



## Missouri Department of Mental Health Health Identification and Planning System Operational Definitions for the Health Inventory

Please mark the indicator if the description given in these definitions applies to the individual.

- DMH Non-Hospital Do Not Resuscitate Orders (DNR):** The individual has a medical order written by a physician to withhold Cardiopulmonary Resuscitation (CPR) for an individual with a terminal condition who resides in a DD state operated program or community placement. The order is written with the informed consent of a competent individual or their duly authorized health care agent or guardian. It can be rescinded at any time.
- Alternative to Cardiopulmonary Resuscitation (CPR):** The individual has a physician order that requires an alternative method of resuscitation. The appropriate interventions defined by the attending physician when an individual's condition is such that Cardiopulmonary Resuscitation (CPR) would cause more harm than benefit to the individual and substantially compromise his or her well-being.
- Significant or unexpected decline in Health or Behavior in the past year:** The individual, over the past 12 months, has experienced an unexpected decline in mental or physical health that, despite treatment, has caused a change in the ability to meet their basic needs of daily living, such as cooking, dressing, eating, housekeeping, hygiene, laundering, toileting, etc.
- Choking Precautions, difficulty chewing or swallowing:** The individual has documented chewing or swallowing difficulties; or requires modification of food consistency, preparation, or feeding technique due to potential for choking; or experiences frequent choking episodes; or has been treated for aspiration pneumonia in the past twelve months from this inventory. *Choking Precautions should be instituted for all persons with a known history of choking or for those persons who engage in unsafe eating habits.*
- Hospitalizations: Two or more in the past year:** The individual has experienced hospitalization for a medical condition two or more times in the twelve months before the date of this inventory. Please include the reason for admission.
- Ventilator:** The individual uses a mechanical device for supplying air/oxygen under pressure to breathe for them or to assist them in breathing.
- Oxygen Therapy:** The individual receives supplemental oxygen for the purpose of relieving low levels of oxygen in the blood which can decrease shortness of breath, and prevent tissue damage.
- Tracheostomy:** The individual has a tracheostomy, a surgical opening into the trachea (windpipe), for airway management. A tube is inserted through the opening to allow passage of air and removal of secretions. Instead of breathing through the nose and mouth, the person breathes through the tracheostomy tube.
- Suctioning/Airway Management:** The individual requires the use of suctioning to remove thick mucous or other fluid that is blocking a their airway when they are unable to cough.
- Tube Feeding:** The individual requires administration of nutrition through a tube inserted into the gastrointestinal tract. This may be the only source of nutrition or it may be a supplement to oral nutrition.

## 11. **Bowel Elimination Problems**

- a. **Impaction, Obstruction, Colostomy, or Ileostomy:** The individual has been hospitalized for treatment of fecal impaction or bowel obstruction in the last 12 months; or the individual has an ostomy for the purpose of providing an outlet for intestinal contents.
- b. **Constipation or Diarrhea:** The individual experiences an interruption or change in the normal flow of intestinal contents, such as recurring episodes of diarrhea or recurring constipation. If the individual receives scheduled medications to prevent constipation, this indicator does not need to be marked.

12. **Bladder Elimination Problems: Urinary Tract or Kidney Infections, or Urinary Catheter:** The individual has been treated by a physician for a urinary tract infection or kidney infection on more than 2 occasions in the past 6 months, or has an infection that does not respond well to treatment and lasts longer than 2 weeks. The individual has a urinary catheter inserted into the bladder for the purpose of draining urine. This may be indwelling or intermittent in use. If the individual has a catheter or tube inserted elsewhere into the body, specify location.

13. **Excessive Fluid Intake:** The individual demonstrates a pattern of drinking water or other fluids excessively. The excessive intake of water and other fluids may have an adverse effect on the individual's health.

14. **PICA:** The individual has been diagnosed with an eating disorder called PICA or demonstrates an abnormal craving or appetite for nonfood substances such as dirt, paint, clay etc.

15. **Communicable Disease Concerns: TB / Hepatitis A, B, or C/ HIV / STD / MRSA:** The individual has a known communicable disease or has potential for contracting or spreading the disease. Examples of communicable disease: Tuberculosis, Hepatitis, Sexually Transmitted Diseases, HIV, and Methicillin Resistant Staph Aureus (MRSA). When checking this indicator, please mark which communicable disease concern applies.

16. **Skin Breakdown: Decubitus Ulcer(s) or other Skin Breakdown:** The individual has damaged skin caused by staying in one position too long, cutting off the blood supply which causes the tissue to die. This damage may range from areas of redness on the skin to involvement of muscle and bone tissue. Decubitus ulcers may be commonly referred to as pressure ulcerations or bedsores. Please mark the inventory if there are any skin breakdown concerns.

## 17. **Seizure Disorder**

- a. **Controlled:** The individual has a history of seizures but with medical treatment the seizure activity has been limited to 6 seizures per month or less.
- b. **Uncontrolled:** The individual experiences an increase in seizure activity. This may also be an individual with seizures that are poorly controlled, such as having more than 6 seizures per month. This may be an individual who has been admitted to the hospital for increased seizure activity or anticonvulsant toxicity in the past twelve months.

