

Track Changes
from Chapter 3 Section N V1.07
to Chapter 3 Section N V1.08

Chapter	Section	Page	Change
3	N0300	N-1	Replaced screen shot.
OLD			
<div> <div>N0300. Injections</div> <div> <div>Enter Days</div> <div><input type="text"/></div> </div> <div>Record the number of days that injections of any type were received during the last 7 days or since admission/reentry if less than 7 days. If 0 → Skip to N0400, Medications Received</div> </div>			
NEW			
<div> <div>N0300. Injections</div> <div> <div>Enter Days</div> <div><input type="text"/></div> </div> <div>Record the number of days that injections of any type were received during the last 7 days or since admission/entry or reentry if less than 7 days. If 0 → Skip to N0410, Medications Received</div> </div>			
3	N0300	N-1	Steps for Assessment <ol style="list-style-type: none"> Review the resident's medication administration records for the 7-day look-back period (or since admission/reentry or reentry if less than 7 days).
3	N0300	N-1	Coding Instructions <p><i>Record the number of days during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days) that the resident received any type of medication, antigen, vaccine, etc., by subcutaneous, intramuscular, or intradermal injection.</i></p>
3	N0300	N-2	Coding Tips and Special Populations <ul style="list-style-type: none"> If an antigen or vaccination is provided on 4one day, and another vaccine provided on the next day, the number of days the resident received injections would be coded as 2 days. If two injections were administered on the same day, the number of days the resident received injections would be coded as 1 day. Examples <p>Example #1 Rationale: The resident received injections on 3 separate days during the 7-day look-back period.</p> <p>Example #2 Coding: N0300 would be coded 1. Rationale: The resident received injections on 4one day during the 7-day look-back period.</p>

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3	N0350	N-2	Replaced screen shot.						
OLD									
<table><tr><th colspan="2">N0350. Insulin</th></tr><tr><td>Enter Days <input type="checkbox"/></td><td>A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/reentry if less than 7 days</td></tr><tr><td>Enter Days <input type="checkbox"/></td><td>B. Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/reentry if less than 7 days</td></tr></table>				N0350. Insulin		Enter Days <input type="checkbox"/>	A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/reentry if less than 7 days	Enter Days <input type="checkbox"/>	B. Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/reentry if less than 7 days
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3	N0350	N-3	<div>Steps for Assessment</div> <div>1. Review the resident’s medication administration records for the 7-day look-back period (or since admission/reentry or reentry if less than 7 days).</div> <div>Coding Instructions for N0350A</div> <div><ul style="list-style-type: none">Enter in Item N0350A, the number of days during the 7-day look-back period (or since admission/entry or reentry if less than 7 days) that insulin injections were received.</div> <div>Coding Instructions for N0350B</div> <div><ul style="list-style-type: none">Enter in Item N0350B, the number of days during the 7-day look-back period (or since admission/entry or reentry if less than 7 days) that the physician (nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws and Medicare) changed the resident’s insulin orders.</div> <div>Coding Tips and Special Populations</div> <div><ul style="list-style-type: none">A sliding scale dosage schedule that is written to cover different dosages depending on lab values does not does not count as an order change simply because a different dose is administered based on the sliding scale guidelines.</div>						

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3	N0410	N-4	Replaced screen shot.
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OLD

N0400. Medications Received	
↓ Check all medications the resident received at any time during the last 7 days or since admission/reentry if less than 7 days	
<input type="checkbox"/>	A. Antipsychotic
<input type="checkbox"/>	B. Antianxiety
<input type="checkbox"/>	C. Antidepressant
<input type="checkbox"/>	D. Hypnotic
<input type="checkbox"/>	E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)
<input type="checkbox"/>	F. Antibiotic
<input type="checkbox"/>	G. Diuretic
<input type="checkbox"/>	Z. None of the above were received

NEW

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	A. Antipsychotic
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	B. Antianxiety
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	C. Antidepressant
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	D. Hypnotic
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	F. Antibiotic
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	G. Diuretic

