

# MDS 3.0 RAI User's Manual (v1.19.1R) Hyperlink Update Supplement v1

Effective October 01, 2024

## Purpose

Due to external webpage changes, hyperlinks (links) may occasionally redirect, become unreachable, or the information provided on the webpage may change. This document serves as a supplementary list of links in the *MDS 3.0 RAI User's Manual* version (v)1.19.1 that require updates as identified throughout the lifetime of the document. Replacement pages for each affected page can be found following the list.

## Update History

Date	Changes Made
08/26/2024	Links 1–12 were added due to CDC website restructuring.

Link ID	Page	Out-of-Date Link	Updated Link
1	K-5	<a href="http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html">http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html</a>	<a href="https://www.cdc.gov/bmi/faq/">https://www.cdc.gov/bmi/faq/</a>
2	O-8	<a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a>	<a href="https://www.cdc.gov/infection-control/hcp/isolation-precautions/">https://www.cdc.gov/infection-control/hcp/isolation-precautions/</a>
3	O-12	<a href="http://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/index.html">http://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/index.html</a>	<a href="https://www.cdc.gov/vaccine-safety-systems/">https://www.cdc.gov/vaccine-safety-systems/</a>
4	O-14	<a href="http://www.cdc.gov/flu/weekly/fluactivitysurv.htm">http://www.cdc.gov/flu/weekly/fluactivitysurv.htm</a>	<a href="https://www.cdc.gov/flu/weekly/">https://www.cdc.gov/flu/weekly/</a>
5	O-17	<a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a>	<a href="https://www.cdc.gov/vaccines/hcp/imz-schedules/">https://www.cdc.gov/vaccines/hcp/imz-schedules/</a>

<b>Link ID</b>	<b>Page</b>	<b>Out-of-Date Link</b>	<b>Updated Link</b>
6	O-17	<a href="http://www.cdc.gov/vaccines/hcp/acip-recs/index.html">http://www.cdc.gov/vaccines/hcp/acip-recs/index.html</a>	<a href="https://www.cdc.gov/acip-recs/hcp/vaccine-specific/">https://www.cdc.gov/acip-recs/hcp/vaccine-specific/</a>
7	O-17	<a href="https://www.cdc.gov/pneumococcal/vaccination.html">https://www.cdc.gov/pneumococcal/vaccination.html</a>	<a href="https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/">https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/</a>
8	O-20	<a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a>	<a href="https://www.cdc.gov/covid/vaccines/stay-up-to-date.html">https://www.cdc.gov/covid/vaccines/stay-up-to-date.html</a>
9	Appendix A-25	<a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a>	<a href="https://www.cdc.gov/covid/vaccines/stay-up-to-date.html">https://www.cdc.gov/covid/vaccines/stay-up-to-date.html</a>
10	Appendix C-85	<a href="http://www.cdc.gov/longtermcare/prevention/index.html">http://www.cdc.gov/longtermcare/prevention/index.html</a>	<a href="https://www.cdc.gov/long-term-care-facilities/about/">https://www.cdc.gov/long-term-care-facilities/about/</a>
11	Appendix G-1	<a href="http://www.cdc.gov/longtermcare/">http://www.cdc.gov/longtermcare/</a>	<a href="https://www.cdc.gov/infection-control/hcp/isolation-precautions/">https://www.cdc.gov/infection-control/hcp/isolation-precautions/</a>
12	Appendix G-1	<a href="http://www.cdc.gov/vaccines/pubs/pinkbook/index.html">http://www.cdc.gov/vaccines/pubs/pinkbook/index.html</a>	<a href="https://www.cdc.gov/pinkbook/hcp/table-of-contents/">https://www.cdc.gov/pinkbook/hcp/table-of-contents/</a>

## K0300: Weight Loss (cont.)

*This item does not consider weight fluctuation outside of these two time points, although the resident's weight should be monitored on a continual basis and weight loss assessed and addressed on the care plan as necessary.*

### For a New Admission

1. Ask the resident, family, or significant other about weight loss over the past 30 and 180 days.
2. Consult the resident's physician, review transfer documentation, and compare with admission weight.
3. If the admission weight is less than the previous weight, calculate the percentage of weight loss.
4. Complete the same process to determine and calculate weight loss comparing the admission weight to the weight 30 and 180 days ago.

### For Subsequent Assessments

1. From the medical record, compare the resident's weight in the current observation period to their weight in the observation period 30 days ago.
2. If the current weight is less than the weight in the observation period 30 days ago, calculate the percentage of weight loss.
3. From the medical record, compare the resident's weight in the current observation period to their weight in the observation period 180 days ago.
4. If the current weight is less than the weight in the observation period 180 days ago, calculate the percentage of weight loss.

