

## MDS Alert

### Quizzer (Answer page 23): Cut Through the Confusion for Assessing, Coding Delirium

How would you code this resident's behavior at B5 (Indicators of Delirium -- Periodic Disordered Thinking/Awareness)?

Mrs. K is a 92-year-old widow of 30 years who has severe functional dependency secondary to heart disease.

Her primary nurse assistant has reported during the last two days that Mrs. K has "not been herself." She has been napping more frequently and for longer periods during the day. She is difficult to arouse and has mumbling speech upon awakening.

She also has difficulty paying attention to what she is doing. For example, at meals instead of eating as she usually does, she picks at her food as if she doesn't know what to do with a fork, then stops and closes her eyes after a few minutes. Alternatively, Mrs. K has been waking up at night believing it to be daytime. She has been calling out to staff demanding to be taken to see her husband (although he is deceased).

Finally, on three occasions Mrs. K was observed attempting to climb out of bed over the foot of the bed.

Examples of behaviors to be assessed and coded at B5 include the following:

- a. Easily Distracted.
- b. Periods of Altered Perception or Awareness of Surroundings
- c. Episodes of Disorganized Speech
- d. Periods of Restlessness.
- e. Periods of Lethargy
- f. Mental Function Varies Over the Course of the Day

Coding: Code for the resident's behavior in the last seven days regardless of what you believe the cause to be, focusing on when the manifested behavior first occurred.

0. Behavior not present
1. Behavior present, not of recent onset
2. Behavior present over last seven days appears different from resident's usual functioning (e.g., new onset or worsening)

Source: RAI User's Manual, chapter 3