

**Track Changes from Appendix C V1.05
to Appendix C V1.07**

Chapter	Section	Page	Change	
Appendix C	-	C-2	<p>It is important to note that the resources provided in this appendix are provided solely as a courtesy for use by nursing homes, should they choose to, in completing the RAI CAA process. <u>It is also important to reiterate that CMS does not mandate, nor does it endorse, the use of any particular resource(s), including those provided in this appendix.</u> However, nursing homes should ensure that whatever assessment and care planning the resource(s) are used are current, evidence-based or expert-endorsed research and clinical practice guidelines/resources.</p> <p><i>DISCLAIMER:</i> The list of resources in this appendix are is neither prescriptive nor all-inclusive. References to non-U.S. Department of Health and Human Services (HHS) sources or sites on the Internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS or HHS. CMS is not responsible for the content of pages found at these sites. URL addresses were current as of the date of this publication.</p>	
Appendix C	-	C-3	<p><i>DISCLAIMER:</i> The checklists of care area specific resources in this appendix are not neither mandated, prescriptive, nor all-inclusive and are provided as a service to facilities. They do not constitute or imply endorsement by CMS or HHS.</p>	
Appendix C	1.	C-5	<input type="checkbox"/>	<ul style="list-style-type: none"> Pain CAA triggered (J0100, J0200) (review findings for relationship to delirium (C1300))
Appendix C	1.	C-6	<input type="checkbox"/>	<ul style="list-style-type: none"> Gastrointestinal bleed (from clinical record)
Appendix C	1.	C-6	<input type="checkbox"/>	<ul style="list-style-type: none"> Dehydration (J1550C and from clinical record)
Appendix C	1.	C-7	<input type="checkbox"/>	<ul style="list-style-type: none"> Recent decrease in urine volume or more concentrated urine than usual (I and O) (clinical record)
Appendix C	1.	C-8	<input type="checkbox"/>	<ul style="list-style-type: none"> Use of restraints (P0100, and clinical record)
Appendix C	1.	C-9	<p>Signature/Title: _____ Date: _____</p>	
Appendix C	2.	C-10	<input type="checkbox"/>	<ul style="list-style-type: none"> Brain tumor (from clinical record)
Appendix C	2.	C-10	<input type="checkbox"/>	<ul style="list-style-type: none"> Other (from clinical record,)-(I8000)
Appendix C	2.	C-10	<input type="checkbox"/>	<ul style="list-style-type: none"> Confusion, disorientation, forgetfulness (observation, clinical record) (C0200, C0300, C0400, C0500, C0700, C0800, C0900, C1300, C1600)
Appendix C	2.	C-10	<input type="checkbox"/>	<ul style="list-style-type: none"> Impulsivity (observation, clinical record)
Appendix C	2.	C-10	<input type="checkbox"/>	<ul style="list-style-type: none"> Other (observation, clinical record)

