

E0100: Potential Indicators of Psychosis

E0100. Potential Indicators of Psychosis

↓ Check all that apply

- ☐ A. **Hallucinations** (perceptual experiences in the absence of real external sensory stimuli)
- ☐ B. **Delusions** (misconceptions or beliefs that are firmly held, contrary to reality)
- ☐ Z. **None of the above**

Item Rationale

Health-related Quality of Life

- Psychotic symptoms may be associated with
 - delirium,
 - dementia,
 - adverse drug effects,
 - psychiatric disorders, and
 - hearing or vision impairment.
- Hallucinations and delusions may
 - be distressing to residents and families,
 - cause disability,
 - interfere with delivery of medical, nursing, rehabilitative and personal care, and
 - lead to dangerous behavior or possible harm.

DEFINITIONS

HALLUCINATION

The perception of the presence of something that is not actually there. It may be auditory or visual or involve smells, tastes or touch.

DELUSION

A fixed, false belief not shared by others that the resident holds even in the face of evidence to the contrary.

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Planning for Care

- 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.

Steps for Assessment

1. Review the resident's medical record for the 7-day look-back period.
2. Interview staff members and others who have had the opportunity to observe the resident in a variety of situations during the 7-day look-back period.
3. Observe the resident during conversations and the structured interviews in other assessment sections and listen for statements indicating an experience of hallucinations, or the expression of false beliefs (delusions).
4. Clarify potentially false beliefs:
 - When a resident expresses a belief that is plausible but alleged by others to be false (e.g., history indicates that the resident's *spouse* died 20 years ago, but the resident states *their spouse* has been visiting *them* every day), try to verify the facts to determine whether there is reason to believe that it could have happened or whether it is likely that the belief is false.
 - When a resident expresses a clearly false belief, determine if it can be readily corrected by a simple explanation of verifiable (real) facts (which may only require a simple reminder or reorientation) or demonstration of evidence to the contrary. Do not, however, challenge the resident.
 - The resident's response to the offering of a potential alternative explanation is often helpful in determining whether the false belief is held strongly enough to be considered fixed.

Coding Instructions

Code based on behaviors observed and/or thoughts expressed in the last 7 days rather than the presence of a medical diagnosis. Check all that apply.

- **Check E0100A, hallucinations:** if hallucinations were present in the last 7 days. A hallucination is the perception of the presence of something that is not actually there. It may be auditory or visual or involve smells, tastes or touch.
- **Check E0100B, delusions:** if delusions were present in the last 7 days. A delusion is a fixed, false belief not shared by others that the resident holds true even in the face of evidence to the contrary.
- **Check E0100Z, none of the above:** if no hallucinations or delusions were present in the last 7 days.

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Coding Tips and Special Populations

- If a belief cannot be objectively shown to be false, or it is not possible to determine whether it is false, **do not** code it as a delusion.
- If a resident expresses a false belief but easily accepts a reasonable alternative explanation, **do not** code it as a delusion. If the resident continues to insist that the belief is correct despite an explanation or direct evidence to the contrary, **code as a delusion**.

Examples

1. A resident carries a doll, which *they* believe is *their* baby, and the resident appears upset. When asked about this, *they* report *they are* distressed from hearing *their* baby crying and think *that the baby is* hungry and *they* want to get *the baby* a bottle.

Coding: E0100A would be **checked** and E0100B would be **checked**.

Rationale: The resident believes the doll is a baby, which is a delusion, and *they* hear the doll crying, which is an auditory hallucination.

2. A resident reports that *they* heard a gunshot. In fact, there was a loud knock on the door. When this is explained to *them*, *they* accept the alternative interpretation of the loud noise.

Coding: E0100Z would be **checked**.

Rationale: *They* misinterpreted a real sound in the external environment. Because *they are* able to accept the alternative explanation for the cause of the sound, *their* report of a gunshot is not a fixed false belief and is therefore not a delusion.

3. A resident is found speaking aloud in *their* room. When asked about this, *they* state that *they are* answering a question posed to *them* by *an individual* in front of *them*. Staff note that no one is present and that no other voices can be heard in the environment.

Coding: E0100A would be **checked**.

Rationale: The resident reports auditory and visual sensations that occur in the absence of any external stimulus. Therefore, this is a hallucination.

4. A resident announces that *they* must leave to go to work, because *they are* needed in *their* office right away. In fact, *they have* been retired for 15 years. When reminded of this, *they* continue to insist that *they* must get to *their* office.

Coding: E0100B would be **checked**.

Rationale: The resident adheres to the belief that *they* still work, even after being reminded about *their* retirement status. Because the belief is held firmly despite an explanation of the real situation, it is a delusion.

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5. A resident believes *they* must leave the facility immediately because *their parents are* waiting for *them* to return home. Staff know that, in reality, *their parents are* deceased and gently remind *them* that *their parents are* no longer living. In response to this reminder, the resident acknowledges, “Oh yes, I remember now. *My parents* passed away years ago.”

Coding: E0100Z would be **checked**.

Rationale: The resident’s initial false belief is readily altered with a simple reminder, suggesting that *their* mistaken belief is due to forgetfulness (i.e., memory loss) rather than psychosis. Because it is not a firmly held false belief, it does not fit the definition of a delusion.