Attachment C: Medical Record Data Abstraction Form

(for use by researchers to enter data abstracted from the paper COF)

SAUL Study PDC - Form Screenshots

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Suspected Lower Respiratory Infection Form

May 11, 2010 Adrian Lazau Logout

TMF Contact Relation Management System (CRMS)

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PDC » SAUL Study PDCs

Add/Edit PDC

North Austin Clinics(TX1) -•- 1 Oakland Drive Austin, TX 78753 -•- 5125555555

Save Draft | Save and Add New | Save and Close | Cancel

PDC Date:

PDC Type: Suspected Lower Respiratory Infection Criteria **QIC:** Adrian Lazau

Notes: *Provide notes for this PDC record (if needed)*

Patient Identifier

SECTION A: INFORMATION ON INFECTION

(Check all that apply/Leave blank where there is no information in record)

1. INFECTIONS AND FEVERS: LOEB CRITERIA FOR ANTIBIOTIC USE

Date of Infection

Suspected Lower Respiratory Infection

Fever over 102 degrees F or greater - Select a value -

Resp. rate > 25 breaths/min. - Select a value -

Productive cough - Select a value -

Fever 100 F - 102 degrees F - Select a value -

And Cough - Select a value -

AND AT LEAST ONE of the following

Pulse > 100	- Select a value -
Delirium	- Select a value -
Rigors (shaking chills)	- Select a value -
Resp. rate > 25 breaths/min	- Select a value -

No fever with COPD AND	- Select a value -
New or increased cough with purulent sputum production	- Select a value -

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No fever AND No COPD AND	- Select a value -
New or increased cough with purulent sputum production	- Select a value -

AND AT LEAST ONE of the following

Resp. rate > 25 breaths/min.	- Select a value -
Delirium	- Select a value -

ADDITIONAL INFORMATION

Labwork ordered	- Select a value -
Date of order	
X-ray performed	- Select a value -
Date of X-ray	
Chest X-Ray (CXR)	- Select a value -
Result Findings	- Select a value -
Antibiotic prescribed	- Select a value - - Select a value - 0. No 1. Yes 2. N/A

2. ANTIBIOTIC USE

2. ANTIBIOTIC USE

Antibiotic use	0. No 1. Yes
Medication	
Dose	
Duration	

- Form continues to Page 11 -

Fever of Unknown Origin Form

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Save Draft | Save and Add New | Save and Close | Cancel

PDC Date:

PDC Type: Fever of Unknown Origin Criteria **QIC:** Adrian Lazau

Notes: *Provide notes for this PDC record (if needed)*

Patient Identifier

SECTION A: INFORMATION ON INFECTION

(Check all that apply/Leave blank where there is no information in record)

1. INFECTIONS AND FEVERS: LOEB CRITERIA FOR ANTIBIOTIC USE

Date of Infection

Fever of Unknown Origin

Fever over 100 F or increase in 2.4 F above baseline ☐ Fever over 100 F or increase in 2.4 F above baseline

AND AT LEAST ONE of the following

New onset of delirium - Select a value -

New onset of rigors - Select a value -

ADDITIONAL INFORMATION

Labwork ordered	- Select a value -
Date of order	
Antibiotic prescribed	- Select a value -
X-ray performed	- Select a value -
Date of X-ray	
Result Findings	- Select a value -

2. ANTIBIOTIC USE

Antibiotic use	○ 0. No ○ 1. Yes
Medication	
Dose	
Duration	

- Form continues to Page 11 -

Skin and Soft Tissue Infection Form

May 11, 2010 | Adrian Lazau | Logout

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Save Draft | Save and Add New | Save and Close | Cancel

PDC Date:

PDC Type: Skin and Soft Tissue Infection Criteria **QIC:** Adrian Lazau

Notes: *Provide notes for this PDC record (if needed)*

Patient Identifier

SECTION A: INFORMATION ON INFECTION

(Check all that apply/Leave blank where there is no information in record)

1. INFECTIONS AND FEVERS: LOEB CRITERIA FOR ANTIBIOTIC USE

Date of Infection

Skin or Soft Tissue Infection

Site

Number of sites

New or increasing purulent discharge at site - Select a value -

OR at least TWO of the following

Fever over 100 degrees F or increase of 2.4 degrees F above baseline temp.	- Select a value -
Redness	- Select a value -
Tenderness	- Select a value -
Warmth	- Select a value -
Swelling (new/increase at site)	- Select a value -

ADDITIONAL INFORMATION

Labwork ordered	- Select a value -
Date of order	
Antibiotic prescribed	- Select a value -