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3	N0410	N-4	<p>Replaced definition box. OLD</p> <div style="border: 1px solid black; padding: 5px;"> <p>DEFINITIONS</p> <p>ADVERSE CONSEQUENCE An unpleasant symptom or event that is due to or associated with a medication, such as impairment or decline in an individual's mental or physical condition or functional or psycho-social status. It may include various types of adverse drug reactions and interactions (e.g., medication-medication, medication-food, and medication-disease).</p> <p>NON-PHARMACOLOGICAL INTERVENTION Approaches to care that do not involve medication, generally directed towards stabilizing or improving a resident's mental, physical and/or psychosocial well-being.</p> </div>	<p>NEW</p> <div style="border: 1px solid black; padding: 5px;"> <p>DEFINITIONS</p> <p>ADVERSE CONSEQUENCE An unpleasant symptom or event that is caused by or associated with a medication, impairment or decline in an individual's physical condition, mental, functional or psychosocial status. It may include various types of adverse drug reactions (ADR) and interactions (e.g., medication-medication, medication-food, and medication-disease).</p> <p>NON-PHARMACOLOGICAL INTERVENTION Approaches that do not involve the use of medication to address a medical condition.</p> </div>
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3	N0410	N-5	<p>Replaced definition box.</p> <div> <div>OLD</div> <div> <p>DEFINITIONS</p> <p>DOSE</p> <p>The total amount/ strength/ concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/ concentration received at each administration. The amount received over a 24-hour period may be referred to as the “daily dose.”</p> <p>MONITORING</p> <p>The ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline data in order to ascertain the individual's response to treatment and care, including progress or lack of progress toward a therapeutic goal. Monitoring can detect any complications or adverse consequences of the condition or of the treatments; and support decisions about modifying, discontinuing, or continuing any interventions.</p> </div> <div> <p>NEW</p> <p>DEFINITIONS</p> <p>DOSE</p> <p>The total amount/strength/ concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/ concentration received at each administration. The amount received over a 24-hour period may be referred to as the “daily dose.”</p> <p>MONITORING</p> <p>The ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline and current data in order to ascertain the individual's response to treatment and care, including progress or lack of progress toward a goal. Monitoring can detect any improvements, complications or adverse consequences of the condition or of the treatments; and support decisions about adding, modifying, continuing, or discontinuing, any interventions.</p> </div> </div>
3	N0410	N-5	<p>Steps for Assessment</p> <ol style="list-style-type: none"> 1. Review the resident’s medical record for documentation that any of these medications were received by the resident during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days). <p>Coding Instructions</p> <ul style="list-style-type: none"> • Check A, antipsychotic: if antipsychotic medication was received by the resident at any time during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days) • Check B, antianxiety: if anxiolytic medication was received by the resident at any time during the

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			<p>7-day look-back period (or since admission/reentry or reentry if less than 7 days).</p> <ul style="list-style-type: none"> Check C, antidepressant: if antidepressant medication was received by the resident at any time during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days).
3	N0410	N-6	<ul style="list-style-type: none"> Check D, hypnotic: if hypnotic medication was received by the resident at any time during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days). Check E, anticoagulant (e.g., warfarin, heparin, or low- molecular weight heparin): if anticoagulant medication was received by the resident at any time during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days). Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel here. Check F, antibiotic: if antibiotics were received by the resident at any time during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days). Check G, diuretic: if diuretics were received by the resident at any time during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days). Check Z, none of the above were received: if none of the medications in Item N04010 were received during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days).
3	N0410	N-6	<p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> Count long-acting medications, such as fluphenazine decanoate or haloperidol decanoate, that are given every few weeks or monthly only if they are given during the 7-day look-back period (or since admission/reentry or reentry if less than 7 days).
3	N0410	N-7	<ul style="list-style-type: none"> During the first year in which a resident on a psychopharmacological medication is admitted, or after the nursing home has initiated such medication, nursing home staff should attempt to taper the medication or

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			perform gradual dose reduction (GDR) as long as it is not medically contraindicated. Information on GDR and tapering of medications can be found in the State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities (the State Operations Manual can be found at http://www.cms.gov/Manuals/IOM/list.asp).
3	N0410	N-7	<div> <div>Replaced definition box.</div> <div> <div>OLD</div> <div> DEFINITIONS GRADUAL DOSE REDUCTION (GDR) The step-wise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued. </div> </div> <div> <div>NEW</div> <div> DEFINITION GRADUAL DOSE REDUCTION (GDR) Step-wise tapering of a dose to determine whether or not symptoms, conditions, or risks can be managed by a lower dose or whether or not the dose or medication can be discontinued. </div> </div> </div>
3	N0410	N-7	<div> <div>Replaced definition box.</div> <div> <div>OLD</div> <div> DEFINITIONS MEDICATION INTERACTION The impact of another substance (such as another medication, nutritional supplement including herbal products, food, or substances used in diagnostic studies) upon a medication. The interactions may alter absorption, distribution, metabolism, or elimination. These interactions may decrease the effectiveness of the medication or increase the potential for adverse consequences. </div> </div> <div> <div>NEW</div> <div> DEFINITION MEDICATION INTERACTION The impact of medication or other substance (such as nutritional supplements including herbal products, food, or substances used in diagnostic studies) upon another medication. The interactions may alter absorption, distribution, metabolism, or elimination. These interactions may decrease the effectiveness of the medication or increase the potential for adverse consequences. </div> </div> </div>
3	N0410	N-8	— Multiple medication interactions exist with use of anticoagulants (information on common medication-medication interactions can be found in the State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities [the State Operations Manual can be found at http://www.cms.gov/Manuals/IOM/list.asp]), which

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			may
3	N0410	N-8	<p>Example</p> <ul style="list-style-type: none"> • Temazepam 15 mg PO QHS PRN: Received at bedtime HS on Tuesday and Wednesday only. <p>Coding: The following Medications item (Medications in N0400) N0410, would be checked as follows:</p> <p>A. antipsychotic, resperidone is an antipsychotic drug, B. antianxiety, lorazepam is an antianxiety drug, and D. hypnotic, temazepam is a hypnotic drug. Please note: if a resident is receiving drugs in all of these three classes, simultaneously, there must be a clear clinical indication for the use of these drugs. Administration of these types of drugs, particularly in this combination, could be interpreted as chemically restraining the resident. Adequate documentation is essential in justifying their use.</p>
3	N0410	N-9	<p>Additional information on psychopharmacologic medications can be found in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (or subsequent editions) (http://www.psychiatryonline.com/resourceTOC.aspx?resourceID=1), and the State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities [the State Operations Manual can be found at (http://www.cms.gov/Manuals/IOM/list.asp)].</p>