

J1100: Shortness of Breath (dyspnea)

J1100.	Shortness of Breath (dyspnea)
↓	Check all that apply
☐	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
☐	B. Shortness of breath or trouble breathing when sitting at rest
☐	C. Shortness of breath or trouble breathing when lying flat
☐	Z. None of the above

Item Rationale

Health-related Quality of Life

- Shortness of breath can be an extremely distressing symptom to residents and lead to decreased interaction and quality of life.
- Some residents compensate for shortness of breath by limiting activity. They sometimes compensate for shortness of breath when lying flat by elevating the head of the bed and do not alert caregivers to the problem.

Planning for Care

- Shortness of breath can be an indication of a change in condition requiring further assessment and should be explored.
- The care plan should address underlying illnesses that may exacerbate symptoms of shortness of breath as well as symptomatic treatment for shortness of breath when it is not quickly reversible.

Steps for Assessment

Interview the resident about shortness of breath. Many residents, including those with mild to moderate dementia, may be able to provide feedback about their own symptoms.

1. If the resident is not experiencing shortness of breath or trouble breathing during the interview, ask the resident if shortness of breath occurs when they engage in certain activities.
2. Review the medical record for staff documentation of the presence of shortness of breath or trouble breathing. Interview staff on all shifts, and family/significant other regarding resident history of shortness of breath, allergies or other environmental triggers of shortness of breath.
3. Observe the resident for shortness of breath or trouble breathing. Signs of shortness of breath include: increased respiratory rate, pursed lip breathing, a prolonged expiratory phase, audible respirations and gasping for air at rest, interrupted speech pattern (only able to say a few words before taking a breath) and use of shoulder and other accessory muscles to breathe.
4. If shortness of breath or trouble breathing is observed, note whether it occurs with certain positions or activities.

J1100: Shortness of Breath (dyspnea) (cont.)

Coding Instructions

Check all that apply during the 7-day look-back period.

Any evidence of the presence of a symptom of shortness of breath should be captured in this item. A resident may have any combination of these symptoms.

- **Check J1100A:** if shortness of breath or trouble breathing is present when the resident is engaging in activity. Shortness of breath could be present during activity as limited as turning or moving in bed during daily care or with more strenuous activity such as transferring, walking, or bathing. If the resident avoids activity or is unable to engage in activity because of shortness of breath, then code this as present.
- **Check J1100B:** if shortness of breath or trouble breathing is present when the resident is sitting at rest.
- **Check J1100C:** if shortness of breath or trouble breathing is present when the resident attempts to lie flat. Also code this as present if the resident avoids lying flat because of shortness of breath.
- **Check J1100Z:** if the resident reports no shortness of breath or trouble breathing and the medical record and staff interviews indicate that shortness of breath appears to be absent or well controlled with current medication.

Examples

1. Resident W has diagnoses of chronic obstructive pulmonary disease (COPD) and heart failure. They are on 2 liters of oxygen and daily respiratory treatments. With oxygen they are able to ambulate and participate in most group activities. They report feeling “winded” when going on outings that require walking one or more blocks and have been observed having to stop to rest several times under such circumstances. Recently, they describe feeling “out of breath” when they try to lie down.

Coding: J1100A and J1100C would be **checked**.

Rationale: Resident W reported being short of breath when lying down as well as during outings that required ambulating longer distances.

2. Resident T has used an inhaler for years. They are not typically noted to be short of breath. Three days ago, during a respiratory illness, they had mild trouble with their breathing, even when sitting in bed. Their shortness of breath also caused them to limit group activities.

Coding: J1100A and J1100B would be **checked**.

Rationale: Resident T was short of breath at rest and was noted to avoid activities because of shortness of breath.