2. ANTIBIOTIC USE

Antibiotic use	0. No 1. Yes
Medication	
Dose	
Duration	

- Form continues to Page 11 -

Suspected Urinary Tract Infection Form

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PDC » SAUL Study PDCs

Add/Edit PDC

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Save Draft | Save and Add New | Save and Close | Cancel

PDC Date:

PDC Type: Suspected Urinary Tract Infection Criteria **QIC:** Adrian Lazau

Notes: *Provide notes for this PDC record (if needed)*

Patient Identifier

SECTION A: INFORMATION ON INFECTION

(Check all that apply/Leave blank where there is no information in record)

1. INFECTIONS AND FEVERS: LOEB CRITERIA FOR ANTIBIOTIC USE

Date of Infection

Suspected Urinary Tract Infection

Chronic indwelling catheter	- Select a value -

AND AT LEAST ONE of the following

Fever over 100 degrees F or increase of 2.4 degrees F above baseline	- Select a value -
New costovertebral tenderness	- Select a value -
rigors (shaking chills) with or without identified cause	- Select a value -
new onset of delirium	- Select a value -

No chronic indwelling catheter AND ONE of the following	- Select a value -
Acute dysuria OR	- Select a value -
Fever over 100 degrees F or increase in 2.4 degrees F above baseline temp.	- Select a value -

AND AT LEAST ONE of the following

Urgency	- Select a value -
frequency	- Select a value -
suprapubic pain	- Select a value -
gross hematuria	- Select a value -
costovertebral angle tenderness	- Select a value -
urinary incontinence	- Select a value -

ADDITIONAL INFORMATION

Labwork ordered	- Select a value -
Date of order	
Antibiotic prescribed	- Select a value -
Urinalysis (UA)	- Select a value -
Culture and Sensitivity (C/S)	- Select a value -
Complete Blood Count (CBC)	- Select a value -

- Select a value -
Yes
No
N/A

2. ANTIBIOTIC USE

Antibiotic use	0. No 1. Yes
Medication	
Dose	
Duration	

- Form continues to Page 11 -

(Everything below appears as a continuation to every infection section from above)

- Form Continued -

BASIC ASSESSMENT TRACKING FORM

SECTION AA. IDENTIFICATION INFORMATION

2. GENDER — ○ 1. Male ○ 2. Female

3. BIRTHDATE — [ ]

4. RACE/ETHNICITY — - Select a value -

8. REASON FOR ASSESSMENT

a. Primary reason for assessment — - Select a value -

b. Codes for assessments required for Medicare PPS or the State — - Select a value -

SECTION AB. DEMOGRAPHIC INFORMATION

1. DATE OF ENTRY — [ ]

2. ADMITTED FROM (AT ENTRY) — [ ]

3. LIVED ALONE (PRIOR TO ENTRY) — [ ]

4. ZIP CODE OF PRIOR PRIMARY RESIDENCE — [ ]

5. RESIDENTIAL HISTORY 5 YEARS PRIOR TO ENTRY

- ☐ a. Prior stay at the nursing home
- ☐ b. Stay in other nursing home
- ☐ c. Other residential facility - board and care home, assisted living, group home
- ☐ d. MH/psychiatric setting
- ☐ e. MR/DD setting
- ☐ f. NONE OF THE ABOVE

6. LIFETIME OCCUPATION(S) — [ ]

7. EDUCATION (Highest Level Completed) — - Select a value -

8. LANGUAGE — - Select a value -

LANGUAGE (If other, specify) — [ ]

9. MENTAL HEALTH HISTORY — ○ 0. No ○ 1. Yes

10. CONDITIONS RELATED TO MR/DD STATUS

- ☐ a. Not applicable - no MR/DD (Skip to AB11)
- ☐ b. Down's syndrome - MR/DD with organic condition
- ☐ c. Autism - MR/DD with organic condition
- ☐ d. Epilepsy - MR/DD with organic condition
- ☐ e. Other organic condition related to MR/DD - MR/DD with organic condition
- ☐ f. MR/DD with no organic condition