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Chapter	Section	Page	Change	
Appendix C	2.	C-11	<input type="checkbox"/>	• Liver disease (I1100, I2400, I8000-and, clinical record)
Appendix C	2.	C-11	<input type="checkbox"/>	• Electrolyte imbalance (from clinical record)
Appendix C	2.	C-11	<input type="checkbox"/>	• Poor nutrition (I5600) or hydration status (J1550C) (and from clinical record)
Appendix C	2.	C-11	<input type="checkbox"/>	• End of life (Hospice O0100K and from clinical record)
Appendix C	2.	C-11	<input type="checkbox"/>	• Pain Care Area CAA triggered. Determine relationship between pain and cognitive status via observation and assessment.
Appendix C	2.	C-12	<input type="checkbox"/>	• Decline in continence (H0300, H0400, and from clinical record)
Appendix C	2.	C-12	<input type="checkbox"/>	• Impaired daily decision-making (C1000, clinical record)
Appendix C	2.	C-12	<input type="checkbox"/>	• Participates better in small group programs (F0800P, observation, clinical record)
Appendix C	2.	C-13	Signature/Title: _____ Date: _____	
Appendix C	3.	C-14	<input type="checkbox"/>	• Myasthenia gravis (I8000, clinical record) (I8000)
Appendix C	3.	C-16	Signature/Title: _____ Date: _____	
Appendix C	4.	C-17	<input type="checkbox"/>	— Delirium (C1300, I8000-and, clinical record)
Appendix C	4.	C-17	<input type="checkbox"/>	— Acute illness (I8000, from clinical record) (I8000)
Appendix C	4.	C-17	<input type="checkbox"/>	• Other (from I8000, clinical record) (I8000)
Appendix C	4.	C-17	<input type="checkbox"/>	• Other (from clinical record)
Appendix C	4.	C-18	<input type="checkbox"/>	— Disruption in ability to speak (B0600, and clinical record)
Appendix C	4.	C-18	<input type="checkbox"/>	— Speech discrimination problems (from clinical record)
Appendix C	4.	C-18	<input type="checkbox"/>	— Decreased vocabulary comprehension (from clinical record) (A1100A-B)
Appendix C	4.	C-18	<input type="checkbox"/>	— Difficulty reading and interpreting facial expressions (from clinical record, and direct observation)
Appendix C	4.	C-18	<input type="checkbox"/>	• Communication is more successful with some individuals than with others. Identify and build on the successful approaches (from clinical record, interviews, observation)
Appendix C	4.	C-18	<input type="checkbox"/>	• Limited opportunities for communication due to social isolation or need for communication devices (from clinical record, interviews)

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Chapter	Section	Page	Change	
Appendix C	4.	C-19	<input type="checkbox"/>	• Decline in cognitive status (from clinical record) and BIMS decline (C0500, V0100D)
Appendix C	4.	C-19	<input type="checkbox"/>	• Increased dependence in Activities of Daily Living (ADLs) (from clinical record, changes in G0110, G0120)
Appendix C	4.	C-19	<input type="checkbox"/>	• Deterioration in respiratory status (clinical record)
Appendix C	4.	C-19	<input type="checkbox"/>	• Oral motor function problems, such as swallowing, clarity of voice production (B0600, K0100, clinical record)
Appendix C	4.	C-19	✓	Use of communication devices (from clinical record, observation)
Appendix C	4.	C-20	Signature/Title: _____ Date: _____	
Appendix C	5.	C-21	<input type="checkbox"/>	• Delirium (C1300) (from clinical record and Delirium CAA)
Appendix C	5.	C-21	<input type="checkbox"/>	• Acute episode or flare-up of chronic condition (I8000, from clinical record)
Appendix C	5.	C-21	<input type="checkbox"/>	• Mood decline (D0100)(clinical record and Mood State CAA)
Appendix C	5.	C-21	<input type="checkbox"/>	• Recent hospitalization (from clinical record) (A1700, A1800= 3, 4)
Appendix C	5.	C-21	<input type="checkbox"/>	• Fluctuating ADLs (G0110A-J, G0120, G0300A-E, G0900) (from observation, clinical and record)
Appendix C	5.	C-21	<input type="checkbox"/>	• Nutritional problems (K0500) (from clinical record and Nutrition CAA)
Appendix C	5.	C-21	<input type="checkbox"/>	• Communication problems (B0200, B0700, (B0800)) (from clinical record and Communication CAA)
Appendix C	5.	C-21	<input type="checkbox"/>	• Vision problems(B1000) (from observation, interview, clinical record, and Vision CAA)
Appendix C	5.	C-22	✓	Limiting factors resulting in need for assistance with any of the ADLs (from observation, interview, clinical record)
Appendix C	5.	C-22	✓	Problems resident is at risk for because of functional decline (from observation, assessment, clinical record)
Appendix C	5.	C-23	Signature/Title: _____ Date: _____	
Appendix C	6.	C-25	<input type="checkbox"/>	• Constipation/impaction (H0600 H0600, and clinical record)
Appendix C	6.	C-26	<input type="checkbox"/>	— Antihistamines Antihistamines
Appendix C	6.	C-28	Signature/Title: _____	

