**Section K Education**

**Review section K:** [**https://downloads.cms.gov/files/MDS-30-RAI-Manual-v115-October-2017.pdf**](https://downloads.cms.gov/files/MDS-30-RAI-Manual-v115-October-2017.pdf) **, and respond to the questions below on the Answer form.**

**Or watch the MDS Section K training video:** [**https://www.youtube.com/watch?v=wyU7OEpONMc**](https://www.youtube.com/watch?v=wyU7OEpONMc)**.**

1. **If patient has a bilateral lower extremity amputations, how should respond to height measure?**
2. Record patient’s height currently
3. Record patient’s height prior to amputations
4. **Which weight should be entered for each of these weights?**

|  |  |
| --- | --- |
| A. 137.3#* + 1. 135
		2. 137
		3. 136
		4. 100
		5. 130
 | B. 214.6#A. 214B. 200C. 215D. 250E. 213 |

1. **Ms. Feldman is due to a quarterly assessment. Dx: CHF. She receives a NAS diet, and consumes >75% at every meal. October 25th, she began receiving Lasix 20mg BID. Previously her weights have been:**

August 182#

September 190#

October 184#

November 175.9#

December 167.8#

**How would you code her weight in K0300?**

1. 0. No or unknown
2. 1. Yes, on a physician prescribed weight-loss regimen
3. 2. Yes, not on a physician prescribed weight-loss regimen
4. **A patient is receiving IV fluids d/t to recent UTI and inadequate fluid intakes. Should I code the IV fluids on the section K0510A?**
	1. Yes
	2. No
5. **A patient is receiving IV antibiotics daily. Should I code the IV fluids on the section K0510A?**
	1. Yes
	2. No
6. **Ms. Jenkins receives 100% of her nutritional needs via her g-tube. She has COPD and is NPO. She receives Pulmocare 55mL continuous. Which Nutritional Approach item(s) would you code?**
7. Parenteral/IV Feeding
8. Feeding Tube
9. Mechanically altered diet
10. Therapeutic diet

Z. None of the above

1. **Mr. Smith admits on 10/16/17 after a twenty day stay from another LTC facility, following a seven day hospital stay. He received speech therapy treatment his first week at the other facility, then was discharged from tx. The SLP notes indicate he was pocketing his mechanical soft diet. In his records, his cardiologist appointment 3/2/17 notes wt of 180.9#. Wt: 10/17/17 198.6# Ht: 69.5” Hospital weight: 208#. He receives a Regular diet. Prefers his medications crushed in pudding, per nursing staff. You are completing his 5 day assessment. Which items would you trigger on the MDS?**
	1. Swallowing disorders
		* 1. Loss of liquids/solids from mouth when eating or drinking
			2. Holding food in mouth/cheeks or residual food in mouth after meals
			3. Coughing or choking during meals or when swallowing medications
			4. None of the above
	2. Height:
	3. Weight:
	4. Weight Loss of 5% or more in the last month or loss of 10% or more in the past 6 months.
		1. No or unknown
		2. Yes, on a physician prescribed weight loss regimen
		3. Yes, not on a physician prescribed weight loss regimen
	5. Weight Gain
		1. No or unknown

1. Yes, on a physician prescribed weight loss regimen

2. Yes, not on a physician prescribed weight loss regimen

* 1. Nutritional Approaches
		+ 1. Parenteral/IV Feeding
			2. Feeding Tube-nasogastric or abdominal (PEG)
			3. Mechanically altered diet-require change in texture of food or liquids
			4. Therapeutic diet
			5. None of the above
1. **Ms. Winter is unable to orally consume adequate nutrition. She has a G-tube for supplementation nutrition. She also receives a Regular diet (2200kcal). Her feeding is Jevity 1.2 at 65mL per hour for 12 hours per day. Flush 240mL every shift (TID).**
	1. What proportion of total calories was received through parenteral or tube feeding?
	2. Average fluid intake per day by IV or tube feeding?

Her past 7 day intakes are:

|  |  |  |
| --- | --- | --- |
|  | Food | Fluid |
|  | 0-25% | 26-50% | 51-75% | 76-100% |  |
| Day 1 | Breakfast |  | x |  |  | 240 |
| Lunch | x |  |  |  | 240 |
| Dinner |  |  | x |  | 360 |
| Additional fluids |  |  |  |  | 960 |
| Day 2 | Breakfast | x |  |  |  | 120 |
| Lunch |  |  | x |  | 240 |
| Dinner |  | x |  |  | 360 |
| Additional fluids |  |  |  |  | 720 |
| Day 3 | Breakfast |  |  | x |  | 240 |
| Lunch | x |  |  |  | 240 |
| Dinner | x |  |  |  | 360 |
| Additional fluids |  |  |  |  | 960 |
| Day 4 | Breakfast | x |  |  |  | 120 |
| Lunch |  | x |  |  | 240 |
| Dinner | x |  |  |  | 360 |
| Additional fluids |  |  |  |  | 720 |
| Day 5 | Breakfast |  | x |  |  | 240 |
| Lunch | x |  |  |  | 240 |
| Dinner |  | x |  |  | 360 |
| Additional fluids |  |  |  |  | 960 |
| Day 6 | Breakfast | x |  |  |  | 120 |
| Lunch |  | x |  |  | 240 |
| Dinner | x |  |  |  | 360 |
| Additional fluids |  |  |  |  | 720 |
| Day 7 | Breakfast |  |  | x |  | 240 |
| Lunch | x |  |  |  | 240 |
| Dinner | x |  |  |  | 360 |
| Additional fluids |  |  |  |  | 960 |

**NAME:**

**Answers:**

* + 1.

2A.

2B.

3.

4.

5.

6.

7A.

7B.

7C.

7D.

7E.

7F.

8A.

8B.