11. DATE BACKGROUND INFORMATION COMPLETED — [ ]

SECTION AC. CUSTOMARY ROUTINE

- **This section is not needed.**

SECTION AD. FACE SHEET SIGNATURES

- **This section is not needed.**

SECTION B. COGNITIVE PATTERNS

- **This section is not needed.**

SECTION C. COMMUNICATION/HEARING PATTERNS

- **This section is not needed.**

SECTION D. VISION PATTERNS

- **This section is not needed.**

SECTION E. MOOD AND BEHAVIORAL PATTERNS

- **This section is not needed.**

SECTION F. PSYCHOLOGICAL WELL-BEING

- **This section is not needed.**

SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

- **This section is not needed.**

SECTION H. CONTINENCE IN LAST 14 DAYS

- **This section is not needed.**

SECTION I. DISEASE DIAGNOSES

1. DISEASES

ENDOCRINE/METABOLIC/NUTRITIONAL

- ☐ a. Diabetes melitus
- ☐ b. Hyperthyroidism
- ☐ c. Hypothyroidism

HEART/CIRCULATION

- ☐ d. Arteriosclerotic heart disease (ASHD)
- ☐ e. Cardiac dysrhythmia
- ☐ f. Congestive heart failure
- ☐ g. Deep vein thrombosis
- ☐ h. Hypertension
- ☐ i. Hypotension
- ☐ j. Peripheral vascular disease
- ☐ k. Other cardiovascular disease

MUSCULOSKELETAL

- ☐ l. Arthritis
- ☐ m. Hip fracture
- ☐ n. Missing limb
- ☐ o. Osteoporosis
- ☐ p. Pathological bone fracture

NEUROLOGICAL

- ☐ q. Alzheimer's disease
- ☐ r. Aphasia
- ☐ s. Celebral palsy
- ☐ t. Cerebrovascular accident (stroke)
- ☐ u. Dementia other than Alzheimer's disease
- ☐ v. Hemiplegia/Hemiparesis
- ☐ w. Multiple sclerosis
- ☐ x. Paraplegia
- ☐ y. Parkinson's disease
- ☐ z. Quadriplegia
- ☐ aa. Seizure disorder
- ☐ bb. Transient ischenic attack (TIA)
- ☐ cc. Traumatic brain injury

PSYCHIATRIC/MOOD

- ☐ dd. Anxiety disorder
- ☐ ee. Depression
- ☐ ff. Manic depression
- ☐ gg. Schizophrenia

PULMONARY

- ☐ hh. Asthma
- ☐ ii. Emphysema/COPD

SENSORY

- ☐ jj. Cataracts
- ☐ kk. Diabetic retinopathy
- ☐ ll. Glaucoma
- ☐ mm. Macular degeneration

OTHER

- ☐ nn. Allergies
- ☐ oo. Anemia
- ☐ pp. Cancer
- ☐ qq. Renal failure
- ☐ rr. NONE OF ABOVE

2. INFECTIONS

INFECTIONS

- ☐ a. Antibiotic resistant infection
- ☐ b. Clostridium difficile
- ☐ c. Conjunctivitis
- ☐ d. HIV infection
- ☐ e. Pneumonia
- ☐ f. Respiratory infection
- ☐ g. Septicemia
- ☐ h. Sexually transmitted diseases
- ☐ i. Tuberculosis
- ☐ j. Urinary tract infection in last 30 days
- ☐ k. Viral hepatitis
- ☐ l. Wound infection
- ☐ m. NONE OF ABOVE

3. OTHER CURRENT OR MORE DETAILED DIAGNOSES AND ICD-9 CODES

a ______________________

Value for a ________

b ______________________

Value for b ________

c ______________________

Value for c ________

d ______________________

Value for d ________

e ______________________

Value for e ________

SECTION J. HEALTH CONDITIONS PROBLEM CONDITIONS

1. PROBLEM CONDITIONS
(Check all problems present in last 7 days unless other time frame is indicated)

INDICATORS OF FLUID STATUS

- ☐ a. Weight gain or loss of 3 or more pounds within a 7 day period
- ☐ b. Inability to lie flat due to shortness of breath
- ☐ c. Dehydrated; output exceeds input
- ☐ d. Insufficient fluid; did NOT consume all/almost all liquids provided during last 3 days

OTHER

- ☐ e. Delusions
- ☐ f. Dizziness/Vertigo
- ☐ g. Edema
- ☐ h. Fever
- ☐ i. Hallucinations
- ☐ j. Internal bleeding
- ☐ k. Recurrent lung aspirations in last 90 days
- ☐ l. Shortness of breath
- ☐ m. Syncope (fainting)
- ☐ n. Unsteady gait
- ☐ o. Vomiting
- ☐ p. NONE OF ABOVE

2. PAIN SYMPTOMS

a. FREQUENCY with which residents complains or shows evidence of pain - Select a value -

b. INSTENSITY of pain - Select a value -

3. PAIN SITE

- ☐ a. Back pain
- ☐ b. Bone pain
- ☐ c. Chest pain while doing usual activities
- ☐ d. Headache
- ☐ e. Hip pain
- ☐ f. Incisional pain
- ☐ g. Joint pain (other than hip)
- ☐ h. Soft tissue pain (e.g., lesion, muscle)
- ☐ i. Stomach pain
- ☐ j. Other

