

令和元年度老人保健事業推進費等補助金

(老人保健健康増進等事業分)

「介護関連標準コードの開発手法に関する
調査研究事業」
報告書

令和 2 年 3 月 31 日

学校法人 産業医科大学

(1) 日本語版

症例 1

80 歳女性

【傷病の状況】

骨粗しょう症（ICD10: M8199）による変形性脊椎症（ICD10: M4799）と変形性膝関節症（ICD10: M171）のため、腰痛（ICD10: M5456）と膝関節痛（ICD10: M255）がある。最近、下肢筋力の低下（ICF:b7303）も生じている。3年前から物忘れ（ICF:b144）が重度となり、幻視（ICF:b1561）・幻聴（ICF:b1560）、ものとられ妄想（ICF:b160）などのBPSDも出現するようになった。近医を受診しアルツハイマー性認知症（ICD10: G309）と診断されている。この半年間に症状の大きな変化はない。

【家族の状況】

55 歳の息子（独身）と同居。息子は公務員で日中は不在になるため、対象者は一人で過ごすことがほとんどである。調理のためコンロにかけた鍋のことを忘れてしまい鍋を焦がしてしまったことがある。息子としては日中、母を一人にすることが不安になっている。また、歩行器を使って買い物などの外出をするが、たびたび転倒し、小さなけがが絶えないことも息子は不安に思っている。

【要介護認定の結果 表 1-1】

1. 麻痺・拘縮

- ふらつきがあり、外出の際は歩行器を用いている。

2. 移動

- ベッドでの寝返りはベッドの縁につかり、ゆっくりと起き上がる
- 室内は何かにつかまって歩く
- 近くのスーパー・マーケットまで、自力で行っている。ただし、転倒の危険が大きい。

3. 複雑動作

- 洗身は、介助者に行ってもらっている。

4. 特別介護

- 失禁があるため、おむつを使用している。
- 排泄の後始末は自分でできる。

5. 身の回り

- 入浴は介助が必要
- 日常の意思決定では、簡単なことは問題なくできるが、複雑なことは難しい。

6. 意思疎通

- 難聴があり、大きな声でないと聞こえない。

7. 問題行動

- 時に幻視がある。
- 夜中に眠れないときがある。
- ものを取られたという妄想が時にある。

8. 特別な医療

- 特になし

9. 日常生活自立度

- 障害自立度は C2

- ・ 認知症自立度はⅠ
10. 廃用の程度
- ・ 日中は屋内で横になっていることが多い
 - ・ 外出の頻度は週に2回のデイケアと、週に1回程度の買い物

【主治医意見書 表1-2】

【ケアマネージャーの評価】

- ・ 下肢筋力の低下に対して、週2回のデイケアサービスを利用することで、リハビリテーションを行う。また、栄養状態の改善が筋力向上のために必要であると考えられることから、栄養士による訪問指導（居宅療養管理指導）を、ホームヘルプサービスと同時にい、ホームヘルパーの食事準備の支援を行う。
- ・ 転倒予防のために、家屋内の手すり設置を行うとともに、屋内の段差の解消工事を行う。
- ・ 入浴などの個人衛生の介護負担が大きくなっているので、週2回のデイサービス時に入浴サービスを提供する。
- ・ 介護者である息子の介護負担を軽減するために、月に1回2泊3日のショートステイサービスを提供する。
- ・ なお、将来、症状の悪化に伴いグループホーム利用の可能性があることから、デイケアサービス事業者は、法人内にグループホームを持っているA介護サービス事業所とする。

(6) インドネシア語版 Indonesian version

Contoh Kasus 1

Wanita berusia 80 tahun

[Kondisi Cidera]

Ada nyeri punggung bawah (ICD10 :M5456) dan nyeri sendi lutut (ICD10 :M255) karena spondylosis degeneratif (ICD10 :M4799) dan osteoarthritis lutut (ICD10 :M171) akibat osteoporosis (ICD10 :M8199). Baru-baru ini, kekuatan otot tungkai bawah (ICF : b7303) juga telah terjadi penurunan. Sejak tiga tahun lalu, kebiasaan pelupa (ICF : b144) menjadi parah, dan BPSD (ICF : b144) seperti halusinasi penglihatan (ICF : b1561), halusinasi pendengaran (ICF : b1560), delusi (ICF : b160) dan lain sebagainya mulai muncul. Dia mengunjungi dokter terdekat dan didiagnosis menderita penyakit Alzheimer (ICD10: G309). Belum ada perubahan besar dalam gejala dalam enam bulan terakhir.

[Kondisi keluarga]

Tinggal bersama dengan putra berusia 55 tahun (lajang). Karena putranya adalah pegawai negeri dan tidak berada di rumah pada siang hari, sehingga target kebanyakan menghabiskan waktu sendirian. Ada kejadian saat memasak lupa tentang panci yang telah dimasak di atas kompor sehingga panci menjadi hangus. Sebagai seorang putra, dia khawatir meninggalkan ibunya sendirian di siang hari. Saat keluar rumah ibunya menggunakan alat bantu jalan untuk pergi berbelanja dan hal-hal lain, tetapi dia sering terjatuh, sehingga putranya khawatir akan cedera kecil yang sering terjadi.

[Hasil sertifikasi kebutuhan perawatan jangka panjang Tabel 1-1]

1. Kelumpuhan / Kontraktur
 - Ada goyangan dan menggunakan alat bantu jalan saat keluar.
2. Bergerak
 - Cara memiringkan badan di tempat tidur yaitu dengan memegang tepi tempat tidur kemudian bangun secara perlahan.
 - Dalam ruangan berjalan dengan berpegangan pada sesuatu.
 - Dapat bepergian sendiri ke supermarket terdekat. Namun ada risiko terjatuh sangat tinggi.
3. Aksi gerakan yang rumit
 - Membersihkan badan sendiri dilakukan oleh helper.
4. Perawatan khusus

- Menggunakan popok karena inkontinensi.
 - Bisa membersihkan diri sendiri setelah ekskresi.
5. Seputar diri sendiri
- Mandi membutuhkan bantuan.
 - Keputusan sehari-hari dapat melakukannya dengan hal-hal sederhana tanpa masalah, tetapi tidak dapat melakukan hal-hal rumit.
6. Komunikasi
- Memiliki gangguan pendengaran dan tidak dapat mendengarnya kecuali dengan suara yang keras.
7. Perilaku bermasalah
- Terkadang ada halusinasi penglihatan.
 - Terkadang tidak bisa tidur di malam hari.
 - Terkadang ada khayalan bahwa barangnya telah diambil.
8. Perawatan medis khusus
- Tidak ada.
9. Kemandirian dalam kehidupan sehari-hari
- Tingkat kemandirian disabilitas adalah C2.
 - Kemandirian demensia adalah I.
10. Tingkat disuse
- Sering berbaring di dalam ruangan di siang hari.
 - Keluar 2 kali seminggu untuk day care dan seminggu 1 kali untuk berbelanja.

