### Coding Instructions for Column 1

- CMS does not require completion of Column 1 for items K0510C and K0510D; however, some States continue to require its completion. It is important to know your State’s requirements for completing these items.
- Check all nutritional approaches performed prior to admission/entry or reentry to the facility and within the 7-day look-back period. Leave Column 1 blank if the resident was admitted/entered or reentered the facility more than 7 days ago.
- If the State does not require the completion of Column 1 for items K0510C and K0510D, use the standard “no information” code (a dash, “-”).

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### Coding Instructions

Select the best response:

1. 25% or less
2. 26% to 50%
3. 51% or more

- If the State does not require the completion of Column 1 for this item, use the standard “no information” code (a dash, “-”).

### Coding Instructions

Code for the average number of cc per day of fluid the resident received via IV or tube feeding. Record what was actually received by the resident, not what was ordered.

- **Code 1**: 500 cc/day or less
- **Code 2**: 501 cc/day or more

- If the State does not require the completion of Column 1 for this item, use the standard “no information” code (a dash, “-”).