4. ACCIDENTS

- ☐ a. Fell in past 30 days
- ☐ b. Fell in past 31 - 180 days
- ☐ c. Hip fracture in last 180 days
- ☐ d. Other fracture in last 180 days
- ☐ e. NONE OF ABOVE

5. STABILITY OF CONDITIONS

- ☐ a. Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable - (fluctuating, precarious, or deteriorating)
- ☐ b. Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem
- ☐ c. End-stage disease, 6 or fewer months to live
- ☐ d. NONE OF ABOVE

SECTION K. ORAL/NUTRITIONAL STATUS

- This section is not needed.

SECTION L. ORAL/DENTAL STATUS

- This section is not needed.

SECTION M. SKIN CONDITION

- This section is not needed.

SECTION N. ACTIVITY PURSUIT PATTERNS

- This section is not needed.

MDS QUARTERLY ASSESSMENT FORM

A3. ASSESSMENT REFERENCE DATE

a. Last day of MDS observation period

b. Original (0) or corrected copy of form (enter number of correction)

A4. DATE OF REENTRY

B1. COMATOSE — 0. No / 1. Yes

B2. MEMORY

a. Short-term memory OK - seems/appears to recall after 5 minutes — 0. Memory OK / 1. Memory problem

b. Long-term memory OK - seems/appears to recall long past — 0. Memory OK / 1. Memory problem

B4. COGNITIVE SKILLS FOR DAILY DECISION-MAKING

(Made decisions regarding tasks of daily life) — - Select a value -

B5. INDICATORS OF DELIRIUM - PERIODIC DISORDERED THINKING/AWARENESS

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

C4. MAKING SELF UNDERSTOOD

(Expressing information content - however able) - Select a value -

C6. ABILITY TO UNDERSTAND OTHERS

(Understanding verbal information content - however able) - Select a value -

E1. INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD

VERBAL EXPRESSIONS OF DISTRESS

a. Resident made negative statement ☐

b. Repetitive questions ☐

c. Repetitive verbalizations ☐

d. Persistent anger with self or others ☐

e. Self deprecating ☐

f. Expressions of what appear to be unrealistic fears ☐

g. Recurrent statements that something terrible is about to happen ☐

h. Repetitive health complaints ☐

i. Repetitive anxious complaints/concerns (non-health related) ☐

SLEEP-CYCLE ISSUES

j. Unpleasant mood in morning ☐

k. Insomnia/change in usual sleep pattern ☐

SAD, APATHETIC, ANXIOUS APPEARANCE

l. Sad, painted, worried facial expressions ☐

m. Crying, tearfulness ☐

n. Repetitive physical movements ☐

LOSS OF INTEREST

o. Withdrawl from activities of interest ☐

p. Reduced social interaction ☐

E2. MOOD PERSISTANCE [- Select a value -]

E4. BEHAVIORAL SYMPTOMS

a. WANDERING - (A) ☐

a. WANDERING - (B) ☐

b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS - (A) ☐

b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS - (B) ☐

c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS - (A) ☐

c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS - (B) ☐

d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS - (A) ☐

d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS - (B) ☐

e. RESISTS CARE - (A) ☐

e. RESISTS CARE - (B) ☐

G1. (A) ADL SELF-PERFORMANCE

a. BED MOBILITY ☐

b. TRANSFER ☐

c. WALK IN ROOM ☐

d. WALK IN CORRIDOR ☐

e. LOCOMOTION ON UNIT ☐

f. LOCOMOTION OFF UNIT ☐

g. DRESSING ☐

h. EATING ☐

i. TOILET USE ☐

j. PERSONAL HYGIENE ☐

G2. BATHING ☐

G4. FUNCTIONAL LIMITATION IN RANGE OF MOTION

a. Neck - (A) ☐

a. Neck - (B) ☐

b. Arm - (A) ☐

b. Arm - (B) ☐

c. Hand - (A) ☐

c. Hand - (B) ☐

d. Leg - (A) ☐

d. Leg - (B) ☐

e. Foot - (A) ☐

e. Foot - (B) ☐

f. Other limitation or loss - (A) ☐

f. Other limitation or loss - (B) ☐

G6. MODES OF TRANSFER

☐ a. Bedfast all or most of time

☐ f. NONE OF ABOVE

☐ b. Bed rails used for bed mobility or transfer

H1. CONTINENCE SELF-CONTROL CATEGORIES

a. BOWEL CONTINENCE ☐

b. BLADDER CONTINENCE ☐

H2. BOWEL ELIMINATION PATTERN

○ d. Fecal Impaction ○ e. NONE OF ABOVE

H3. APPLIANCES AND PROGRAMS

☐ a. Any schedule toileting plan ☐ d. Indwelling catheter
☐ b. Bladder retraining program ☐ i. Ostomy present
☐ c. External (condom) catheter ☐ j. NONE OF ABOVE

I2. INFECTIONS

☐ j. Urinary tract infection in last 30 days ☐ m. NONE OF ABOVE

I3. OTHER CURRENT DIAGNOSES AND ICD-9 CODES

(a.)