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Chapter	Section	Page	Change	
			Date: _____	
Appendix C	7.	C-29	✓	Modifiable factors Relationship problems for relationship problems (from resident, family, staff interviews and clinical record)
Appendix C	7.	C-32	Signature/Title: _____ Date: _____	
Appendix C	8.	C-33	<input type="checkbox"/>	• Psychiatric disorder (anxiety, depression, manic depression, schizophrenia, Post Traumatic Stress post-traumatic stress disorder) (I5700 – I6100)
Appendix C	8.	C-33	<input type="checkbox"/>	• Decline in Activities of Daily Living (ADLs) (G0110, and clinical record)
Appendix C	8.	C-33	<input type="checkbox"/>	• Infection (I1700 – I2500, and clinical record)
Appendix C	8.	C-33	<input type="checkbox"/>	• Dehydration (J1550C, and clinical record)
Appendix C	8.	C-33	<input type="checkbox"/>	• Dementia, cognitive decline (I4800, and clinical record)
Appendix C	8.	C-35	Signature/Title: _____ Date: _____	
Appendix C	9.	C-36	<input type="checkbox"/>	• Others in the vicinity or are involved
Appendix C	9.	C-37	<input type="checkbox"/>	• Head injury (I5500, and clinical record)
Appendix C	9.	C-37	<input type="checkbox"/>	• Fever (J1550A, clinical and record)
Appendix C	9.	C-37	<input type="checkbox"/>	• Dehydration (J1550C, clinical and record; also see Dehydration CAA)
Appendix C	9.	C-38	<input type="checkbox"/>	• Major unresolved sources of interpersonal conflict between the resident and family members, other residents, or staff (also see Psychosocial Well-Being CAA)
Appendix C	9.	C-38	<input type="checkbox"/>	• Delirium (C1300), clinical record (Delirium CAT)
Appendix C	9.	C-38	<input type="checkbox"/>	• Recent cognitive loss (from clinical record, interviews with family, etc.)
Appendix C	9.	C-40	Signature/Title: _____ Date: _____	
Appendix C	10.	C-41	✓	Activity preferences prior to admission (from interviews and clinical record)
Appendix C	10.	C-41	✓	Current activity pursuits (from interviews and clinical record)
Appendix C	10.	C-42	<input type="checkbox"/>	• Use of psychoactive medications (N0400A- N0400D)
Appendix C	10.	C-42	<input type="checkbox"/>	• Cognitive deficits (C0500, C0700-C1000), including stamina, ability to express self (B0700), understand

