

CAA 8 EXERCISE - MOOD (Admit Assessment)

Instruction: Watch video – documenting aspects of conversation and PHQ9 video.

Recent admission 10/02/23 with exacerbation of COPD with pneumonia. Has end stage Cardiac disease as well as end stage COPD.

Admitted for PT and OT – discharge plan uncertain as family researching ALF.

Course of antibiotics ending. Medication list includes:

Prednisone 20 mg daily

Spiriva 1.25 mcg 2 puffs daily

Digoxin 0.125 mg daily (hold for pulse below 60)

Cardiazem 180 mg daily (hold for B/P systolic < 100)

Lasix 80 mg daily

O2 prn for SOB at 2-4 L titrate to keep O2 SAT at 90 – 95%.

Resident alert and oriented. Motivated. Very depressed and upset about current decline in condition including ADL's. Scored 10 on PHQ 9 – meaning potentially moderately depressed. Cried during interview stating he wished he could take care of himself including going to toilet by himself.

All labs WNL currently. Physician did not want Porphyria.

ADL's: All limited assist with assist of one person except eating he is independent.

Instructions: Review above; describe the problem and what triggered; describe contributing factors, risk factors, possible related causes; What further info might you need: Will you care plan if so, what is rationale for care planning and focus.

8. MOOD STATE

Review of Indicators of Mood

		Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓	Psychosocial changes	
<input type="checkbox"/>	• Personal loss	Type text here
<input checked="" type="checkbox"/>	• Recent move into or within the nursing home (A1700)	
<input type="checkbox"/>	• Recent change in relationships, such as illness or loss of a relative or friend	
<input type="checkbox"/>	• Recent change in health perception, such as perception of being seriously ill or too ill to return home (Q0310–Q0610)	
<input checked="" type="checkbox"/>	• Clinical or functional change that may affect the resident’s dignity, such as new or worsening incontinence, communication, or decline	
✓	Clinical issues that can cause or contribute to a mood problem	Supporting Documentation
<input type="checkbox"/>	• Relapse of an underlying mental health problem (I5700–I6100)	
<input type="checkbox"/>	• Psychiatric disorder (anxiety, depression, manic depression, schizophrenia, post-traumatic stress disorder) (I5700–I6100)	
<input type="checkbox"/>	• Alzheimer’s disease (I4200)	
<input type="checkbox"/>	• Delirium (C1310)	
<input type="checkbox"/>	• Delusions (E0100B)	
<input type="checkbox"/>	• Hallucinations (E0100A)	
<input type="checkbox"/>	• Communication problems (B0700, B0800)	
<input checked="" type="checkbox"/>	• Decline in <i>Functional Abilities</i> (GG0130, GG0170)	
<input checked="" type="checkbox"/>	• Infection (I1700–I2500, I8000, M1040A)	
<input type="checkbox"/>	• Pain (J0300 or J0800)	
<input checked="" type="checkbox"/>	• Cardiac disease (I0200–I0900)	
<input checked="" type="checkbox"/>	• Thyroid abnormality (I3400)	
<input type="checkbox"/>	• Dehydration (J1550C)	
<input type="checkbox"/>	• Metabolic disorder (I2900–I3400)	
<input type="checkbox"/>	• Neurological disease (I4200–I5500)	
<input type="checkbox"/>	• Recent cerebrovascular accident (I4500)	
<input type="checkbox"/>	• Dementia, cognitive decline (I4800)	
<input type="checkbox"/>	• Cancer (I0100)	
<input checked="" type="checkbox"/>	• Other (I8000)	

		Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓	Medications	
<input checked="" type="checkbox"/>	• Antibiotics (N0415F)	Type text here
<input type="checkbox"/>	• Anticholinergics	
<input type="checkbox"/>	• Antihypertensives	
<input type="checkbox"/>	• Anticonvulsants	
<input type="checkbox"/>	• Antipsychotics (N0415A)	
<input checked="" type="checkbox"/>	• Cardiac medications	
<input type="checkbox"/>	• Cimetidine	
<input type="checkbox"/>	• Clonidine	
<input type="checkbox"/>	• Chemotherapeutic agents	
<input type="checkbox"/>	• Digitalis	
<input checked="" type="checkbox"/>	• Other	
<input type="checkbox"/>	• Glaucoma medications	
<input type="checkbox"/>	• Guanethidine	
<input type="checkbox"/>	• Immuno-suppressive medications	
<input type="checkbox"/>	• Methyldopa	
<input type="checkbox"/>	• Opioids (N0415H)	
<input type="checkbox"/>	• Nitrates	
<input type="checkbox"/>	• Propranolol	
<input type="checkbox"/>	• Reserpine	
<input checked="" type="checkbox"/>	• Steroids	
<input type="checkbox"/>	• Stimulants	
✓	Laboratory tests	Supporting Documentation
<input type="checkbox"/>	• Serum calcium	
<input checked="" type="checkbox"/>	• Thyroid function	
<input type="checkbox"/>	• Blood glucose	
<input checked="" type="checkbox"/>	• Potassium	
<input checked="" type="checkbox"/>	• Porphyrria	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		Care Plan Considerations
Review indicators and supporting documentation, and draw conclusions. Document: <ul style="list-style-type: none"> • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area. 	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): Physician, MH, RD

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
 Yes No

Signature/Title: D. Haffenreffer Date: 10/12/23