

Indiana LOC Assessment Tool – Short Form

C1	<p>Cognitive Skills for Daily Decision Making. Making decisions regarding tasks of daily life—e.g., when to get up or have meals, which clothes to wear or activities to do</p> <p>0 Independent—Decisions consistent, reasonable, and safe</p> <p>1 Modified independence—Some difficulty in new situations only</p> <p>2 Minimally impaired—In specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times</p> <p>3 Moderately impaired—Decisions consistently poor or unsafe; cues/supervision required at all times</p> <p>4 Severely impaired—Never or rarely makes decisions</p> <p>5 No discernable consciousness, coma</p>	
D1	<p>Making Self Understood (Expression), Expressing information content—both verbal and non-verbal</p> <p>0 Understood—Expresses ideas without difficulty</p> <p>1 Usually understood—Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required</p> <p>2 Often understood—Difficulty finding words or finishing thoughts AND prompting usually required</p> <p>3 Sometimes understood—Ability is limited to making concrete requests</p> <p>4 Rarely or never understood</p>	
D2	<p>Ability to Understand Others (Comprehension), Understanding verbal information content (however able; with hearing appliance normally used)</p> <p>0 Understands—Clear comprehension</p> <p>1 Usually understands—Misses some part/intent of message BUT comprehends most conversation</p> <p>2 Often understands—Misses some part/intent of message BUT with repetition or explanation can often comprehend conversation</p> <p>3 Sometimes understands—Responds adequately to simple, direct communication only</p> <p>4 Rarely or never understands</p>	
G1d	<p>IADL Self-Performance and Capacity, Code for PERFORMANCE in routine activities around the home or in the community during the LAST 3 DAYS. Code for CAPACITY based on presumed ability to carry out activity as independently as possible. This will require “speculation” by the assessor.</p> <p>Managing medications—How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)</p> <p>0 Independent—No help, setup, or supervision</p> <p>1 Setup help only</p> <p>2 Supervision—Oversight / cuing</p> <p>3 Limited assistance—Help on some occasions</p> <p>4 Extensive assistance—Help throughout task, but performs 50% or more of task on own</p> <p>5 Maximal assistance—Help throughout task, but performs less than 50% of task on own</p> <p>6 Total dependence—Full performance by others during entire period</p> <p>8 Activity did not occur—During entire period [DO NOT USE THIS CODE IN SCORING CAPACITY]</p>	

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<p>Applies to all Section G2 questions:</p> <p>ADL Self-Performance. Consider all episodes over 3-day period. If all episodes are performed at the same level, score ADL at that level. If any episodes at level 6, and others less dependent, score ADL as a 5. Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2–5.</p> <p>0 Independent—No physical assistance, setup, or supervision in any episode</p> <p>1 Independent, setup help only—Article or device provided or placed within reach, no physical assistance or supervision in any episode</p> <p>2 Supervision—Oversight / cuing</p> <p>3 Limited assistance—Guided maneuvering of limbs, physical guidance without taking weight</p> <p>4 Extensive assistance—Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks</p> <p>5 Maximal assistance—Weight-bearing support (including lifting limbs) by 2+ helpers —OR— Weight-bearing support for more than 50% of subtasks</p> <p>6 Total dependence—Full performance by others during all episodes</p> <p>8 Activity did not occur during entire period</p>	
G2a	Bathing—How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area — EXCLUDE WASHING OF BACK AND HAIR
G2b	Personal hygiene—How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands — EXCLUDE BATHS AND SHOWERS
G2c	Dressing upper body—How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.
G2d	Dressing lower body—How dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.
G2e	Walking—How walks between locations on same floor indoors
G2f	Locomotion—How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair
G2g	Transfer toilet—How moves on and off toilet or commode
G2h	Toilet use—How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes — EXCLUDE TRANSFER ON AND OFF TOILET
G2j	Eating—How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)
H2	Urinary Collection Device (Exclude Pads/Briefs) 0 None 1 Condom catheter 2 Indwelling catheter 3 Cystostomy, nephrostomy, ureterostomy
I1r	Pneumonia 0 Not present 1 Primary diagnosis/diagnoses for current stay 2 Diagnosis present, receiving active treatment 3 Diagnosis present, monitored but no active treatment
K1a	Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS 0 No 1 Yes