[Penilaian dokter pada perawatan jangka panjang Tabel 1-2]

[Evaluasi care manager]

- Rehabilitasi dilakukan dengan menggunakan day care service 2 kali seminggu untuk menurunkan kekuatan otot kaki. Selain itu, karena dianggap bahwa meningkatkan kondisi gizi diperlukan untuk meningkatkan kekuatan otot, maka pedoman kunjungan ahli gizi (visiting medical management in home) diberikan bersamaan dengan home help service untuk mendukung persiapan makan oleh home helper.
- Untuk mencegah jatuh, memasang pegangan tangan di dalam rumah dan menghilangkan perbedaan tinggi lantai dalam ruangan.
- Karena beban pengasuh dalam kebersihan pribadi seperti mandi telah meningkat, maka layanan mandi diberikan 2 kali seminggu saat day service.
- Untuk mengurangi beban asuhan keperawatan bagi putra yang merupakan

pengasuh, short stay service diberikan sebulan 1 kali selama 3 hari 2 malam.

- Selain itu, karena ada kemungkinan bahwa group home akan digunakan karena memburuknya gejala di masa depan, penyedia day care service akan menjadi perusahaan layanan perawatan yang memiliki group home di perusahaan A.

2. 要介護認定及びケアマネジメント事例集

本節では5つの要介護高齢者の事例について記述する。資料としての各事例の要介護認定調査票の結果および主治医意見書の記載は以下のものを共通資料をして用いる。紙面の都合上、英語版のみを示す。

Table1-1 ICF Certified Documentation Form

1-1 Please circle the applicable number/s relating to the presence of paralysis. (Multiple answers possible)

1. None	2. Left Upper Extremity s73 0.00	3. Right upper s730.001	4. Left lower extremity s750.002	5. Right lower extremity s750.001	6. Other (Loss of limbs) s798
	0 = No impairment b73 0.0	0 = No impairment b730.0	0 = No impairment b730.0	0 = No impairment b730.0	0 = No impairment b730.0
Present	1 = Mild impairment b73 0.1	1 = Mild impairment b730.1	1 = Mild impairment b730.1	1 = Mild impairment b730.1	1 = Mild impairment b730.1
	2 = Moderate impairment b73 0.2	2 = Moderate impairment b730.2	2 = Moderate impairment b730.2	2 = Moderate impairment b730.2	2 = Moderate impairment b730.2
	3 = Severe impairment b73 0.3	3 = Severe impairment b730.3	3 = Severe impairment b730.3	3 = Severe impairment b730.3	3 = Severe impairment b730.3
	4 = Complete impairment b73 0.4	4 = Complete impairment b730.4	4 = Complete impairment b730.4	4 = Complete impairment b730.4	4 = Complete impairment b730.4
	8 = Not specified b73 0.8	8 = Not specified b730.8	8 = Not specified b730.8	8 = Not specified b730.8	8 = Not specified b730.8
	9 = Not applicable b73 0.9	9 = Not applicable b730.9	9 = Not applicable b730.9	9 = Not applicable b730.9	9 = Not applicable b730.9

1-2 Please circle the applicable number/s relating to the presence of contracture. (Multiple answers possible)

1. None	2. Shoulder joint s7201	3. Hip joint s75001	4. Knee joint s75011	5. Other (loss of limbs) s798
2. Present	0 = No impairment b710.0			
	1 = Mild impairment b710.1			
	2 = Moderate impairment b710.2			
	3 = Severe impairment b710.3			
	4 = Complete impairment b710.4			
	8 = Not specified b710.8			
	9 = Not applicable b710.9			

1-3 Please circle the applicable number relating to rolling over while lying down.

d4108 Changing basic body position, other specified

1. Can perform without gripping on to objects	Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
2. Can perform by gripping on to objects	No difficulty d4108.0	d4108.x0	d4108.xx0
3. Cannot perform	Mild difficulty d4108.1	d4108.x1	d4108.xx1
	Moderate difficulty d4108.2	d4108.x2	d4108.xx2
	Severe difficulty d4108.3	d4108.x3	d4108.xx3
	Complete difficulty d4108.4	d4108.x4	d4108.xx4
	Not specified d4108.8	d4108.x8	d4108.xx8
	Not applicable d4108.9	d4108.x9	d4108.xx9

1-4 Please circle the applicable number relating to sitting up.

d4108 Changing basic body position, other specified

1. Can perform without gripping on to objects	Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
2. Can perform by gripping on to objects	No difficulty d4108.0	d4108.x0	d4108.xx0
3. Cannot perform	Mild difficulty d4108.1	d4108.x1	d4108.xx1
	Moderate difficulty d4108.2	d4108.x2	d4108.xx2
	Severe difficulty d4108.3	d4108.x3	d4108.xx3
	Complete difficulty d4108.4	d4108.x4	d4108.xx4
	Not specified d4108.8	d4108.x8	d4108.xx8
	Not applicable d4108.9	d4108.x9	d4108.xx9

1-5 Please circle the applicable number relating to maintaining a seated position.

d4153 Maintaining a sitting position

1. Can perform	Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
2. Can perform if supported using own hands	No difficulty d4153.0	d4153.x0	d4153.xx0
3. Can perform if supported by others	Mild difficulty d4153.1	d4153.x1	d4153.xx1
	Moderate difficulty d4153.2	d4153.x2	d4153.xx2

4. Cannot perform	Severe difficulty	d4153.3	d4153.x3	d4153.xx3
	Complete difficulty	d4153.4	d4153.x4	d4153.xx4
	Not specified	d4153.8	d4153.x8	d4153.xx8
	Not applicable	d4153.9	d4153.x9	d4153.xx9

1-6 Please circle the applicable number relating to maintaining a two-legged standing position

d4154		Maintaining a standing position		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform without support	No difficulty	d4154.0	d4154.x0	d4154.xx0
2. Can perform with some kind of support	Mild difficulty	d4154.1	d4154.x1	d4154.xx1
3. Cannot perform	Moderate difficulty	d4154.2	d4154.x2	d4154.xx2
	Severe difficulty	d4154.3	d4154.x3	d4154.xx3
	Complete difficulty	d4154.4	d4154.x4	d4154.xx4
	Not specified	d4154.8	d4154.x8	d4154.xx8
	Not applicable	d4154.9	d4154.x9	d4154.xx9

1-7 Please circle the applicable number relating to walking.

d4500		Walking short distances		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform without gripping on to objects	No difficulty	d4500.0	d4500.x0	d4500.xx0
2. Can perform by gripping on to objects	Mild difficulty	d4500.1	d4500.x1	d4500.xx1
3. Cannot perform	Moderate difficulty	d4500.2	d4500.x2	d4500.xx2
	Severe difficulty	d4500.3	d4500.x3	d4500.xx3
	Complete difficulty	d4500.4	d4500.x4	d4500.xx4
	Not specified	d4500.8	d4500.x8	d4500.xx8
	Not applicable	d4500.9	d4500.x9	d4500.xx9

1-8 Please circle the applicable number relating to standing up.

d4104		Standing		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform without gripping on to objects	No difficulty	d4104.0	d4104.x0	d4104.xx0
2. Can perform by gripping on to objects	Mild difficulty	d4104.1	d4104.x1	d4104.xx1
3. Cannot perform	Moderate difficulty	d4104.2	d4104.x2	d4104.xx2
	Severe difficulty	d4104.3	d4104.x3	d4104.xx3
	Complete difficulty	d4104.4	d4104.x4	d4104.xx4
	Not specified	d4104.8	d4104.x8	d4104.xx8
	Not applicable	d4104.9	d4104.x9	d4104.xx9