18. **Dialysis:** The individual is receiving dialysis for treatment because of kidney disease or end stage renal failure. Dialysis is an artificial means to perform the function of the kidney.

19. **Vagus Nerve Stimulation (VNS):** The individual has a Vagus Nerve Stimulator in place to control seizures. The Vagus Nerve Stimulator is a device which is surgically implanted under the skin on the left side of the chest and has a lead to the vagus nerve in the neck. It is programmed to emit short bursts of electrical energy directed to the brain through the vagus nerve a twenty-four hour

continuous cycle. A magnet is used externally to command additional stimulation or inhibit stimulation.

20. **Frequent Falls:** The individual experiences falls more than twice a month on average or has had a fall which resulted in a fracture or hospital admission due to injuries in the past twelve months.
21. **Frequent Injuries: Two or more /month:** The individual experiences injuries more than twice a month on average or whose injury has required Emergency Room treatment or admission to the hospital in the last twelve months. This may include self-injurious behaviors.
22. **Diabetes:** The individual has a diagnosis of Diabetes, a chronic condition that makes the body unable to properly use carbohydrates, causing it to rely too heavily on protein and fat for fuel. It is a condition which affects many organs and bodily functions. There are three types of diabetes: Type I, Insulin Dependent and Type II, Non-Insulin Dependent Diabetes, and Diabetes Insipidous.
23. **Use of Insulin for control of Diabetes:** The individual is prescribed insulin, an antidiabetic hormone, to treat their Diabetes.
24. **Uses Anticoagulant Medications (blood thinners):** The individual is prescribed anticoagulant medications that delay the clotting of the blood, such as Coumadin or Lovenox. Please note: Aspirin and Plavix are NOT classified as anticoagulants, even though a long term side effect may include prolonged bleeding.
25. **Weight concern- difficulty maintaining, difficulty losing or other weight concern:** The individual has experienced unplanned weight gain or loss of five pounds per month; or requires a modified diet prescribed by a physician to maintain or lose weight; or has weight instability due to difficulty consuming adequate nutrition; or the individual has frequent meal refusals, or there are other medical reasons.
26. **Immobility:** The individual is not able to maintain and control the body position; someone who requires assistance in changing positions; or someone whose disability prevents sitting in an upright position; or someone who has limited positioning options.
27. **Oral Healthcare**
  - a. **Concern:** The individual has identified oral healthcare concern(s) as evidenced by current need for specialized oral care by a dentist or oral hygienist > twice yearly; requires daily physical assistance to complete basic oral hygiene needs; is identified as being at risk for oral health issues such as gingival hyperplasia or periodontal disease due to current prescribed medications and/or health conditions such as Diabetes and/or other risk factors such as chewing tobacco or smoking; has identified need for dental services which are not currently available (excluding oral surgery needs).
  - b. **Oral Health Issue:** The individual is currently diagnosed or has a history of oral cancer. The individual is currently in need of oral surgery. The individual is diagnosed with Periodontitis. The individual has current oral conditions such as abscess or lesions. The individual does not have properly fitting dentures.
28. **Utilizes a Baclofen Pump:** The individual has had a Baclofen Pump surgically implanted to decrease spasticity related to spinal cord injuries or other neurological diseases. Spasticity is a muscle problem characterized by tight or stiff muscles that may interfere with voluntary muscle movements.
29. **Recurrent Respiratory Infections:** The individual has been treated by a physician for a respiratory infection more than twice in the past twelve months. A respiratory infection may be

Upper: cold, sinus infection, or strep throat; or it may be Lower: reactive airway disease, bronchitis, or pneumonia.

30. **Pain-uncontrolled:** The individual experiences pain that is not relieved or occurs beyond the usual course of a disease or beyond the reasonable time for an injury to heal.
31. **Uses CPAP/BiPAP Mask:** The individual is prescribed a continuous positive airway pressure machine that provides a continuous stream of air pressure. Or a bilevel machine that provides different pressure levels based on the breathing pattern. The purpose of either CPAP or BiPAP is to keep the airway open allowing the person to be able to breathe.
32. **Hypertension:** The individual is diagnosed as having high blood pressure, generally after repeated elevated readings of systolic blood pressure above 140 mm HG and diastolic pressure above 90 mm Hg.
33. **Uses Tobacco Products:** The individual smokes or chews tobacco products.
34. **Total Number of Psychotropic Medications:** List the total number of medications taken to improve or stabilize mood, or modify behavior; or aid in sleep.
35. **PRN Psychotropic Medications:** The individual has a physician order to administer PRN (as needed) psychotropic medication for behavior modification. (Do not count routinely ordered psychotropic meds identified in # 37)
36. **Total Number of Anticonvulsant Medications:** List the total number of medications taken to control seizure activity.
37. **Total Number of Routine Medications Prescribed (Do not count prn meds):** List the total number of medications taken on a routine basis and prescribed by a physician order. This does not include PRN medications (taken as needed defined in #35). This will include any medications listed in categories 32 & 33 above.
38. **Other Health Concerns:** List any health concern that may not be reflected on the Health Risk Inventory but is a medical concern. The QA RN will determine if the concern qualifies the person to receive a Health Risk Review.