

**K0100. Swallowing Disorder**

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | A. Loss of liquids/solids from mouth when eating or drinking          |
| <input type="checkbox"/> | B. Holding food in mouth/cheeks or residual food in mouth after meals |
| <input type="checkbox"/> | C. Coughing or choking during meals or when swallowing medications    |
| <input type="checkbox"/> | D. Complaints of difficulty or pain with swallowing                   |
| <input type="checkbox"/> | Z. None of the above  |

## K0100: Swallowing Disorder

### Item Rationale

#### Health-related Quality of Life

The ability to swallow safely can be affected by many disease processes and functional decline.

Alterations in the ability to swallow can result in choking and aspiration, which can increase the resident's risk for malnutrition, dehydration, and aspiration pneumonia.

#### Planning for Care

Care planning should include provisions for monitoring the resident during mealtimes and during functions/activities that include the consumption of food and liquids.

When necessary, the resident should be evaluated by the physician, speech language pathologist and/or occupational therapist to assess for any need for swallowing therapy and/or to provide recommendations regarding the consistency of food and liquids.

Assess for signs and symptoms that suggest a swallowing disorder that has not been successfully treated or managed with diet modifications or other interventions (e.g., tube feeding, double swallow, turning head to swallow, etc.) and therefore represents a functional problem for the resident.

Care plan should be developed to assist resident to maintain safe and effective swallow using compensatory techniques, alteration in diet consistency, and positioning during and following meals.

### Steps for Assessment

Ask the resident if *they have* had any difficulty swallowing during the 7-day look-back period. Ask about each of the symptoms in K0100A through K0100D.

Observe the resident during meals or at other times when *they are* eating, drinking, or swallowing to determine whether any of the listed symptoms of possible swallowing disorder are exhibited.

## *K0100: Swallowing/Nutritional Status (cont.)*

Interview staff members on all shifts who work with the resident and ask if any of the four listed symptoms were evident during the 7-day look-back period.

Review the medical record, including nursing, physician, dietician, and speech language pathologist notes, and any available information on dental history or problems. Dental problems may include poor fitting dentures, dental caries, edentulous, mouth sores, tumors and/or pain with food consumption.

### Coding Instructions

Check all that apply.

**K0100A, loss of liquids/solids from mouth when eating or drinking.**

When the resident has food or liquid in *their* mouth, the food or liquid dribbles down chin or falls out of the mouth.

**K0100B, holding food in mouth/cheeks or residual food in mouth**

**after meals.** Holding food in mouth or cheeks for prolonged periods of time (sometimes labeled pocketing) or food left in mouth because resident failed to empty mouth completely.

**K0100C, coughing or choking during meals or when swallowing**

**medications.** The resident may cough or gag, turn red, have more labored breathing, or have difficulty speaking when eating, drinking, or taking medications. The resident may frequently complain of food or medications “going down the wrong way.”

**K0100D, complaints of difficulty or pain with swallowing.**

Resident may refuse food because it is painful or difficult to swallow.

**K0100Z, none of the above:** if none of the K0100A through K0100D

signs or symptoms were present during the look-back *period*.

### Coding Tips

Do not code a swallowing problem when interventions have been successful in treating the problem and therefore the signs/symptoms of the problem (K0100A through K0100D) did not occur during the 7-day look-back period.

Code even if the symptom occurred only once in the 7-day look-back period.