

SECTION P. SPECIAL TREATMENTS AND PROCEDURES

1.	SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS	a. SPECIAL CARE — <i>Check treatments or programs received during the last 14 days</i>			
		TREATMENTS		Ventilator or respirator	l.
		Chemotherapy	a.	PROGRAMS	
		Dialysis	b.	Alcohol/drug treatment program	
		IV medication	c.		m.
		Intake/output	d.	Alzheimer's/dementia special care unit	n.
		Monitoring acute medical condition	e.	Hospice care	o.
		Ostomy care	f.	Pediatric unit	p.
		Oxygen therapy	g.	Respite care	q.
		Radiation	h.	Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)	r.
Suctioning	i.				
Tracheostomy care	j.				
Transfusions	k.	<i>NONE OF ABOVE</i>	s.		
b. THERAPIES - <i>Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily)</i> [Note—count only post admission therapies] (A) = # of days administered for 15 minutes or more DAYS MIN (B) = total # of minutes provided in last 7 days (A) (B)					
a. Speech - language pathology and audiology services					
b. Occupational therapy					
c. Physical therapy					
d. Respiratory therapy					
e. Psychological therapy (by any licensed mental health professional)					
2.	INTERVENTION PROGRAMS FOR MOOD, BEHAVIOR, COGNITIVE LOSS	(Check all interventions or strategies used in last 7 days—no matter where received)			
		Special behavior symptom evaluation program		a.	
		Evaluation by a licensed mental health specialist in last 90 days		b.	
		Group therapy		c.	
		Resident-specific deliberate changes in the environment to address mood/behavior patterns—e.g., providing bureau in which to rummage		d.	
		Reorientation—e.g., cueing		e.	
		<i>NONE OF ABOVE</i>		f.	
3.	NURSING REHABILITATION/ RESTORATIVE CARE	<i>Record the NUMBER OF DAYS each of the following rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days (Enter 0 if none or less than 15 min. daily.)</i>			
		a. Range of motion (passive)		f. Walking	
		b. Range of motion (active)		g. Dressing or grooming	
		c. Splint or brace assistance		h. Eating or swallowing	
		TRAINING AND SKILL PRACTICE IN:		i. Amputation/prosthesis care	
		d. Bed mobility		j. Communication	
		e. Transfer		k. Other	