1-9 Please circle the applicable number relating to maintaining a one-legged standing position.

d4106		Shifting the body's center of gravity		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform without support	No difficulty	d4106.0	d4106.x0	d4106.xx0
2. Can perform with some kind of support	Mild difficulty	d4106.1	d4106.x1	d4106.xx1
3. Cannot perform	Moderate difficulty	d4106.2	d4106.x2	d4106.xx2
	Severe difficulty	d4106.3	d4106.x3	d4106.xx3
	Complete difficulty	d4106.4	d4106.x4	d4106.xx4
	Not specified	d4106.8	d4106.x8	d4106.xx8
	Not applicable	d4106.9	d4106.x9	d4106.xx9

1-10 Please circle the applicable number relating to washing oneself.

d510		Washing oneself		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance

1. Not assisted	No difficulty	d510.0	d510.x0	d510.xx0
2. Partial assistance	Mild difficulty	d510.1	d510.x1	d510.xx1
3. Complete assistance	Moderate difficulty	d510.2	d510.x2	d510.xx2
4. Not performed	Severe difficulty	d510.3	d510.x3	d510.xx3
	Complete difficulty	d510.4	d510.x4	d510.xx4
	Not specified	d510.8	d510.x8	d510.xx8
	Not applicable	d510.9	d510.x9	d510.xx9

1-11 Please circle the applicable number relating to cutting nails.

	d5203	Caring for fingernails		
	d5204	Caring for toenails		
1. Not assisted		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
2. Partial assistance	No difficulty	d520x.0	d520x.x0	d520x.xx0
3. Complete assistance	Mild difficulty	d520x.1	d520x.x1	d520x.xx1
	Moderate difficulty	d520x.2	d520x.x2	d520x.xx2
	Severe difficulty	d520x.3	d520x.x3	d520x.xx3
	Complete difficulty	d520x.4	d520x.x4	d520x.xx4
	Not specified	d520x.8	d520x.x8	d520x.xx5
	Not applicable	d520x.9	d520x.x9	d520x.xx6

1-12 Please circle the applicable number relating to sight.

	b210	Seeing functions		
		Extent of impairment		
1. Normal (no interference in daily life)	No impairment	b210.0		
2. Can see an eye-test chart placed approx. 1 m away	Mild impairment	b210.1		
3. Can see an eye-test chart placed directly in front of eyes	Moderate impairment	b210.2		
4. Can barely see chart	Severe impairment	b210.3		
5. Cannot determine whether chart can be seen	Complete impairment	b210.4		
	Not specified	b210.8		
	Not applicable	b210.9		

1-13 Please circle the applicable number relating to hearing.

	b230	Hearing functions		
		Extent of impairment		
1. Normal	No impairment	b230.0		
2. Can almost hear speech at a normal volume	Mild impairment	b230.1		
3. Can almost hear loud speech	Moderate impairment	b230.2		
4. Can barely hear anything	Severe impairment	b230.3		
5. Cannot determine whether able to hear	Complete impairment	b230.4		
	Not specified	b230.8		
	Not applicable	b230.9		

2-1 Please circle the applicable number relating to transferring.

	d420	Transferring oneself		
1. Not assisted		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
2. With monitoring etc.	No difficulty	d420.0	d420.x0	d420.xx0
3. Partial assistance	Mild difficulty	d420.1	d420.x1	d420.xx1
4. Complete assistance	Moderate difficulty	d420.z	d420.x2	d420.xx2
	Severe difficulty	d420.3	d420.x3	d420.xx3
	Complete difficulty	d420.4	d420.x4	d420.xx4
	Not specified	d420.8	d420.x8	d420.xx8
	Not applicable	d420.9	d420.x9	d420.xx9

2-2 Please circle the applicable number relating to moving between locations.

d455		Moving around		
1. Not assisted	No difficulty	Extent of difficulty related to performance d455.0	Extent of difficulty related to capacity d455.x0	Extent of difficulty with assistance d455.xx0
2. With monitoring etc.	Mild difficulty	d455.1	d455.x1	d455.xx1
3. Partial assistance	Moderate difficulty	d455.2	d455.x2	d455.xx2
4. Complete assistance	Severe difficulty	d455.3	d455.x3	d455.xx3
	Complete difficulty	d455.4	d455.x4	d455.xx4
	Not specified	d455.8	d455.x8	d455.xx8
	Not applicable	d455.9	d455.x9	d455.xx9

2-3 Please circle the applicable number relating to swallowing.

b510		Ingestion functions		
		Extent of impairment		
1. Can perform	No impairment	b510.0		
2. With monitoring etc.	Mild impairment	b510.1		
3. Cannot perform	Moderate impairment	b510.2		
	Severe impairment	b510.3		
	Complete impairment	b510.4		
	Not specified	b510.8		
	Not applicable	b510.9		

2-4 Please circle the applicable number relating to dietary intake.

d550		Eating		
d560		Drinking		
1. Not assisted	No difficulty	Extent of difficulty related to performance d5x0.0	Extent of difficulty related to capacity d5x0.x0	Extent of difficulty with assistance d5x0.xx0
2. With monitoring etc.	Mild difficulty	d5x0.1	d5x0.x1	d5x0.xx1
3. Partial assistance	Moderate difficulty	d5x0.2	d5x0.x2	d5x0.xx2
4. Complete assistance	Severe difficulty	d5x0.3	d5x0.x3	d5x0.xx3
	Complete difficulty	d5x0.4	d5x0.x4	d5x0.xx4
	Not specified	d5x0.8	d5x0.x8	d5x0.xx8
	Not applicable	d5x0.9	d5x0.x9	d5x0.xx9

2-5 Please circle the applicable number relating to urination.

b620		Urination functions		d5300	Regulating urination	
		Extent of impairment		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No impairment	b620.0	No difficulty	d5300.0	d5300.x0	d5300.xx0
2. With monitoring etc.	Mild impairment	b620.1	Mild difficulty	d5300.1	d5300.x1	d5300.xx1
3. Partial assistance	Moderate impairment	b620.2	Moderate difficulty	d5300.2	d5300.x2	d5300.xx2
4. Complete assistance	Severe impairment	b620.3	Severe difficulty	d5300.3	d5300.x3	d5300.xx3
	Complete impairment	b620.4	Complete difficulty	d5300.4	d5300.x4	d5300.xx4
	Not specified	b620.8	Not specified	d5300.8	d5300.x8	d5300.xx8
	Not applicable	b620.9	Not applicable	d5300.9	d5300.x9	d5300.xx9

2-6 Please circle the applicable number relating to defecation.

b525		Defecation functions		d5301	Regulating defecation	
		Extent of impairment		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No impairment	b525.0	No difficulty	d5301.0	d5301.x0	d5301.xx0
2. With monitoring etc.	Mild impairment	b525.1	Mild difficulty	d5301.1	d5301.x1	d5301.xx1

3. Partial assistance	Moderate impairment	b525.2	Moderate difficulty	d5301.2	d5301.x2	d5301.xx2
4. Complete assistance	Severe impairment	b525.3	Severe difficulty	d5301.3	d5301.x3	d5301.xx3
	Complete impairment	b525.4	Complete difficulty	d5301.4	d5301.x4	d5301.xx4
	Not specified	b525.8	Not specified	d5301.8	d5301.x8	d5301.xx8
	Not applicable	b525.9	Not applicable	d5301.9	d5301.x9	d5301.xx9

