delirium is associated with:

- *increased mortality,
- *functional decline,
- *development or worsening of incontinence,
- *behavior problems,
- *withdrawal from activities
- *rehospitalizations and increased length of nursing home stay.

Delirium can be misdiagnosed as dementia.

A recent deterioration in cognitive function may indicate delirium, which may be reversible if detected and treated in a timely fashion.

Delirium may be a symptom of an acute, treatable illness such as infection or reaction to medications.

Prompt detection is essential in order to identify and treat or eliminate the cause.

Delirium

C1310. Signs and Symptoms of Delirium (from CAM©) CATs QRP

Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

A. Acute Onset Mental Status Change CATs QRP

Enter Code Is there evidence of an acute change in mental status from the resident's baseline?

0. No ♠

1. Yes CAA: 1, ♠

Coding:

0. Behavior not present

1. Behavior continuously present, does not fluctuate

2. Behavior present, fluctuates (comes and goes, changes in severity)

Enter Codes in Boxes

↓

B. Inattention - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? CAA: 1,*2, ♠

C. Disorganized Thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? CAA: 1,*2, ♠♠

D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria? CAA: 1,*2, ♠

- vigilant - startled easily to any sound or touch
- lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch
- stuporous - very difficult to arouse and keep aroused for the interview
- comatose - could not be aroused



Cognitive Patterns Assessment – C1310 Steps

Delirium

C1310. Signs and Symptoms of Delirium (from CAM©) CATs QRP

Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

A. Acute Onset Mental Status Change CATs QRP

Enter Code Is there evidence of an acute change in mental status from the resident's baseline?

0. No ♠

1. Yes CAA: 1, ♠

Coding:

0. Behavior not present

1. Behavior continuously present, does not fluctuate

2. Behavior present, fluctuates (comes and goes, changes in severity)

Enter Codes in Boxes

↓

B. Inattention - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? CAA: 1,*2, ♠

C. Disorganized Thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? CAA: 1,*2, ♠♠

D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria? CAA: 1,*2, ♠

- vigilant - startled easily to any sound or touch
- lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch
- stuporous - very difficult to arouse and keep aroused for the interview
- comatose - could not be aroused

Observe resident behavior during the **BIMS** items (C0200-C0400) for the signs and symptoms of delirium. Some experts suggest that increasing the frequency of assessment (as often as daily for new admissions) will improve the level of detection.

If the **Staff Assessment for Mental Status** items (C0700-C1000) were completed instead of the BIMS, ask staff members who conducted the interview about their observations of signs and symptoms of delirium.

Review medical record documentation during the 7-day look-back period to determine the resident's baseline status, fluctuations in behavior, and behaviors that might have occurred during the 7-day look-back period that were not observed during the BIMS.

Observe the resident's behavior during interactions and consult with other staff, family members/caregivers, and others in a position to observe the resident's behavior during the 7-day look-back period.



Cognitive Patterns Assessment – C1310A Coding Instructions

A. Acute Onset Mental Status Change CATs QRP

Enter Code

<input type="checkbox"/>	Is there evidence of an acute change in mental status from the resident's baseline?
0. No ♠	
1. Yes CAA: 1, ♠	

Code 0, no: if there is no evidence of acute mental status change from the resident's baseline.

Code 1, yes: if resident has an alteration in mental status observed in the observation period that represents an acute change from baseline.

Examples of acute mental status change: A resident who is usually noisy or belligerent becomes quiet, lethargic, or inattentive.

A resident who is normally quiet and content suddenly becomes restless or noisy.

A resident who is usually able to find their way around their living environment begins to get lost.



Cognitive Patterns Assessment – C1310B Steps & Coding Instructions

Coding:

0. Behavior not present
1. Behavior continuously present, does not fluctuate
2. Behavior present, fluctuates (comes and goes, changes in severity)



B. **Inattention** - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? CAA: 1.*2. ♠

INATTENTION (Definition): Reduced ability to maintain attention to external stimuli and to appropriately shift attention to new external stimuli. Resident seems unaware or out of touch with environment (e.g., dazed, fixated or darting attention).

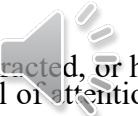
Assess attention separately from level of consciousness. Evidence of inattention may be found during the resident interview, in the medical record, or from family or staff reports of inattention during the 7-day look-back period.

An additional step to identify difficulty with attention is to ask the resident to count backwards from 20.

Code 0, behavior not present: if the resident remains focused during the interview and all other sources agree that the resident was attentive during other activities.

Code 1, behavior continuously present, did not fluctuate: if the resident had difficulty focusing attention, was easily distracted, or had difficulty keeping track of what was said AND the inattention did not vary during the look-back period. All sources must agree that inattention was consistently present to select this code.


Code 2, behavior present, fluctuates: if inattention is noted during the interview or any source reports that the resident had difficulty focusing attention, was easily distracted, or had difficulty keeping track of what was said AND the inattention varied during interview or during the look-back period or if information sources disagree in assessing level of attention.



Cognitive Patterns Assessment – C1310C Coding Instructions

Coding:

0. Behavior not present
1. Behavior continuously present, does not fluctuate
2. Behavior present, fluctuates (comes and goes, changes in severity)

 C. **Disorganized Thinking** - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? CAA: 1.*2. ♠♠

DISORGANIZED THINKING (Definition)

Evidenced by rambling, irrelevant, or incoherent speech.

Code 0, behavior not present: if all sources agree that the resident's thinking was organized and coherent, even if answers were inaccurate or wrong.

Code 1, behavior continuously present, did not fluctuate: if, during the interview and according to other sources, the resident's responses were consistently disorganized or incoherent, conversation was rambling or irrelevant, ideas were unclear or flowed illogically, or the resident unpredictably switched from subject to subject.

Code 2, behavior present, fluctuates: if, during the interview or according to other data sources, the resident's responses fluctuated between disorganized/incoherent and organized/clear. Also code as fluctuating if information sources disagree.



Cognitive Patterns Assessment – C1310D Coding Instructions

Coding:

0. Behavior not present
1. Behavior continuously present, does not fluctuate
2. Behavior present, fluctuates (comes and goes, changes in severity)

- X** D. **Altered Level of Consciousness** - Did the resident have altered level of consciousness, as indicated by any of the following criteria? CAA: 1,*2, ♠
- **vigilant** - startled easily to any sound or touch
 - **lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch
 - **stuporous** - very difficult to arouse and keep aroused for the interview
 - **comatose** - could not be aroused

ALTERED LEVEL OF CONSCIOUSNESS (Definition)

- ***VIGILANT** – startles easily to any sound or touch;
- ***LETHARGIC** – repeatedly dozes off when you are asking questions, but responds to voice or touch;
- ***STUPOR** – very difficult to arouse and keep aroused for the interview;
- ***COMATOSE** – cannot be aroused despite shaking and shouting.

Code 0, behavior not present: if all sources agree that the resident was alert and maintained wakefulness during conversation, interview(s), and activities.

Code 1, behavior continuously present, did not fluctuate: if, during the interview and according to other sources, the resident was consistently lethargic (difficult to keep awake), stuporous (very difficult to arouse and keep aroused), vigilant (startles easily to any sound or touch), or comatose.

Code 2, behavior present, fluctuates: if, during the interview or according to other sources, the resident varied in levels of consciousness. For example, was at times alert and responsive, while at other times resident was lethargic, stuporous, or vigilant. Also code as fluctuating if information sources disagree.



(A diagnosis of coma or stupor does not have to be present for staff to note the behavior in this section.)

End of Section C

Thank You for watching this training from Broad River Rehab

