

## MDS Alert

### MDS 3.0: Know the MDS 3.0 Coding Ropes for Bowel Problems

The rules are definitely different from the MDS 2.0.

True or false? The MDS 3.0 form doesn't include diarrhea. The answer is true. While you code constipation on the MDS 3.0, there's no place to code diarrhea, and the RAI User's Manual doesn't define it.

Yet "just because something isn't on the MDS doesn't mean" that you don't assess it, advises **Rena Shephard, MHA, RN, RAC-MT**, founding chair and executive editor for the American Association of Nurse Assessment Coordinators, and president and CEO of RRS Healthcare Consulting Services in San Diego. And even though it isn't captured on the MDS 3.0, diarrhea is a condition that you should consider in doing a number of the Care Area Assessment reviews in Appendix C, Shephard points out. For example, diarrhea might cause delirium, if the diarrhea led to an electrolyte imbalance or dehydration, she adds. Fecal impaction isn't on the MDS 3.0 either. The manual, does, however, define fecal impaction, says **Marilyn Mines, RN, RACCT, BC**, manager of clinical services for FR&R Healthcare Consulting in Deefield, Ill. The manual (Chapter 3, Section H) defines fecal impaction as:

"A large mass of dry, hard stool that can develop in the rectum due to chronic constipation. This mass may be so hard that the resident is unable to move it from the rectum. Watery stool from higher in the bowel or irritation from the impaction may move around the mass and leak out, causing soiling, often a sign of a fecal impaction." "If a resident has fecal impaction, [then] by definition, constipation is present, as well," says Mines. So you should code constipation on the MDS 3.0, she adds.