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Chapter	Section	Page	Change	
				others (B0800), make decisions (from C1000)
Appendix C	10.	C-42	<input type="checkbox"/>	<ul style="list-style-type: none"> Unstable acute/chronic health problem (from clinical record) (from O0100), (J0100, J1100, J0700, J1400, J1550, I8000, M1040, M1200)
Appendix C	10.	C-42	<input type="checkbox"/>	<ul style="list-style-type: none"> Embarrassment or unease due to presence of equipment(O0100D, E, F), such as tubes, oxygen tank (O0100C), or colostomy bag (H0100) (from observation, clinical record)
Appendix C	10.	C-42	<input type="checkbox"/>	<ul style="list-style-type: none"> Receives numerous treatments (O0100, O0400) that limit available time/energy (from clinical record)
Appendix C	10.	C-42	<input type="checkbox"/>	<ul style="list-style-type: none"> Performs tasks slowly due to reduced energy reserves (observation, clinical record)
Appendix C	10.	C-42	<input type="checkbox"/>	<ul style="list-style-type: none"> Resident's fragile nature results in feelings of intimidation by staff responsible for the activity (from observation, interviews, clinical record)
Appendix C	10.	C-43	<input checked="" type="checkbox"/>	Unique skills or knowledge the resident has that he or she could pass on to others (from interviews and clinical record)
Appendix C	10.	C-43	<input type="checkbox"/>	<ul style="list-style-type: none"> Resident is new to facility or has been in facility long enough to become bored with status quo (from interview, clinical record)
Appendix C	10.	C-43	<input type="checkbox"/>	<ul style="list-style-type: none"> Indicators of psychosis (E0100A-E0100C)
Appendix C	10.	C-43	<input type="checkbox"/>	<ul style="list-style-type: none"> Feelings of being unwelcome, due to issues such as those already involved in an activity drawing boundaries that are difficult to cross (from observation, interview, clinical record)
Appendix C	10.	C-43	<input type="checkbox"/>	<ul style="list-style-type: none"> Limited opportunities for resident to get to know others through activities such as shared dining, afternoon refreshments, monthly birthday parties, reminiscence groups (from observation, facility activity calendar)
Appendix C	10.	C-43	<input type="checkbox"/>	<ul style="list-style-type: none"> Available activities do not correspond to resident's values, attitudes, expectations (from interview, clinical record) (F0500, F0800)
Appendix C	10.	C-43	<input type="checkbox"/>	<ul style="list-style-type: none"> Long history of unease in joining with others (from interview, clinical record)
Appendix C	10.	C-44	Signature/Title: _____ Date: _____	
Appendix C	11.	C-45	<input checked="" type="checkbox"/>	Physical performance limitations: balance, gait, strength, muscle endurance (G0300A- G0300E)

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Chapter	Section	Page	Change	
Appendix C	11.	C-45	<input type="checkbox"/>	• Impaired balance during transitions (G0300A- G0300E)
Appendix C	11.	C-49	Signature/Title: _____ Date: _____	
Appendix C	12.	C-51	<input type="checkbox"/>	• Missing limb(s) (G0600D)
Appendix C	12.	C-51	<input type="checkbox"/>	• Recent decline in Activities of Daily Living (ADLs) (G0110-G0600)
Appendix C	12.	C-51	<input type="checkbox"/>	• Pacing (E0200)
Appendix C	12.	C-54	Signature/Title: _____ Date: _____	
Appendix C	13.	C-55	<input type="checkbox"/>	— Anxiety (I5700, and clinical record) — Lung aspiration, pneumonia (I2000, and clinical record)
Appendix C	13.	C-56	<input type="checkbox"/>	• Signs of depression ((D0300, D0600, I5800); see Mood State CAA)
Appendix C	13.	C-57	Signature/Title: _____ Date: _____	
Appendix C	14.	C-59	<input type="checkbox"/>	• Behavioral disturbance that interferes with intake (E0200, and from clinical record)
Appendix C	14.	C-59	<input type="checkbox"/>	• New cerebrovascular accident (from clinical record,)(I4500))
Appendix C	14.	C-59	<input type="checkbox"/>	• Unstable acute or chronic condition (from clinical record,)(I8000))
Appendix C	14.	C-59	<input type="checkbox"/>	• Diarrhea (from clinical record)
Appendix C	14.	C-59	<input type="checkbox"/>	• Excessive sweating (from clinical record)
Appendix C	14.	C-59	<input type="checkbox"/>	• Recent surgery (from clinical record,)(I8000))
Appendix C	14.	C-59	<input type="checkbox"/>	• Abdominal pain, with or without diarrhea, nausea, or vomiting (clinical from record), (J1550B)
Appendix C	14.	C-60	<input type="checkbox"/>	• Takes excessive doses of a laxative (from interview, clinical record)
Appendix C	14.	C-61	Signature/Title: _____ Date: _____	
Appendix C	15.	C-64	Signature/Title: _____ Date: _____	
Appendix C	16.	C-67	<input type="checkbox"/>	• Recent decline in a Activities of d Daily Living (ADLs) (G0110-G0600)
Appendix C	16.	C-67		• Renal dialysis (A00100J)

