

C0900: Memory/Recall Ability

C0900. Memory/Recall Ability	
↓	Check all that the resident was normally able to recall
<input type="checkbox"/>	A. Current season
<input type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input type="checkbox"/>	D. That they are in a nursing home/hospital swing bed
<input type="checkbox"/>	Z. None of the above were recalled

Item Rationale

Health-related Quality of Life

- An observed “memory/recall problem” with these items may indicate:
 - cognitive impairment and the need for additional support with reminders to support increased independence; or
 - delirium, if this represents a change from the resident’s baseline.

Planning for Care

- An observed “memory/recall problem” with these items may indicate the need for:
 - Exclusion of an underlying related medical problem (particularly if this is a new observation) or adverse medication effect; or
 - possible evaluation for other problems with thinking;
 - additional signs, directions, pictures, verbal reminders to support the resident’s independence;

C0900: Memory/Recall Ability (cont.)

- an evaluation for acute delirium if this represents a change over the past few days to weeks;
- an evaluation for chronic delirium if this represents a change over the past several weeks to months; or
- additional nursing support;
- the need for emotional support, reminders and reassurance to reduce anxiety and agitation.

Steps for Assessment

1. Ask the resident about each item. For example, “What is the current season? Is it fall, winter, spring, or summer?” “What is the name of this place?” If the resident is not in their room, ask, “Will you show me to your room?” Observe the resident’s ability to find the way.
2. For residents with limited communication skills, in order to determine the most representative level of function, ask direct care staff across all shifts and family or significant other about recall ability.
 - Ask whether the resident gave indications of recalling these subjects or recognizing them during the look-back period.
3. Observations should be made by staff across all shifts and departments and others with close contact with the resident.
4. Review the medical record for indications of the resident’s recall of these subjects during the look-back period.

Coding Instructions

*For each item that the resident recalls, check the corresponding answer box. If the resident recalls none, check **none of above**.*

- **Check C0900A, current season:** if resident is able to identify the current season (e.g., correctly refers to weather for the time of year, legal holidays, religious celebrations, etc.).
- **Check C0900B, location of own room:** if resident is able to locate and recognize own room. It is not necessary for the resident to know the room number, but they should be able to find the way to the room.
- **Check C0900C, staff names and faces:** if resident is able to distinguish staff members from family members, strangers, visitors, and other residents. It is not necessary for the resident to know the staff member’s name, but they should recognize that the person is a staff member and not the resident’s child, etc.
- **Check C0900D, that they are in a nursing home/hospital swing bed:** if resident is able to determine that they are currently living in a nursing home. To check this item, it is not necessary that the resident be able to state the name of the nursing home, but they should be able to refer to the nursing home by a term such as a “home for older people,” a “hospital for the elderly,” “a place where people who need extra help live,” etc.
- **Check C0900Z, none of above was recalled.**