2-7 Please circle the applicable number relating to oral hygiene.

d5201		Caring for teeth		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No difficulty	d5201.0	d5201.x0	d5201.xx0
	Mild difficulty	d5201.1	d5201.x1	d5201.xx1
3. Complete assistance	Moderate difficulty	d5201.2	d5201.x2	d5201.xx2
	Severe difficulty	d5201.3	d5201.x3	d5201.xx3
	Complete difficulty	d5201.4	d5201.x4	d5201.xx4
	Not specified	d5201.8	d5201.x8	d5201.xx8
	Not applicable	d5201.9	d5201.x9	d5201.xx9

2-8 Please circle the applicable number relating to face washing.

d5100		Washing body parts		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No difficulty	d5100.0	d5100.x0	d5100.xx0
2. Partial assistance	Mild difficulty	d5100.1	d5100.x1	d5100.xx1
3. Complete assistance	Moderate difficulty	d5100.2	d5100.x2	d5100.xx2
	Severe difficulty	d5100.3	d5100.x3	d5100.xx3
	Complete difficulty	d5100.4	d5100.x4	d5100.xx4
	Not specified	d5100.8	d5100.x8	d5100.xx8
	Not applicable	d5100.9	d5100.x9	d5100.xx9

2-9 Please circle the applicable number relating to hair grooming.

d5202		Caring for hair		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No difficulty	d5202.0	d5202.x0	d5202.xx0
2. Partial assistance	Mild difficulty	d5202.1	d5202.x1	d5202.xx1
3. Complete assistance	Moderate difficulty	d5202.2	d5202.x2	d5202.xx2
	Severe difficulty	d5202.3	d5202.x3	d5202.xx3
	Complete difficulty	d5202.4	d5202.x4	d5202.xx4
	Not specified	d5202.8	d5202.x8	d5202.xx8
	Not applicable	d5202.9	d5202.x9	d5202.xx9

2-10 Please circle the applicable number relating to wearing/removing upper garments.

d5400		Putting on clothes		
d5401		Taking off clothes		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No difficulty	d540x.0	d540x.x0	d540x.xx0
2. With monitoring etc.	Mild difficulty	d540x.1	d540x.x1	d540x.xx1
3. Partial assistance	Moderate difficulty	d540x.2	d540x.x2	d540x.xx2
4. Complete assistance	Severe difficulty	d540x.3	d540x.x3	d540x.xx3
	Complete difficulty	d540x.4	d540x.x4	d540x.xx4
	Not specified	d540x.8	d540x.x8	d540x.xx8
	Not applicable	d540x.9	d540x.x9	d540x.xx9

2-11 Please circle the applicable number relating to wearing/removing trousers etc.

	d5400	Putting on clothes		
	d5401	Taking off clothes		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No difficulty	d540x.0	d540x.x0	d540x.xx0
2. With monitoring etc.	Mild difficulty	d540x.1	d540x.x1	d540x.xx1
3. Partial assistance	Moderate difficulty	d540x.2	d540x.x2	d540x.xx2
4. Complete assistance	Severe difficulty	d540x.3	d540x.x3	d540x.xx3
	Complete difficulty	d540x.4	d540x.x4	d540x.xx4
	Not specified	d540x.8	d540x.x8	d540x.xx8
	Not applicable	d540x.9	d540x.x9	d540x.xx9

2-12 Please circle the applicable number relating to frequency of going outside the house.

- 1. One or more times per week
- 2. One or more times per month
- 3. Less than once per month

3-1 Please circle the applicable number relating to communicating intent.

	b110	Consciousness functioning		
			Extent of impairment	
1. The individual can communicate their intent to others	No impairment	b110.0		
2. Can communicate sometimes	Mild impairment	b110.1		
3. Can almost never communicate	Moderate impairment	b110.2		
4. Cannot communicate	Severe impairment	b110.3		
	Complete impairment	b110.4		
	Not specified	b110.8		
	Not applicable	b110.9		

3-2 Please circle the applicable number relating to understanding daily routines.

	d2301	Managing daily routine		
			Extent of difficulty related to performance	Extent of difficulty related to capacity
1. Can perform	No difficulty	d2301.0	d2301.x0	d2301.xx0
2. Cannot perform	Mild difficulty	d2301.1	d2301.x1	d2301.xx1
	Moderate difficulty	d2301.2	d2301.x2	d2301.xx2
	Severe difficulty	d2301.3	d2301.x3	d2301.xx3
	Complete difficulty	d2301.4	d2301.x4	d2301.xx4
	Not specified	d2301.8	d2301.x8	d2301.xx8
	Not applicable	d2301.9	d2301.x9	d2301.xx9

3-3 Please circle the applicable number relating to communicating date of birth and age.

	b114	Orientation functions		
			Extent of impairment	
1. Can perform	No impairment	b114.0		
2. Cannot perform	Mild impairment	b114.1		
	Moderate impairment	b114.2		
	Severe impairment	b114.3		
	Complete impairment	b114.4		
	Not specified	b114.8		
	Not applicable	b114.9		

3-4 Please circle the applicable number relating to short-term memory (remembering what happened immediately prior to this survey).

	b1440	Short-term memory		
			Extent of impairment	

1. Can perform	No impairment	b1440.0
2. Cannot perform	Mild impairment	b1440.1
	Moderate impairment	b1440.2
	Severe impairment	b1440.3
	Complete impairment	b1440.4
	Not specified	b1440.8
	Not applicable	b1440.9

3-5 Please circle the applicable number relating to saying ones' name.

b114 Orientation functions		
		Extent of impairment
1. Can perform	No impairment	b114.0
2. Cannot perform	Mild impairment	b114.1
	Moderate impairment	b114.2
	Severe impairment	b114.3
	Complete impairment	b114.4
	Not specified	b114.8
	Not applicable	b114.9

3-6 Please circle the applicable number relating to understanding the current season.

b1148 Orientation functions, other specified		
		Extent of impairment
1. Can perform	No impairment	b1148.0
2. Cannot perform	Mild impairment	b1148.1
	Moderate impairment	b1148.2
	Severe impairment	b1148.3
	Complete impairment	b1148.4
	Not specified	b1148.8
	Not applicable	b1148.9

3-7 Please circle the applicable number relating to understanding ones' location (in response to being asked).

b1141 Orientation to place		
		Extent of impairment
1. Can perform	No impairment	b1141.0
2. Cannot perform	Mild impairment	b1141.1
	Moderate impairment	b1141.2
	Severe impairment	b1141.3
	Complete impairment	b1141.4
	Not specified	b1141.8
	Not applicable	b1141.9

3-8 Please circle the applicable number relating to wandering.

b198 Mental functions, other specified		
		Extent of impairment
1. None	No impairment	b198.0
2. Occasionally	Mild impairment	b198.1
3. Present	Moderate impairment	b198.2
	Severe impairment	b198.3
	Complete impairment	b198.4
	Not specified	b198.8

	Not applicable	b198.9	
--	----------------	--------	--

3-9 Please circle the applicable number relating to not being able to return after leaving the house.