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Chapter	Section	Page	Change	
Appendix C	16.	C-67		<ul style="list-style-type: none"> • Devices that can cause pressure, such as oxygen (A00100C) or indwelling catheter (H0100A) tubing, TED hose, casts, or splints
Appendix C	16.	C-68	Signature/Title: _____ Date: _____	
Appendix C	17.	C-69	✓	Unnecessary drug evaluation (from clinical record)
Appendix C	17.	C-69	<input type="checkbox"/>	<ul style="list-style-type: none"> • Environmental stressors such as excessive heat, noise, overcrowding, etc. (from observation, clinical record)
Appendix C	17.	C-69	<input type="checkbox"/>	<ul style="list-style-type: none"> • Psychosocial stressors such as abuse, taunting, not following resident's customary routine, etc. (from observation, clinical record) (F0300 – F0800)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Worsening of depression and/or suicidal behavior or thinking (D0350, D0650, V0100E, V0100F, clinical and from record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Delirium unrelated to medical illness or severe depression (C1600, clinical and from record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Dizziness (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Nausea (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Diarrhea (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Anxiety (I5700, clinical and from record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Nervousness, fidgety or restless (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Insomnia (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Somnolence (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Weight gain (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Anorexia or increased appetite (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Increased risk for falls (from clinical record), falls (J1700-J1900)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Anticholinergic (tricyclics), such as constipation, dry mouth, blurred vision, urinary retention, etc. (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Postural hypotension (tricyclics) (I0800, clinical from record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Anticholinergic effects, such as constipation, dry mouth, blurred vision, urinary retention, etc. (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	<ul style="list-style-type: none"> • Increase in total cholesterol and triglycerides (from clinical record)

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Chapter	Section	Page	Change	
Appendix C	17.	C-70	<input type="checkbox"/>	• Akathisia (inability to sit still) (from clinical record)
Appendix C	17.	C-70	<input type="checkbox"/>	• Parkinsonism (any combination of tremors, postural unsteadiness, muscle rigidity, pill-rolling of hands, shuffling gait, etc.) (from clinical record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Neuroleptic malignant syndrome (high fever with severe muscular rigidity) (from clinical record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Blood sugar elevation (from clinical record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Orthostatic hypotension (I0800, from clinical record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Cerebrovascular accident or transient ischemic attack (I4500)
Appendix C	17.	C-71	<input type="checkbox"/>	• Tardive dyskinesia (persistent involuntary movements such as tongue thrusting, lip movements, chewing or puckering movements, abnormal limb movements, rocking or writhing trunk movements) (from clinical record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Lethargy (D0200D, clinical and from record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Excessive sedation (from clinical record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Delirium unrelated to medical illness or severe depression (C1600, clinical and from record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Sedation manifested by short-term memory loss (C0500, C0700), decline in cognitive abilities, slurred speech (B0600), drowsiness, little/no activity involvement (from clinical record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Delirium unrelated to medical illness or severe depression (C1600, clinical and from record)
Appendix C	17.	C-71	<input type="checkbox"/>	• Disturbances of balance, gait, positioning ability (G0300, G0110C, G0110D, G0110A, and from clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• May increase the metabolism of many medications (for example, anticonvulsants, antipsychotics), which may lead to decreased effectiveness and subsequent worsening of symptoms or decreased control of underlying illness (from clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Hypotension (I0800, clinical from record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Dizziness, lightheadedness (from clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• “Hangover” effect (from interview, and clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Drowsiness (from observation, and clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Confusion, delirium unrelated to acute illness or severe depression (C1600, and from clinical record)