### Coding Instructions

*Mathematically round weights as described in Section K0200B before completing the weight loss calculation.*

- **Code 0, no or unknown:** if the resident has not experienced weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days or if information about prior weight is not available.
- **Code 1, yes on physician-prescribed weight-loss regimen:** if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was planned and pursuant to a physician's order. In cases where a resident has a weight loss of 5% or more in 30 days or 10% or more in 180 days as a result of any physician ordered diet plan or expected weight loss due to loss of fluid with physician orders for diuretics, K0300 can be coded as 1.

#### DEFINITIONS

##### PHYSICIAN-PRESCRIBED WEIGHT-LOSS REGIMEN

A weight reduction plan ordered by the resident's physician with the care plan goal of weight reduction. May employ a calorie-restricted diet or other weight loss diets and exercise. Also includes planned diuresis. It is important that weight loss is intentional.

##### BODY MASS INDEX (BMI)

Number calculated from a person's weight and height. BMI is used as a screening tool to identify possible weight problems for adults. Visit

<https://www.cdc.gov/bmi/faq/>.

## O0110: Special Treatments, Procedures, and Programs (cont.)

- **O0110M1, Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)**

Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission. Do not code this item if the resident only has a history of infectious disease (e.g., s/p MRSA or s/p C-Diff - no active symptoms). Do not code this item if the precautions are standard precautions, because these types of precautions apply to everyone. Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns. Examples of when the isolation criterion would not apply include urinary tract infections, encapsulated pneumonia, and wound infections.

Code for “single room isolation” only when all of the following conditions are met:

1. The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
4. The resident must remain in their room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

The following resources are being provided to help the facility interdisciplinary team determine the best method to contain and/or prevent the spread of infectious disease based on the type of infection and clinical presentation of the resident related to the specific communicable disease. The CDC guidelines also outline isolation precautions and go into detail regarding the different types of Transmission-Based Precautions (Contact, Droplet, and Airborne).

- 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings <https://www.cdc.gov/infection-control/hcp/isolation-precautions/>
- SHEA/APIC Guideline: Infection Prevention and Control in the Long Term Care Facility [http://www.apic.org/Resource\\_/TinyMceFileManager/Practice\\_Guidance/id\\_APIC-SHEA\\_GuidelineforICinLTCFs.pdf](http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf)

As the CDC guideline notes, there are psychosocial risks associated with such restriction, and it has been recommended that psychosocial needs be balanced with infection control needs in the long-term care setting.

If a facility transports a resident who meets the criteria for single room isolation to another healthcare setting to receive medically needed services (e.g. dialysis, chemotherapy, blood transfusions, etc.) which the facility does not or cannot provide, they should follow CDC guidelines for transport of patients with communicable disease, and may still code O0110M for single room isolation since it is still being maintained while the resident is in the facility.

## O0250: Influenza Vaccine (cont.)

- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, influenza vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.
- People who are moderately or severely ill should usually wait until they recover before getting the influenza vaccine. People with mild illness can usually get the vaccine.
- Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.
- The safety of vaccines is always being monitored. For more information, visit: Vaccine Safety Monitoring and Vaccine Safety Activities of the CDC:  
<https://www.cdc.gov/vaccine-safety-systems/>.

### Steps for Assessment

1. Review the resident's medical record to determine whether an influenza vaccine was received in the facility for this year's influenza vaccination season. If vaccination status is unknown, proceed to the next step.
2. Ask the resident if they received an influenza vaccine outside of the facility for this year's influenza vaccination season. If vaccination status is still unknown, proceed to the next step.
3. If the resident is unable to answer, then ask the same question of the responsible party/legal guardian and/or primary care physician. If influenza vaccination status is still unknown, proceed to the next step.
4. If influenza vaccination status cannot be determined, administer the influenza vaccine to the resident according to standards of clinical practice.

### Coding Instructions for O0250A, Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?

- **Code 0, no:** if the resident **did NOT receive the influenza vaccine in this facility** during this year's influenza vaccination season. Proceed to **If influenza vaccine not received, state reason (O0250C)**.
- **Code 1, yes:** if the resident **did receive the influenza vaccine in this facility** during this year's influenza season. Continue to **Date influenza vaccine received (O0250B)**.