b1141	Orientation to place	
		Extent of impairment
1. None	No impairment	b1141.0
2. Occasionally	Mild impairment	b1141.1
3. Present	Moderate impairment	b1141.2
	Severe impairment	b1141.3
	Complete impairment	b1141.4
	Not specified	b1141.8
	Not applicable	b1141.9

4-1 Please circle the applicable number relating to being a victim of theft etc..

b160	Thought functions	
		Extent of impairment
1. None	No impairment	b160.0
2. Occasionally	Mild impairment	b160.1
3. Present	Moderate impairment	b160.2
	Severe impairment	b160.3
	Complete impairment	b160.4
	Not specified	b160.8
	Not applicable	b160.9

4-2 Please circle the applicable number relating to fabricating stories.

b160	Thought functions	
		Extent of impairment
1. None	No impairment	b160.0
2. Occasionally	Mild impairment	b160.1
3. Present	Moderate impairment	b160.2
	Severe impairment	b160.3
	Complete impairment	b160.4
	Not specified	b160.8
	Not applicable	b160.9

4-3 Please circle the applicable number relating unstable emotions such as crying/laughing.

b152	Emotional functions	
		Extent of impairment
1. None	No impairment	b152.0
2. Occasionally	Mild impairment	b152.1
3. Present	Moderate impairment	b152.2
	Severe impairment	b152.3
	Complete impairment	b152.4
	Not specified	b152.8
	Not applicable	b152.9

4-4 Please circle the applicable number relating to reversal of night/day.

b134	Sleep functions	
		Extent of impairment
1. None	No impairment	b134.0
2. Occasionally	Mild impairment	b134.1
3. Present	Moderate impairment	b134.2

	Severe impairment	b134.3
	Complete impairment	b134.4
	Not specified	b134.8
	Not applicable	b134.9

4-5 Please circle the applicable number relating to repeating the same topics of conversation.

b160	Thought functions	
		Extent of impairment
1. None	No impairment	b160.0
2. Occasionally	Mild impairment	b160.1
3. Present	Moderate impairment	b160.2
	Severe impairment	b160.3
	Complete impairment	b160.4
	Not specified	b160.8
	Not applicable	b160.9

4-6 Please circle the applicable number relating to shouting.

b152	Emotional functions	
		Extent of impairment
1. None	No impairment	b152.0
2. Occasionally	Mild impairment	b152.1
3. Present	Moderate impairment	b152.2
	Severe impairment	b152.3
	Complete impairment	b152.4
	Not specified	b152.8
	Not applicable	b152.9

4-7 Please circle the applicable number relating to resisting nursing care.

b198	Mental functions, other specified	
		Extent of impairment
1. None	No impairment	b198.0
2. Occasionally	Mild impairment	b198.1
3. Present	Moderate impairment	b198.2
	Severe impairment	b198.3
	Complete impairment	b198.4
	Not specified	b198.8
	Not applicable	b198.9

4-8 Please circle the applicable number relating to saying "I want to go home" etc. and being unable to calm down.

b1141	Orientation to place	
		Extent of impairment
1. None	No impairment	b1141.0
2. Occasionally	Mild impairment	b1141.1
3. Present	Moderate impairment	b1141.2
	Severe impairment	b1141.3
	Complete impairment	b1141.4
	Not specified	b1141.8
	Not applicable	b1141.9

4-9 Please circle the applicable number relating to wanting to go outside alone, thereby requiring constant attention.

b114	Orientation functions	
------	-----------------------	--

		Extent of impairment
1. None	No impairment	b114.0
2. Occasionally	Mild impairment	b114.1
3. Present	Moderate impairment	b114.2
	Severe impairment	b114.3
	Complete impairment	b114.4
	Not specified	b114.8
	Not applicable	b114.9

4-10 Please circle the applicable number relating to collecting items or taking items without permission.

b164	Higher-level cognitive functions	
		Extent of impairment
1. None	No impairment	b164.0
2. Occasionally	Mild impairment	b164.1
3. Present	Moderate impairment	b164.2
	Severe impairment	b164.3
	Complete impairment	b164.4
	Not specified	b164.8
	Not applicable	b164.9

4-11 Please circle the applicable number relating to breaking objects or damaging clothing.

b1521	Regulation of emotion	
		Extent of impairment
1. None	No impairment	b1521.0
2. Occasionally	Mild impairment	b1521.1
3. Present	Moderate impairment	b1521.2
	Severe impairment	b1521.3
	Complete impairment	b1521.4
	Not specified	b1521.8
	Not applicable	b1521.9

4-12 Please circle the applicable number relating to extreme forgetfulness.

b144	Memory functions	
		Extent of impairment
1. None	No impairment	b144.0
2. Occasionally	Mild impairment	b144.1
3. Present	Moderate impairment	b144.2
	Severe impairment	b144.3
	Complete impairment	b144.4
	Not specified	b144.8
	Not applicable	b144.9

4-13 Please circle the applicable number relating to meaningless self-talk or laughing to oneself.

b198	Mental functions, other specified	
		Extent of impairment
1. None	No impairment	b198.0
2. Occasionally	Mild impairment	b198.1
3. Present	Moderate impairment	b198.2
	Severe impairment	b198.3
	Complete impairment	b198.4

	Not specified	b198.8	
	Not applicable	b198.9	

4-14 Please circle the applicable number relating to selfish conduct without regard for others.

b198 Mental functions, other specified			
		Extent of impairment	
1. None	No impairment	b198.0	
2. Occasionally	Mild impairment	b198.1	
3. Present	Moderate impairment	b198.2	
	Severe impairment	b198.3	
	Complete impairment	b198.4	
	Not specified	b198.8	
	Not applicable	b198.9	

4-15 Please circle the applicable number relating to constantly speaking in a manner that does not allow for conversation.

b160 Thought functions			
		Extent of impairment	
1. None	No impairment	b160.0	
2. Occasionally	Mild impairment	b160.1	
3. Present	Moderate impairment	b160.2	
	Severe impairment	b160.3	
	Complete impairment	b160.4	
	Not specified	b160.8	
	Not applicable	b160.9	

5-1 Please circle the applicable number relating to taking medication.

d2301 Managing daily routine				
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Independent	No difficulty	d2301.0	d2301.x0	d2301.xx0
2. Partial assistance	Mild difficulty	d2301.1	d2301.x1	d2301.xx1
3. Complete assistance	Moderate difficulty	d2301.2	d2301.x2	d2301.xx2
	Severe difficulty	d2301.3	d2301.x3	d2301.xx3
	Complete difficulty	d2301.4	d2301.x4	d2301.xx4
	Not specified	d2301.8	d2301.x8	d2301.xx8
	Not applicable	d2301.9	d2301.x9	d2301.xx9

5-2 Please circle the applicable number relating to monetary management.

d2301 Managing daily routine				
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Independent	No difficulty	d2301.0	d2301.x0	d2301.xx0
2. Partial assistance	Mild difficulty	d2301.1	d2301.x1	d2301.xx1
3. Complete assistance	Moderate difficulty	d2301.2	d2301.x2	d2301.xx2
	Severe difficulty	d2301.3	d2301.x3	d2301.xx3
	Complete difficulty	d2301.4	d2301.x4	d2301.xx4
	Not specified	d2301.8	d2301.x8	d2301.xx8
	Not applicable	d2301.9	d2301.x9	d2301.xx9

5-3 Please circle the applicable number relating to decision making in daily life.