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Chapter	Section	Page	Change	
Appendix C	17.	C-72	<input type="checkbox"/>	• Unusual excitement (from clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Nervousness (from clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Headache (interview, clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Insomnia (from clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Nightmares (from interview, clinical and record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Lack of exercise (from observation, clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Constipation/fecal impaction (H0600, clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Urinary retention (from clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Dry mouth (from interview, clinical, record)
Appendix C	17.	C-72	✓	Overall status change for relationship to psychotropic drug use (from clinical record)
Appendix C	17.	C-72	<input type="checkbox"/>	• Decline in A activities of daily Daily living Living (ADLs) (G0110)
Appendix C	17.	C-73	Signature/Title: _____ Date: _____	
Appendix C	18.	C-74	<input type="checkbox"/>	• Tracheostomy (O0100E, clinical and from record)
Appendix C	18.	C-74	<input type="checkbox"/>	• Functional decline, decreased mobility (clinical from record)
Appendix C	18.	C-74	<input type="checkbox"/>	• Other medical problem or equipment associated with restraint use (clinical from record)
Appendix C	18.	C-75	<input type="checkbox"/>	• Psychosis (E0100A-, E0100B)
Appendix C	18.	C-75	<input type="checkbox"/>	• Delirium (C1600), including side effects of medications (from clinical record)
Appendix C	18.	C-75	✓	Risk for falls (also see Falls CAA) that may lead to restraint use (also see Falls CAA)
Appendix C	18.	C-75	<input type="checkbox"/>	• Poor safety awareness, impulsivity (from clinical record)
Appendix C	18.	C-75	<input type="checkbox"/>	• Urinary urgency (from clinical record)
Appendix C	18.	C-75	<input type="checkbox"/>	• Side effect of medication, such as dizziness, postural/orthostatic hypotension (I0800), sedation, etc. (from clinical record)
Appendix C	18.	C-75	<input type="checkbox"/>	• Postural/orthostatic hypotension (I0800, from clinical record)
Appendix C	18.	C-75	<input type="checkbox"/>	• Respiratory problems (J1100, I6200, I6300, clinical and from record)
Appendix C	18.	C-75	<input type="checkbox"/>	• Incontinence or increased incontinence (H0300, H0400,

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Chapter	Section	Page	Change	
			<input type="checkbox"/>	clinical record)
Appendix C	18.	C-76	<input type="checkbox"/>	<ul style="list-style-type: none"> Increased agitation behavior (E0200, clinical record) – describe the specific verbal or motor activity- e.g. screaming, babbling, cursing, repetitive questions, pacing, kicking, scratching, etc.
Appendix C	18.	C-76	<input type="checkbox"/>	<ul style="list-style-type: none"> Depression, withdrawal, diminished dignity, social isolation (I5800, I5900, and from clinical record)
Appendix C	18.	C-76	<input type="checkbox"/>	<ul style="list-style-type: none"> Loss of muscle mass, contractures, lessened mobility (G0110, G0300, G0400) and stamina (from clinical record)
Appendix C	18.	C-76	<input type="checkbox"/>	<ul style="list-style-type: none"> Frequent attempts to get out of the restraints (P0100), falls (J1700 – J1900, clinical and from record)
Appendix C	18.	C-77	Signature/Title: _____ Date: _____	
Appendix C	19.	C-78	<input type="checkbox"/>	<ul style="list-style-type: none"> Neurological (I4200 – I5500) <ul style="list-style-type: none"> — Head trauma (from clinical record) — Headache — Neuropathy — Post-stroke syndrome
Appendix C	19.	C-78	<input type="checkbox"/>	<ul style="list-style-type: none"> Gastrointestinal <ul style="list-style-type: none"> — Gastroesophageal Reflux Disease/Ulcer (I1200) — Ulcerative Colitis/Crohn’s Disease/Inflammatory Bowel Disease (I1300) — Constipation (H0600, and from clinical record, resident interview)
Appendix C	19.	C-79	<input type="checkbox"/>	<ul style="list-style-type: none"> Decreases appetite (from clinical record)
Appendix C	19.	C-79	<input type="checkbox"/>	<ul style="list-style-type: none"> Adversely affects mood (D0200, D0500, and from clinical record)
Appendix C	19.	C-79	<input type="checkbox"/>	<ul style="list-style-type: none"> Limits independence with at least some Activities of Daily Living (ADLs) (G0110)
Appendix C	19.	C-81	Signature/Title: _____ Date: _____	
Appendix C	20.	C-83	Signature/Title: _____ Date: _____	