

## MDS Alert

### Reader Questions: Differentiate Lethargy, Stupor

**Question:** I don't understand the difference between lethargy and stupor when assessing and then coding delirium in MDS Section C. How do I know which term to choose?

Delaware Subscriber

**Answer:** The RAI Manual explains that the difference of lethargy and stupor is one of degrees, when considering which term best describes a resident for the MDS. Make sure you are familiar with the specifics of the following definitions, all of which you need to know to complete item C1310 (Signs and Symptoms of Delirium) accurately.

**Comatose:** Cannot be aroused despite shaking and shouting.

**Delirium:** A mental disturbance characterized by new or acutely worsening confusion, disordered expression of thoughts, change in level of consciousness or hallucinations.



**Disorganized thinking:** Evidenced by rambling, irrelevant, or incoherent speech.

**Fluctuation:** The behavior tends to come and go and/or increase or decrease in severity. The behavior may fluctuate over the course of the interview or during the 7-day look-back period. Fluctuating behavior may be noted by the interviewer, reported by staff or family or documented in the medical record.

**Inattention:** Reduced ability to maintain attention to external stimuli and to appropriately shift attention to new external stimuli. Resident seems unaware or out of touch with environment (e.g., dazed, fixated or darting attention).

**Lethargic:** Repeatedly dozes off when you are asking questions but responds to voice or touch.

**Stupor:** Very difficult to arouse and keep aroused for the interview.

**Vigilant:** Startles easily to any sound or touch.

You can find more information on pages C-28 through C-32 of the RAI Manual.