d177 Making decisions				
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform	No difficulty	d177.0	d177.x0	d177.xx0

2. Can perform in normal circumstances	Mild difficulty	d177.1	d177.x1	d177.xx1
3. Difficult in normal circumstances	Moderate difficulty	d177.2	d177.x2	d177.xx2
4. Cannot perform	Severe difficulty	d177.3	d177.x3	d177.xx3
	Complete difficulty	d177.4	d177.x4	d177.xx4
	Not specified	d177.8	d177.x8	d177.xx8
	Not applicable	d177.9	d177.x9	d177.xx9

5-4 Please circle the applicable number relating to not being able to fit in with groups.

d710		Basic interpersonal interactions		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. None	No difficulty	d710.0	d710.x0	d710.xx0
2. Occasionally	Mild difficulty	d710.1	d710.x1	d710.xx1
3. Present	Moderate difficulty	d710.2	d710.x2	d710.xx2
	Severe difficulty	d710.3	d710.x3	d710.xx3
	Complete difficulty	d710.4	d710.x4	d710.xx4
	Not specified	d710.8	d710.x8	d710.xx8
	Not applicable	d710.9	d710.x9	d710.xx9

5-5 Please circle the applicable number relating to shopping.

d6200		Shopping		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform	No difficulty	d6200.0	d6200.x0	d6200.xx0
2. with monitoring etc.	Mild difficulty	d6200.1	d6200.x1	d6200.xx1
3. Partial assistance	Moderate difficulty	d6200.2	d6200.x2	d6200.xx2
4. Complete assistance	Severe difficulty	d6200.3	d6200.x3	d6200.xx3
	Complete difficulty	d6200.4	d6200.x4	d6200.xx4
	Not specified	d6200.8	d6200.x8	d6200.xx8
	Not applicable	d6200.9	d6200.x9	d6200.xx9

5-6 Please circle the applicable number relating to basic cooking skills.

d6300		Preparing simple meals		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform	No difficulty	d6300.0	d6300.x0	d6300.xx0
2. With monitoring etc.	Mild difficulty	d6300.1	d6300.x1	d6300.xx1
3. Partial assistance	Moderate difficulty	d6300.2	d6300.x2	d6300.xx2
4. Complete assistance	Severe difficulty	d6300.3	d6300.x3	d6300.xx3
	Complete difficulty	d6300.4	d6300.x4	d6300.xx4
	Not specified	d6300.8	d6300.x8	d6300.xx8
	Not applicable	d6300.9	d6300.x9	d6300.xx9

6 14-2 Please circle the applicable number/s relating to medical care undertaken in the past 14 days. (Multiple answers possible)

6-1	Drip management	D132	Infusion route	D441	Peripheral venous catheter
6-2	Intravenous hyperalimentation	D440	Central venous catheter		
6-3	Dialysis	C152	Guidance on dialysis management		
6-4	Stoma (artificial anus) procedure	C145	Guidance on stoma management		
6-5	Oxygen therapy	D114	Oxygen therapy		
6-6	Respirator (mechanical ventilation)	D273	Confirmation of respiratory functioning		
6-7	Tracheotomy procedure	D546	Tracheal cannula		
6-8	Nursing for pain	C064	Pain relief		
6-9	Tubal feeding	C024	Tubal feeding		

6-10	Monitoring measurements (blood pressure, heart rate, oxygen saturation etc.)					
6-11	Bedsore treatment	C368	Bedsore prevention			
6-12	Catheters (condom-type, indwelling, urostoma etc.)	C277	Condom-type	C040	Indwelling catheter	
7	2-12 Please circle one applicable number relating to level of independence in daily life.					
7-1	Level of independence in daily life for disabled, elderly individual (level of bed confinement)	Independent / J1 / J2 / A1 / A2 / B1 / B2 / C1 / C2				
7-2	Level of independence in daily life for elderly individual with dementia	Independent / I / II a / II b / III a / III b / IV / M				

(2) Primary Physician's Report Using ICF (International Classification of Functioning, Disability and Health) Descriptors (Table 1-2)

Primary Physician's Report

Date: Year: Month: Date:

Applicant:		Female	Address
			Zip Code
	Date of Birth Year: Month: Day: (Aged:80)		Phone ()

The following is a report of the applicant's status of health.

As this individual's primary physician I hereby Consent Do Not Consent to this report being used for the purpose of creating a nursing care service plan.

Physician's Name:

Name of Health Care Facility: _____ Phone: ()

Address of Health Care Facility _____ Fax: ()

(1) Date of Last Examination	Year: Month: Day:
(2) Number of Reports Created in Past:	<input type="checkbox"/> None <input type="checkbox"/> 1 or More
(3) Examinations Received from Other Physicians (Different Branches of Medicine)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) → <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Clinical Psychiatry <input type="checkbox"/> Surgery <input type="checkbox"/> Orthopedics <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Dermatology <input type="checkbox"/> Urology <input type="checkbox"/> Gynecology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> ENT <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Dentistry <input type="checkbox"/> Other ()

1. Report of Injury/Illness

(1) Name of diagnosis and ICD (name of specified disease or name of injury/illness directly attributable to decrease in functioning to be filled in under 1.) and date of onset

- 1. Knee osteoarthritis (M171) Date of onset (Year: 2002 Month: Date:)
- 2. Degenerative spondylosis (M4799) Date of onset (Year: 1998 Month: Date:)
- 3. Alzheimer's disease (G309) Date of onset (Year: 2005 Month: Date:)

(2) Symptoms Are ■ Stable Unstable Unclear

(if unstable please list specific details)

(3) Details of progression of injury/illness or specified disease directly attributable to decrease in functioning, as well as details of medication and therapy

(Specify basis/rationale for diagnosis of issues which had an impact on nursing care in the past 6 months and specified disease.)

Patient has osteoporotic osteoporosis and knee osteoarthritis. Recently there has been a decline in muscle strength. Since about 2005, forgetfulness became severe and symptoms of visual hallucinations and auditory hallucinations began to appear. She has been diagnosed with Alzheimer's disease at a memory loss clinic.

2. Special medical care (Select all that has been undertaken in the past 14 days)

Codes should be sourced from the Practical Nursing Care Terminology Standards Master <Nursing Conduct Vers. 3.1>

<u>Details of Procedure</u>	<input type="checkbox"/> Drip Management (D132;Infusion Route, D441;Peripheral Venous Catheter) <input type="checkbox"/> Intravenous Hyperalimentation (D440;Central Venous Catheter) <input type="checkbox"/> Dialysis (C152;Dialysis Management) <input type="checkbox"/> Stoma Procedure (C145;Stoma Management Guidance) <input type="checkbox"/> Oxygen Therapy (D114;Oxygen Therapy) <input type="checkbox"/> Respirator (D273;Confirmation of Respirator Function) <input type="checkbox"/> Tracheotomy Procedure (D546;Tracheal Cannula) <input type="checkbox"/> Nursing for Pain (064;Pain Relief) <input type="checkbox"/> Tubal Feeding (C024;Tubal Feeding)
<u>Special Measures</u>	<input type="checkbox"/> Monitoring Measurements (Blood Pressure, Heart Rate, Oxygen Saturation etc.)
<u>Measures for Incontinence</u>	<input type="checkbox"/> Bedsore Procedure (D428;Bedsore Procedure/Management) <input type="checkbox"/> Catheter (C277; Condom Catheter, C040; Indwelling Catheter etc.)