## O0250: Influenza Vaccine (cont.)

### Coding Tips and Special Populations

- Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new influenza season begins.
- Influenza can occur at any time, but most influenza occurs from October through May. However, residents should be immunized as soon as the vaccine becomes available. More information about when facilities must offer residents the influenza vaccine is available in 42 CFR 483.80(d), Influenza and pneumococcal immunizations, which can be found in Appendix PP of the State Operations Manual: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf#page=708](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf#page=708).
- Information about the current influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website. This website provides information on influenza activity and has an interactive map that shows geographic spread of influenza: <https://www.cdc.gov/flu/weekly/>, <http://www.cdc.gov/flu/weekly/usmap.htm>.
- Facilities can also contact their local health department website for local influenza surveillance information.
- The annual supply of inactivated influenza vaccine and the timing of its distribution cannot be guaranteed in any year. Therefore, in the event that a declared influenza vaccine shortage occurs in your geographical area, residents should still be vaccinated once the facility receives the influenza vaccine.
- A “high dose” inactivated influenza vaccine is available for people 65 years of age and older. Consult with the resident’s primary care physician (or nurse practitioner) to determine if this high dose is appropriate for the resident.

### Examples

1. Resident J received the influenza vaccine in the facility during this year’s influenza vaccination season, on January 7, 2014.  
**Coding:** O0250A would be **coded 1, yes**; O0250B would be **coded 01-07-2014**, and O0250C would be skipped.  
**Rationale:** Resident J received the vaccine in the facility on January 7, 2014, during this year’s influenza vaccination season.
2. Resident R did not receive the influenza vaccine in the facility during this year’s influenza vaccination season due to their known allergy to egg protein.  
**Coding:** O0250A would be **coded 0, no**; O0250B is skipped, and O0250C would be **coded 3, not eligible-medical contraindication**.  
**Rationale:** Allergies to egg protein is a medical contraindication to receiving the influenza vaccine, therefore, Resident R did not receive the vaccine.

## O0300: Pneumococcal Vaccine (cont.)

### Coding Instructions O0300B, If Pneumococcal Vaccine Not Received, State Reason

*If the resident has not received a pneumococcal vaccine, code the reason from the following list:*

- **Code 1, Not eligible:** if the resident is not eligible due to medical contraindications, including a life-threatening allergic reaction to the pneumococcal vaccine or any vaccine component(s) or a physician order not to immunize.
- **Code 2, Offered and declined:** resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the pneumococcal vaccine.
- **Code 3, Not offered:** resident or responsible party/legal guardian not offered the pneumococcal vaccine.

### Coding Tips

- Specific guidance about pneumococcal vaccine recommendations and timing for adults can be found at <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>.
- “Up to date” in item O0300A means in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.

For up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations available at

- <https://www.cdc.gov/vaccines/hcp/imz-schedules/>
- <https://www.cdc.gov/acip-recs/hcp/vaccine-specific/>
- <https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/>

- If a resident has received one or more pneumococcal vaccinations and is indicated to get an additional pneumococcal vaccination but is not yet eligible for the next vaccination because the recommended time interval between vaccines has not lapsed, O0300A is coded 1, yes, indicating the resident’s pneumococcal vaccination is up to date.

### Examples

1. Resident L, who is 72 years old, received the PCV13 pneumococcal vaccine at their physician’s office last year. They had previously been vaccinated with PPSV23 at age 66.

**Coding:** O0300A would be **coded 1, yes**; skip to O0350, Resident’s COVID-19 vaccination is up to date.

**Rationale:** Resident L, who is over 65 years old, has received the recommended PCV13 and PPSV23 vaccines. Because it is not at least 5 years after the last pneumococcal vaccine, PCV20 is not considered by the physician at this time.

## O0350: Resident's COVID-19 vaccination is up to date (cont.)

### Steps for Assessment

1. Vaccination status may be determined based on information from any available source.
  - Review the resident's medical record or documentation of COVID-19 vaccination and/or interview the resident, family or other caregivers or healthcare providers to determine whether the resident is up to date with their COVID-19 vaccine.
2. If the resident is **not up to date**, and the facility has the vaccine available, ask the resident if they would like to receive the COVID-19 vaccine.

### Coding Instructions

- Code 0, No, resident is not up to date if the resident does not meet the CDC's definition of up to date.
  - This includes residents who have not received one or more recommended COVID-19 vaccine doses **for any reason** including medical, religious, or other qualified exemptions.
  - This includes residents for whom vaccination status cannot be determined.
- Code 1, Yes, resident is up to date if the resident meets the CDC's definition of up to date.
- A dash is a valid response, indicating the item was not assessed. CMS expects dash use to be a rare occurrence.

#### DEFINITION

#### UP TO DATE for COVID-19 Vaccine

For the definition of "up to date," providers should refer to the CDC webpage "Staying Up to Date with COVID-19 Vaccines" at <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>.

### Coding Tip

- Current COVID-19 vaccine recommendations are available on the Centers for Disease Control and Prevention's (CDC's) webpage "Staying Up to Date with COVID-19 Vaccines" at <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>.