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K1b	Dehydrated or BUN/Cre ratio>25 [Ratio, country specific] 0 No 1 Yes	
K1c	Fluid intake less than 1,000 cc per day [less than four 8 oz cups/day] 0 No 1 Yes	
K1d	Fluid output exceeds input 0 No 1 Yes	
K3	Mode of Nutritional Intake 0 Normal—Swallows all types of foods 1 Modified independent—e.g., liquid is sipped, takes limited solid food, need for modification may be unknown 2 Requires diet modification to swallow solid food—e.g., mechanical diet (e.g., puree, minced, etc.) or only able to ingest specific foods 3 Requires modification to swallow liquids—e.g., thickened liquids 4 Can swallow only pureed solids—AND—thickened liquids 5 Combined oral and parenteral or tube feeding 6 Nasogastric tube feeding only 7 Abdominal feeding tube—e.g., PEG tube 8 Parenteral feeding only—Includes all types of parenteral feedings, such as total parenteral nutrition (TPN) 9 Activity did not occur—During entire period	
L1	Most Severe Pressure Ulcer 0 No pressure ulcer 1 Any area of persistent skin redness 2 Partial loss of skin layers 3 Deep craters in the skin 4 Breaks in skin exposing muscle or bone 5 Not codeable, e.g., necrotic eschar predominant	
<p>Applies to all section J3 questions: Problem Frequency. Code for presence in last 3 days. Cardiac or Pulmonary</p> <p>0 Not present 1 Present but not exhibited in last 3 days 2 Exhibited on 1 of last 3 days 3 Exhibited on 2 of last 3 days 4 Exhibited daily in last 3 days</p>		
J3a	Difficult or unable to move self to standing position unassisted	
J3b	Difficult or unable to turn self around and face the opposite direction when standing	
J3c	Dizziness	
J3d	Unsteady gait	
J3f	Difficulty clearing airway secretions	
J6a	Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain) 0 No pain 1 Present but not exhibited in last 3 days 2 Exhibited on 1–2 of last 3 days 3 Exhibited daily in last 3 days	

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J6b	Intensity of highest level of pain present 0 No pain 1 Mild 2 Moderate 3 Severe 4 Times when pain is horrible or excruciating	
J6e	Pain control—Adequacy of current therapeutic regimen to control pain (from person's point of view) 0 No issue of pain 1 Pain intensity acceptable to person; no treatment regimen or change in regimen required 2 Controlled adequately by therapeutic regimen 3 Controlled when therapeutic regimen followed, but not always followed as ordered 4 Therapeutic regimen followed, but pain control not adequate 5 No therapeutic regimen being followed for pain; pain not adequately controlled	
J7b	Experiencing an acute episode, or a flare-up of a recurrent or chronic problem 0 No 1 Yes	
J7c	End-stage disease, 6 or fewer months to live 0 No 1 Yes	
Applies to all section N2 questions: Treatments and Programs Received or Scheduled in the Last 3 Days (or Since Last Assessment if Less than 3 Days). 0 Not ordered AND did not occur 1 Ordered, not implemented 2 1–2 of last 3 days 3 Daily in last 3 days		
N2d	IV medication	
N2e	Oxygen therapy	
N2g	Suctioning	
N2h	Tracheostomy care	
N2j	Ventilator or respirator	
N2k	Wound care	
N2n	Turning/Repositioning program	
	Is nursing level intervention required for the safe management of uncontrolled seizures?	
	Is medical observation and physician assessment required at least every 30 days due to a changing, unstable physical condition (evidenced by changes in orders related to medications, diet, oxygen levels, other treatments, etc.)?	
	Is direct assistance from others is required for special routines or prescribed treatments that must be followed at least five (5) days per week as part of acute rehabilitative Physical Therapy, Occupational Therapy, and/or Speech Therapy? General strengthening exercise programs and habilitation are excluded.	
	Is direct assistance from others is required to administer physician prescribed medicine (excluding vitamins) by intramuscular, intravenous, or subcutaneous injection more than one (1) time per day? (Note: other than insulin injections for an individual whose diabetes is under control)	
	Does the individual require daily recording of the kind and amounts of fluids and solids intake and output?	
	Does the individual require assistance with passive range of motion exercise on a daily basis per medical plan of care?	
	To maintain a stable medical condition, does the individual require monitoring of his or her health care plan on a 24 hour a day, seven day a week basis by a licensed nurse?	