3. Report of Physical/Mental Status

(1) Level of Independence in Daily Life

- Level of independence in daily life for disabled, elderly individual (level of bed confinement)

Independent J1 J2 A1 A2 B1 B2 C1 C2

- Level of independence in daily life for elderly individual with dementia

Independent I IIa IIb IIIa IIIb IV M

(2) Core Symptoms of Dementia (includes conditions that are not dementia but are causing similar symptoms)

	None	Mild	Moderate	<input checked="" type="checkbox"/> Severe	Complete Impairment	Not specified	Not applicable	
• Short-Term Memory (b1440)								
Extent of impairment	<input type="checkbox"/> b114.0	<input type="checkbox"/> b114.1	<input type="checkbox"/> b114.2	<input checked="" type="checkbox"/> b114.3	<input type="checkbox"/> b114.4	<input type="checkbox"/> b114.8	<input type="checkbox"/> b114.9	
• Cognitive capacity for decision making in daily life (d177)								
Extent of Difficulty	Performance	<input type="checkbox"/> d177.0	<input type="checkbox"/> d177.1	<input type="checkbox"/> d 177.2	<input checked="" type="checkbox"/> d177.3	<input type="checkbox"/> d177.4	<input type="checkbox"/> d 177.8	<input type="checkbox"/> d177.9

	Capacity With Assistance	<input type="checkbox"/> d177.x0	<input type="checkbox"/> d177.x1	<input type="checkbox"/> d177.x2	<input checked="" type="checkbox"/> d177.x3	<input type="checkbox"/> d177.x4	<input type="checkbox"/> d177.x8	<input type="checkbox"/> d177.x9
		<input type="checkbox"/> d177.xx0	<input type="checkbox"/> d177.xx1	<input type="checkbox"/> d177.xx2	<input checked="" type="checkbox"/> d177.xx3	<input type="checkbox"/> d177.xx4	<input type="checkbox"/> d177.xx8	<input type="checkbox"/> d177.xx9
• Ability to Communicate Intent (b110)								
Extent of impairment		<input type="checkbox"/> b110.0	<input type="checkbox"/> b110.1	<input checked="" type="checkbox"/> b110.2	<input type="checkbox"/> b110.3	<input type="checkbox"/> b110.4	<input type="checkbox"/> b110.8	<input type="checkbox"/> b110.9
(2) Peripheral Symptoms of Dementia (Tick all applicable items: Includes conditions that are not dementia but are causing similar symptoms)								
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Visual/Auditory Hallucination <input type="checkbox"/> Delusions <input type="checkbox"/> Day-Night Reversal <input type="checkbox"/> Abusive Language <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Resists Nursing Care <input type="checkbox"/> Wandering <input type="checkbox"/> Careless Handling of Fire <input type="checkbox"/> Unhygienic Behavior <input type="checkbox"/> Pica <input type="checkbox"/> Problematic Sexual Behavior <input type="checkbox"/> Other (_____)							
(4) Other Mental/Psychological Symptoms								
<input checked="" type="checkbox"/> None <input type="checkbox"/> Present [Symptom name: _____]	Diagnosis from Specialist <input checked="" type="checkbox"/> Yes (_____) <input type="checkbox"/> No]							
(5) Physical Status								
Dominant Arm (<input checked="" type="checkbox"/> Right <input type="checkbox"/> Left)								
Height: 147 cm Weight: 33 kg (Change in weight over past 6 months <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Maintained <input type="checkbox"/> Decrease)								
Loss of Limbs <input checked="" type="checkbox"/> None <input type="checkbox"/> Complete Loss of Upper Right Extremity (s730.x11) <input type="checkbox"/> Partial Loss of Upper Right Extremity (s730.x21) <input type="checkbox"/> Complete Loss of Upper Left Extremity (s730.x12) <input type="checkbox"/> Partial Loss of Lower Left Extremity (s730.x22) <input type="checkbox"/> Complete Loss of Lower Right Extremity (s750.x11) <input type="checkbox"/> Partial Loss of Lower Right Extremity (s750.x21) <input type="checkbox"/> Complete Loss of Lower Left Extremity (s750.x12) <input type="checkbox"/> Partial Loss of Lower Left Extremity (s750.x22)								
Paralysis <input type="checkbox"/> None		Reduction in Muscle Power Functions						
		Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Upper Extremity (s730.002)	<input type="checkbox"/> b730.1	<input type="checkbox"/> b730.2	<input type="checkbox"/> b730.3	<input type="checkbox"/> b730.4	<input type="checkbox"/> b730.8	<input type="checkbox"/> b730.9		
<input type="checkbox"/> Right Upper Extremity (s730.001)	<input type="checkbox"/> b730.1	<input type="checkbox"/> b730.2	<input type="checkbox"/> b730.3	<input type="checkbox"/> b730.4	<input type="checkbox"/> b730.8	<input type="checkbox"/> b730.9		
<input type="checkbox"/> Left Lower Extremity (s750.002)	<input type="checkbox"/> b730.1	<input type="checkbox"/> b730.2	<input type="checkbox"/> b730.3	<input type="checkbox"/> b730.4	<input type="checkbox"/> b730.8	<input type="checkbox"/> b730.9		
<input type="checkbox"/> Right Lower Extremity (s750.001)	<input type="checkbox"/> b730.1	<input type="checkbox"/> b730.2	<input type="checkbox"/> b730.3	<input type="checkbox"/> b730.4	<input type="checkbox"/> b730.8	<input type="checkbox"/> b730.9		
Reduction in Muscle Strength <input checked="" type="checkbox"/> None		Reduction in Muscular Tone Functions						
		Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Upper Extremity (s730.002)	<input type="checkbox"/> b735.1	<input type="checkbox"/> b735.2	<input type="checkbox"/> b735.3	<input type="checkbox"/> b735.4	<input type="checkbox"/> b735.8	<input type="checkbox"/> b735.9		
<input type="checkbox"/> Right Upper Extremity (s730.001)	<input type="checkbox"/> b735.1	<input type="checkbox"/> b735.2	<input type="checkbox"/> b735.3	<input type="checkbox"/> b735.4	<input type="checkbox"/> b735.8	<input type="checkbox"/> b735.9		
<input type="checkbox"/> Left Lower Extremity (s750.002)	<input type="checkbox"/> b735.1	<input type="checkbox"/> b735.2	<input type="checkbox"/> b735.3	<input type="checkbox"/> b735.4	<input type="checkbox"/> b735.8	<input type="checkbox"/> b735.9		
<input type="checkbox"/> Right Lower Extremity (s750.001)	<input type="checkbox"/> b735.1	<input type="checkbox"/> b735.2	<input type="checkbox"/> b735.3	<input type="checkbox"/> b735.4	<input type="checkbox"/> b735.8	<input type="checkbox"/> b735.9		
Contracture of Joints <input checked="" type="checkbox"/> None		Mobility of Joint Functions						
		Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Shoulder Joint (s7201.002)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9		
<input type="checkbox"/> Right Shoulder Joint (s7201.001)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9		
<input type="checkbox"/> Left Hip Joint (s75001.002)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9		
<input type="checkbox"/> Right Hip Joint (s75001.001)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9		
<input type="checkbox"/> Left Knee Joint (s75011.002)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9		
<input type="checkbox"/> Right Knee Joint (s75011.001)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9		
Joint Pain <input type="checkbox"/> None		Pain in Joints						
		Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Shoulder Joint (s7201.002)	<input type="checkbox"/> b28016.1	<input type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9		
<input type="checkbox"/> Right Shoulder Joint (s7201.001)	<input type="checkbox"/> b28016.1	<input type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9		
<input type="checkbox"/> Left Hip Joint (s75001.002)	<input type="checkbox"/> b28016.1	<input type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9		
<input type="checkbox"/> Right Hip Joint (s75001.001)	<input type="checkbox"/> b28016.1	<input type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9		
<input checked="" type="checkbox"/> Left Knee Joint (s75011.002)	<input type="checkbox"/> b28016.1	<input checked="" type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9		
<input checked="" type="checkbox"/> Right Knee Joint (s75011.001)	<input type="checkbox"/> b28016.1	<input checked="" type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9		
Ataxia/Involuntary Movement <input checked="" type="checkbox"/> None		Support Functions of Arm or Leg						
		Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Upper Extremity (s730.002)	<input type="checkbox"/> b7603.1	<input type="checkbox"/> b7603.2	<input type="checkbox"/> b7603.3	<input type="checkbox"/> b7603.4	<input type="checkbox"/> b7603.8	<input type="checkbox"/> b7603.9		
<input type="checkbox"/> Right Upper Extremity (s730.001)	<input type="checkbox"/> b7603.1	<input type="checkbox"/> b7603.2	<input type="checkbox"/> b7603.3	<input type="checkbox"/> b7603.4	<input type="checkbox"/> b7603.8	<input type="checkbox"/> b7603.9		

