

SECTION K: SWALLOWING/NUTRITIONAL STATUS

Intent: These items assess the patient's swallowing/nutritional status.

K0110: Swallowing/Nutritional Status

K0110. Swallowing/Nutritional Status (3-day assessment period) Indicate the patient's usual ability to swallow.	
↓ Check all that apply	
<input type="checkbox"/>	A. Regular food - Solids and liquids swallowed safely without supervision or modified food or liquid consistency.
<input type="checkbox"/>	B. Modified food consistency/supervision - Patient requires modified food or liquid consistency and/or needs supervision during eating for safety.
<input type="checkbox"/>	C. Tube/parenteral feeding - Tube/parenteral feeding used wholly or partially as a means of sustenance.

Item Rationale

- Diminished nutritional and hydration status can lead to debility that can adversely affect wound healing and increase risk for the development of pressure ulcers.
- The ability to swallow safely can be affected by many disease processes.
- Alterations in the ability to swallow can result in choking and aspiration, which can increase the patient's risk for malnutrition, dehydration, and aspiration pneumonia.

Steps for Assessment for K0110: Swallowing/Nutritional Status

1. Ask the patient if he or she has had any difficulty swallowing during the 3-day assessment period. Observe the patient during meals or at other times when he or she is eating, drinking, or swallowing to determine whether the patient exhibits any of the symptoms of possible swallowing disorder.
2. Review the medical record, including nursing, physician, dietician, and speech language pathologist notes, and any available information about swallowing status and on dental history or problems. Dental problems may include poor fitting dentures, dental caries, edentulous, mouth sores, tumors and/or pain with food consumption.

Coding Instructions

Complete during the 3-day admission assessment period.

Check all that apply.

- A. Regular Food:** Solids and liquids swallowed safely without supervision or modified food or liquid consistency.
- B. Modified Food Consistency/Supervision:** Patient requires modified food or liquid consistency, such as a pureed diet, or the patient requires supervision during eating for safety reasons.
- C. Tube/Parenteral Feeding:** Tube/parenteral feeding used wholly or partially as a means of substance.

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