

# E0200: Behavioral Symptom—Presence & Frequency

## E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

Coding:

0. Behavior not exhibited
1. Behavior of this type occurred 1 to 3 days
2. Behavior of this type occurred 4 to 6 days, but less than daily
3. Behavior of this type occurred daily

Enter Code

☐

A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)

Enter Code

☐

B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)

Enter Code

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C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

## Item Rationale

### Health-related Quality of Life

New onset of behavioral symptoms warrants prompt evaluation, assurance of resident safety, relief of distressing symptoms, and compassionate response to the resident.

Reversible and treatable causes should be identified and addressed promptly. When the cause is not reversible, the focus of management strategies should be to minimize the amount of disability and distress.

## Planning for Care

Identification of the frequency and the impact of behavioral symptoms on the resident and on others is critical to distinguish behaviors that constitute problems—and may therefore require treatment planning and intervention—from those that are not problematic.

These behaviors may indicate unrecognized needs, preferences, or illness.

Once the frequency and impact of behavioral symptoms are accurately determined, follow-up evaluation and interventions can be developed to improve the symptoms or reduce their impact.

## **E0200: Behavioral Symptom—Presence & Frequency (cont.)**

Subsequent assessments and documentation can be compared to baseline to identify changes in the resident's behavior, including response to interventions.

### ***Steps for Assessment***

Review the medical record for the 7-day look-back period.

Interview staff, across all shifts and disciplines, as well as others who had close interactions with the resident during the 7-day look-back period, including family or friends who visit frequently or have frequent contact with the resident.

Observe the resident in a variety of situations during the 7-day look-back period.

### ***Coding Instructions***

**Code 0, behavior not exhibited:** if the behavioral symptoms were not present in the last 7 days. Use this code if the symptom has never been exhibited or if it previously has been exhibited but has been absent in the last 7 days.

**Code 1, behavior of this type occurred 1-3 days:** if the behavior was exhibited 1-3 days of the last 7 days, regardless of the number or severity of episodes that occur on any one of those days.

**Code 2, behavior of this type occurred 4-6 days, but less than daily:** if the behavior was exhibited 4-6 of the last 7 days, regardless of the number or severity of episodes that occur on any of those days.

**Code 3, behavior of this type occurred daily:** if the behavior was exhibited daily, regardless of the number or severity of episodes that occur on any of those days.

### ***Coding Tips and Special Populations***

Code based on whether the symptoms occurred and not based on an interpretation of the behavior's meaning, cause or the assessor's judgment that the behavior can be explained or should be tolerated.

Code as present, even if staff have become used to the behavior or view it as typical or tolerable.

Behaviors in these categories should be coded as present or not present, whether or not they might represent a rejection of care.

Item E0200C does not include wandering.

## E0200: Behavioral Symptom—Presence & Frequency (cont.)

### Examples

Every morning, a nursing assistant tries to help a resident who is unable to dress *themselves*. On the last 4 out of 6 mornings, the resident has hit or scratched the nursing assistant during attempts to dress *them*.

**Coding:** E0200A would be **coded 2, behavior of this type occurred 4-6 days, but less than daily.**

**Rationale:** Scratching the nursing assistant was a physical behavior directed toward others.

A resident has previously been found rummaging through the clothes in *their* roommate's dresser drawer. This behavior has not been observed by staff or reported by others in the last 7 days.

**Coding:** E0200C would be **coded 0, behavior not exhibited.**

**Rationale:** The behavior did not occur during the look-back period.

A resident throws *their* dinner tray at another resident who repeatedly spit food at *them* during dinner. This is a single, isolated incident.

**Coding:** E0200A would be **coded 1, behavior of this type occurred 1-3 days of the last 7 days.**

**Rationale:** Throwing a tray was a physical behavior directed toward others. Although a possible explanation exists, the behavior is noted as present because it occurred.