<input type="checkbox"/> Left Lower Extremity (s750.002)	<input type="checkbox"/> b7603.1	<input type="checkbox"/> b7603.2	<input type="checkbox"/> b7603.3	<input type="checkbox"/> b7603.4	<input type="checkbox"/> b7603.8	<input type="checkbox"/> b7603.9
<input type="checkbox"/> Right Lower Extremity (s750.001)	<input type="checkbox"/> b7603.1	<input type="checkbox"/> b7603.2	<input type="checkbox"/> b7603.3	<input type="checkbox"/> b7603.4	<input type="checkbox"/> b7603.8	<input type="checkbox"/> b7603.9
Bedsores ■ None	Protective Functions of the Skin					
	Mild	Moderate	Severe	Complete	Not specified	Not applicable
<input type="checkbox"/> Head/Neck (s8100)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Shoulder (s8101)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Upper Extremity (s8102)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Lower Abdomen and Gluteal Region (s8103)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Lower Extremity (s8104)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Trunk/Back of Trunk (s8105)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Other (s8106)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Not Specified (s8107)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
Other Dermatological Disorder ■ None	Other Functions of the Skin					
	Mild	Moderate	Severe	Complete	Not specified	Not applicable
<input type="checkbox"/> Head/Neck (s8100)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Shoulder (s8101)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Upper Extremity (s8102)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Lower Abdomen and Gluteal Region (s8103)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Lower Extremity (s8104)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Trunk/Back of Trunk (s8105)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Other (s8106)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Not Specified (s8107)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9

4. Report of Functioning and Services

(1) Mobility

Walking Outdoors		Extent of impairment					
		None	Mild	Moderate	Severe	Complete Impairment	Not Specified
Extent of Difficulty	Performance	<input type="checkbox"/> d4500.0	<input checked="" type="checkbox"/> d4500.1	<input type="checkbox"/> d4500.2	<input type="checkbox"/> d4500.3	<input type="checkbox"/> d4500.4	<input type="checkbox"/> d4500.8
	Capacity	<input type="checkbox"/> d4500.x0	<input checked="" type="checkbox"/> d4500.x1	<input type="checkbox"/> d4500.x2	<input type="checkbox"/> d4500.x3	<input type="checkbox"/> d4500.x4	<input type="checkbox"/> d4500.x8
	With Assistance	<input type="checkbox"/> d4500.xx0	<input checked="" type="checkbox"/> d4500.xx1	<input type="checkbox"/> d4500.xx2	<input type="checkbox"/> d4500.xx3	<input type="checkbox"/> d4500.xx4	<input type="checkbox"/> d4500.xx8

Use of Wheelchair ■ Not in Use □ Primarily Self Operated □ Operated by Others

Use of Walking Aids (Multiple Answers Allowed) ■ Not in Use □ Used Outside □ Used Indoors

(2) Nutrition/Diet

Behaviors Relating to Diet

Eating		Extent of impairment					
		None	Mild	Moderate	Severe	Complete Impairment	Not Specified
Extent of Difficulty	Performance	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8
	Capacity	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8
	With Support	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8

Drinking

Extent of Difficulty		Performance	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9
		Capacity	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9
With Support		<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9	

Current Nutritional Status ■ Satisfactory □ Poor

→ Notes Relating to Nutrition/Diet ()

(3) Status of Current Issues/Issues Highly Likely to Occur and Direction of Corrective Measures

Urinary Incontinence (b6202) ■ Falls/Fractures Reduction in Mobility (d450) □ Bedsores (b810)

- Reduction in Cardiopulmonary Function (b410 • b440) Self-Seclusion (b122)

Loss of Motivation (b130) Wandering (b198) Undernutrition (*) Reduction in Dietary Intake/Swallowing Functions (b510)

Dehydration (*) Increased Susceptibility to Infection (*)

Pain due to Cancer etc. (*) Other () *Any items which may require ICD codes

→ Corrective Measures

(4) Prospect of Maintaining/Improving Functioning through Use of Service

- Expected Unlikely Unclear

(5) Necessity of Medical Management (Please underline any highly required items. This includes any services to be provided as part of prevention benefits.)

- Home Visits consultation Home Nursing Consultation/Support from Visiting Nurses
 - Home Visit Dentistry
 - Home Visit Pharmaceutical Management Guidance Home Visit Rehabilitation
 - Short-Term Admission for Recuperation Home Visit Dental Hygiene Guidance
 - Home Visit Nutritional/Diet Guidance Outpatient Rehabilitation
 - Other Medical Services ()

(6) Other Medical-Related Notes Regarding Provision of Services

- Blood Pressure ■ No Issues □ Issues Present ()
 - Moving Around ■ No Issues □ Issues Present ()
 - Food Intake □ No Issues ■ Issues Present ()
 - Movement ■ No Issues □ Issues Present ()
 - Swallowing □ No Issues ■ Issues Present ()
 - Other ()

(7) Presence of Infectious Diseases (If Present, Please Write Specific Details)

- None Present () Unclear

5. Other Particulars of Note

Please provide details of any other medical-related issues concerning certification of long-term care needs and the creation of nursing care service plans. If you have sought opinions from other specialized health professionals, please also provide details and any conclusions. (You may also attach copies of patient referral documents and medical certificate for physical disability application.)

The patient has osteoporotic osteoporosis and knee osteoarthritis. Recently there has been a decline in muscle strength. For this reason, the patient often falls. Recently, forgetfulness has become severe, and symptoms of visual hallucinations and hallucinations have appeared. For this reason, the burden on family members who care is increasing.