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**FYI -- Updates**

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**Aim For Success**

**Resource Handbook for Urinary I**

The Urinary Incontinence Resource manual is a guideline that represents a compilation of resources by Chiles Healthcare Consulting, LLC, that is intended to provide the nursing facility with the necessary education and tools to develop and sustain an effective program for assessing and managing urinary incontinence, establishing effective toileting programs, minimizing development of urinary tract infections, and appropriate use of indwelling urinary catheters that are responsive to and consistent with the revised Interpretive Guidelines. These tools should be carefully reviewed by the facility's clinical management team and medical director prior to implementation. The book is designed to encourage the organization to add additional resources as they are located. Cost of the book is \$65 including cost of shipping. To order, please send e-mail to Mary at [maryltc@mindspring.com](mailto:maryltc@mindspring.com)

**CDC Recommends against the Use of Amantadine and Rimantadine for the Treatment or Prophylaxis of Influenza in the United States during the 2005–06 Influenza Season.** *Recent evidence indicates that a high proportion of currently circulating Influenza A viruses in this country are resistant to these medications.* On January 14, 2006, The Centers for Disease Control and Prevention (CDC) announced that clinicians should not prescribe two common antivirals (amantadine and rimantadine) to treat or prevent influenza during the 2005-2006 influenza season. Laboratory testing by CDC on the predominant strain of influenza (H3N2) currently circulating in the United States shows that it is resistant to these drugs. During this period CDC recommends oseltamivir (Tamiflu) and zanamivir (Relenza) be prescribed if an antiviral medication is needed for the treatment or prevention of influenza. Additional information may be found at <http://www.cdc.gov/flu/>.

**MD S – Dehydration RAP – the following is from the 12/7/05 CMS guidelines**

1. **Currently**, one of the triggers for the Dehydration RAP is an ICD-9 diagnosis code of 276.5 (dehydration or volume depletion) in MDS Item I3. **Effective in January 2006**, newly available detailed dehydration or volume depletion ICD-9 diagnosis sub-codes of 276.50, 276.51, or 276.52 are being added to the ICD-9 trigger. The new ICD-9 trigger will be 276.5, 276.50, 276.51, or 276.52 and this new trigger will be implemented in January 2006.
2. **Currently** on an MDS submitted to the State System, if triggering status of a RAP is inconsistent with the relevant MDS items, then a fatal error occurs and the record is rejected. **Effective in January 2006**, to allow nursing homes some flexibility in adapting to the Dehydration RAP change, the State MDS Submission System will issue a warning rather than a fatal error if there is inconsistent Dehydration RAP triggering status due to the change in the ICD-9 trigger.

**NOTE: There has been no change to the hydration/dehydration Interpretive Guidelines at F-327.**



**Facilitating Quality Health Systems Thru Care and Compliance**