Value for (a.)

(b.)

Value for (b.)

J1. PROBLEM CONDITIONS

☐ c. Dehydrated; output exceeds input ☐ p. NONE OF ABOVE
☐ l. Hallucinations

J2. PAIN SYMPTOMS - NOT NEEDED

J3. PAIN SITE - NOT NEEDED

J4. ACCIDENTS

☐ a. Fell in past 30 days ☐ d. Other fracture in last 180 days
☐ b. Fell in past 31-180 days days ☐ e. NONE OF ABOVE
☐ c. Hip fracture in last 180 days

J5. STABILITY OF CONDITIONS

☐ a. Conditions/diseases make resident's cognitive, ADL, mood or behavior status unstable - (fluctuating, precarious, or deteriorating) ☐ c. End-stage disease, 6 or fewer months to live
☐ b. Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem ☐ d. NONE OF ABOVE

K3. WEIGHT CHANGE

a. Weight loss ○ 0. No ○ 1. Yes

b. Weight gain ○ 0. No ○ 1. Yes

K5. NUTRITIONAL APPROACHES

☐ b. Feeding tube ☐ i. NONE OF ABOVE
☐ h. On a planned weight change program

M1. ULCERS

a. Stage 1 ☐

b. Stage 2 ☐

c. Stage 3 ☐

d. Stage 4 ☐

M2. TYPE OF ULCER

a. Pressure ulcer ☐

b. Stasis ulcer ☐

N1. TIME AWAKE

☐ a. Morning ☐ c. Evening
☐ b. Afternoon ☐ d. NONE OF ABOVE

N2. AVERAGE TIME INVOLVED IN ACTIVITIES ☐

O1. NUMBER OF MEDICATIONS ☐

O4. DAYS RECEIVED THE FOLLOWING MEDICATION

a. Antipsychotic ☐

b. Antianxiety ☐

c. Antidepressant ☐

d. Hypnotic ☐

e. Diuretic ☐

P4. DEVICES AND RESTRAINTS

a. Full bed rails on all open sides of bed ☐

b. Other types of side rails used (e.g., half rail, one side) ☐

c. Trunk restraint ☐

d. Limb restraint ☐

e. Chair prevents rising ☐

Q2. OVERALL CHANGE IN CARE NEEDS - Select a value -

SECTION W. SUPPLEMENTAL MDS ITEMS

2. Influenza Vaccines

a. Did the resident receive the influenza vaccine in this facility for the year's influenza season (October 1 through March 31)?

- 0. No (If No, go to item W2b)
- 3. Not documented
- 1. Yes (If Yes, go to item W3)

b. If influenza vaccine not received, state reason

- 1. Not in facility during the year's flu season
- 5. Not offered
- 2. Received outside of this facility
- 6. Inability to obtain vaccine
- 3. Not eligible
- 7. Not documented
- 4. Offered and declined

3. Pneumococcal Vaccine

a. Is the resident's PPV status up to date?

- 0. No (If No, go to item W3b)
- 2. Not documented
- 1. Yes (If Yes, skip to item W3b)

b. If PPV not received, state reason

- 1. Not eligible
- 3. Not offered
- 2. Offered and declined
- 4. Not documented

DISCHARGE TRACKING FORM

SECTION AA. IDENTIFICATION INFORMATION

- This section is not needed.

SECTION AB. DEMOGRAPHIC INFORMATION

- This section is not needed.

SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION

- This section is not needed.

SECTION R. ASSESSMENT/DISCHARGE INFORMATION

3. DISCHARGE STATUS

a. Code for resident disposition upon discharge

b. Optional State Code

4. DISCHARGE DATE

REENTRY TRACKING FORM

SECTION AA. IDENTIFICATION INFORMATION

- This section is not needed.

SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION

4a. DATE OF REENTRY

4b. ADMITTED FROM (AT REENTRY)

Modified By:	Modified:	Created By:	Created:

Save Draft | Save and Add New | Save and Close | Cancel

- This is the end of the form -