# Section K Swallowing/ Nutritional Status:

## *Addressing Barriers to Identification*

PACS
POST-ACUTE CARE SOLUTIONS

OCTOBER 2022

**Section K in the MDS is intended to assess the conditions that influence a person's ability to maintain adequate nutrition and hydration.** K0100 is an integral part of the MDS, which impacts the Speech-Language Pathology (SLP) component under the Patient Drive Payment Model (PDPM). Impaired swallowing can result in choking or aspiration, and can lead to malnutrition, dehydration or aspiration pneumonia.

The RAI manual states that the problem can be identified via patient interview, direct observation when eating, drinking or swallowing, staff interview across all shifts, review of medical record for documentation that supports the evidence, including nursing, physician, dietician and speech-language pathologist. Since terminology may differ within the speech therapy or other documentation, it is important to review carefully for evidence of the components of swallowing present in K0100. All members of the interdisciplinary team (IDT) should be trained to look for signs and symptoms of a swallowing problem and document what they observe. It is also important to use IDT meetings to gather additional support for coding a swallowing problem.

This table provides a reference for common terminology within SLP documentation. It is not an all-inclusive list, so it important to seek guidance and clarification from the speech-language pathologist in your facility for patient-specific information.

### Interpreting SLP Documentation

| RAI Manual Common SLP Terminology | Common SLP Terminology |
|---|---|
| **K0100A, loss of liquids/solids from mouth when eating or drinking.** When the resident has food or liquid in his or her mouth, the food or liquid dribbles down chin or falls out of the mouth. | Oral phase dysphagia/swallowing deficits, anterior spillage, anterior loss, poor lip seal, labial tone/strength/coordination/ ROM impaired, drooling, difficulty managing secretions |
| **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. | Oral phase dysphagia/swallowing deficits, pocketing, oral stasis, oral residue, lingual residue, piecemeal deglutition, lingual tone/strength/coordination impaired, poor A/P transit, poor bolus formation/control, impulsivity, slow rate required, need for liquid wash or tongue/finger sweep, expectoration of bolus, multiple swallows per bolus required |
| **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." | Oral phase, pharyngeal phase dysphagia/swallowing deficits, s/s penetration/aspiration, wet vocal quality, weak cough, reduced airway protection, multiple swallows per bolus required, poor A/P transit of bolus, tongue pumping, delayed swallow initiation, decreased laryngeal elevation, suspect pooling in valleculae, cough before/during/after swallow, poor coordination of swallow/respiration or reduced airway protection, throat clear during po intake, possible silent aspiration, need for strategies |
| **K0100D, complaints of difficulty or pain with swallowing.** Resident may refuse food because it is painful or difficult to swallow. | Globus sensation, odynophagia, effortful swallow, multiple swallows per bolus, poor intake due to fatigue at mealtime, delayed initiation of swallow, excessive secretions/phlegm, swallow compensations of second dry swallow or alternating liquids and solids, refusal to swallow meds, spitting out food/ liquid/meds/saliva |

### Coding tips per the RAI manual remind us:

**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.


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