

## MDS Alert

### Coding Quizzer: Try Your Hand at Coding These 2 RAI Manual Examples at C1300 (Signs and symptoms of delirium based on the CAM ©).

How would you code C1300A (inattention) for the example below?

**Example No. 1:** "During the BIMS interview, the resident was not able to focus on all questions asked and his gaze wandered. However, several notes in the resident's medical record indicate that the resident was attentive when staff communicated with him," states the RAI manual.

How would you code C1300B (disorganized thinking) for the example below?

**Example No. 2:** "The resident was able to tell the interviewer her name, the year and where she was. She was able to talk about the activity she just attended and the residents and staff that also attended," states the RAI manual. "Then the resident suddenly asked the interviewer, "Who are you? What are you doing in my daughter's home?"

See the coding options (0, 1, or 2) in the MDS3.0 Delirium section below. (See the answers to the questions on the last page of this issue.)

Answers:

**Example No. 1:** "Item C1300A would be **coded 2, behavior present, fluctuates. Rationale:** Evidence of inattention was found during the BIMS but was noted to be absent in the medical record," states the RAI manual. "This disagreement shows possible fluctuation in the behavior. If any information source reports the symptom as present, C1300A **cannot be coded as 0, Behavior not present.**"

**Example No. 2:** "C1300B would be **coded 2, behavior present, fluctuates. Rationale:** The resident's thinking fluctuated between coherent and incoherent at least once. If as few as one source notes fluctuation, then the behavior should be **coded 2,**" states the RAI manual.

