

GG0110. Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury

Complete only if A0310B = 01

Check all that apply

<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

Item Rationale

- Knowledge of the resident’s routine use of devices and aids immediately prior to the current illness, exacerbation, or injury may inform treatment goals.

Steps for Assessment

1. Ask the resident or *their* family or review the resident’s medical records to determine the resident’s use of prior devices and aids.

Coding Instructions

- Check all devices that apply.
- **Check Z, None of the above:** if the resident did not use any of the listed devices or aids immediately prior to the current illness, exacerbation, or injury.

Coding Tips

- For GG0110D, Prior Device Use - Walker: “Walker” refers to all types of walkers (for example, pickup walkers, hemi-walkers, rolling walkers, and platform walkers).
- GG0110C, Mechanical lift, includes sit-to-stand, stand assist, stair lift, and full-body-style lifts.

GG0110: Prior Device Use (cont.)

Example for Coding Prior Device Use

1. *Resident* M is a bilateral lower extremity amputee and has multiple diagnoses, including diabetes, obesity, and peripheral vascular disease. *They are* unable to walk and did not walk prior to the current episode of care, which started because of a pressure ulcer and respiratory infection. *They* use a motorized wheelchair to mobilize.

Coding: GG0110B would be checked.

Rationale: *Resident* M used a motorized wheelchair prior to the current illness/injury.