

**Section K Swallowing/Nutritional Status**

**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

**K0200. Height and Weight** - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up

<input type="text"/> Inches	A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry
<input type="text"/> pounds	B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)

**K0300. Weight Loss**

Enter Code	Loss of 5% or more in the last month or loss of 10% or more in last 6 months
<input type="checkbox"/>	0. No or unknown
	1. Yes, on physician-prescribed weight-loss regimen
	2. Yes, not on physician-prescribed weight-loss regimen

**K0310. Weight Gain**

Enter Code	Gain of 5% or more in the last month or gain of 10% or more in last 6 months
<input type="checkbox"/>	0. No or unknown
	1. Yes, on physician-prescribed weight-gain regimen
	2. Yes, not on physician-prescribed weight-gain regimen

**K0510. Nutritional Approaches**

Check all of the following nutritional approaches that were performed during the last 7 days

	1. While NOT a Resident	2. While a Resident
<b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank  <b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**K0710. Percent Intake by Artificial Route** - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B

	2. While a Resident	3. During Entire 7 Days
<b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>  <b>3. During Entire 7 Days</b> Performed during the entire <i>last 7 days</i>	2. While a Resident	3. During Entire 7 Days
	↓ Enter Codes ↓	
A. Proportion of total calories the resident received through parenteral or tube feeding	<input type="checkbox"/>	<input type="checkbox"/>
1. 25% or less		
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding	<input type="checkbox"/>	<input type="checkbox"/>
1. 500 cc/day or less		
2. 501 cc/day or more		