Term	Abbreviation	Definition
<b>Transitional Living</b>		Settings that provide longer-term residential services offering professional support, education, and a stable living environment for individuals transitioning from situations such as homelessness, alcohol use disorder, and substance use disorder. Such settings afford safe living accommodations and services to support a successful transition to self-sufficient living.
<b>Up to Date (for COVID-19 Vaccine)</b>		For the definition of “up to date,” providers should refer to the CDC webpage “ <i>Staying Up to Date with COVID-19 Vaccines</i> ” at <a href="https://www.cdc.gov/covid/vaccines/stay-up-to-date.html">https://www.cdc.gov/covid/vaccines/stay-up-to-date.html</a> .
<b>Urostomy</b>		A stoma for the urinary system, intended to bypass the bladder or urethra.
<b>Usual Performance</b>		The environment or situations encountered at a facility can have an impact on a resident’s functional status. Observing the resident’s interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident’s functional status. If the resident’s functional status varies, record the resident’s usual ability to perform each activity. Do not record the resident’s best performance or worst performance, but rather, record the resident’s usual performance.
<b>Utilization Guidelines</b>		Instructions concerning when and how to use the RAI. These include instructions for completion of the RAI as well as structured frameworks for synthesizing MDS and other clinical information.
<b>Vomiting</b>		The forceful expulsion of stomach contents through the mouth or nose.
<b>Z Codes</b>		ICD-10-CM provides codes to deal with encounters for circumstances other than a disease or injury. The Factors Influencing Health Status and Contact with Health Services codes (Z00–Z99) are provided to deal with occasions when circumstances other than a disease or injury are recorded as diagnosis or problems.

## CARE AREA GENERAL RESOURCES

The general resources contained on this page are not specific to any particular care area. Instead, they provide a general listing of known clinical practice guidelines and tools that may be used in completing the RAI CAA process.

*NOTE: This list of resources is neither prescriptive nor all-inclusive. References to non-U.S. Department of Health and Human Services (HHS) sources or sites on the Internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS or HHS. CMS is not responsible for the content of pages found at these sites. URL addresses were current as of the date of this publication.*

- Agency for Health Care Research and Quality – Clinical Information, Evidence-Based Practice: <http://www.ahrq.gov/professionals/clinicians-providers/index.html>;
- Academy of Nutrition and Dietetics – Individualized Nutrition Approaches for Older Adults in Health Care Communities (PDF Version): <https://www.eatrightpro.org/practice/position-and-practice-papers/position-papers/individualized-nutrition-approaches-adults-health-care-communities>;
- Alzheimer’s Association Resources: <https://www.alz.org/>;
- American Geriatrics Society Clinical Practice Guidelines and Tools: <http://www.americangeriatrics.org/publications-tools>;
- American Medical Directors Association (AMDA) Clinical Practice Guidelines and Tools: <http://www.paltc.org/product-store>;
- American Society of Consultant Pharmacists Practice Resources: <https://www.ascp.com/page/prc>;
- Association for Professionals in Infection Control and Epidemiology Practice Resources: <http://www.apic.org/Resources/Overview>;
- Centers for Disease Control and Prevention: Infection Control in Long-Term Care Facilities Guidelines: <https://www.cdc.gov/long-term-care-facilities/about/>;
- CMS Pub. 100-07 State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities (federal regulations noted throughout; resources provided in endnotes): [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltf.pdf);
- Emerging Solutions in Pain Tools: <http://www.emergingsolutionsinpain.com/>;
- Hartford Institute for Geriatric Nursing Access to Important Geriatric Tools: <https://consultgeri.org/tools>;
- Hartford Institute for Geriatric Nursing Evidence-Based Geriatric Content: <https://consultgeri.org/>;
- Improving Nursing Home Culture (CMS Special Study): [http://healthcentricadvisors.org/wp-content/uploads/2015/03/INHC\\_Final-Report\\_PtI-IV\\_121505\\_mam.pdf](http://healthcentricadvisors.org/wp-content/uploads/2015/03/INHC_Final-Report_PtI-IV_121505_mam.pdf);
- Institute for Safe Medication Practices: <http://www.ismp.org/>;
- Quality Improvement Organization (QIO) Program Nursing Home Resources: <https://qioprogram.org/nursing-home-resources/>;

## APPENDIX G: REFERENCES

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (4th ed.). Washington, DC. American Psychiatric Association, 1994.

Baker, D.W., Cameron, K.A., Feinglass, J., Georgas, P., Foster, S., Pierce, D., Thompson, J.A., and Hasnain-Wynia, R.: Patients' attitudes toward health care providers collecting information about their race and ethnicity. J. Gen. Intern. Med. 20:895-900, 2005.

Bergstrom, N., Smout, R., Horn, S., Spector, W., Hartz, A., and Limcangco, M.R.: Stage 2 pressure ulcer healing in nursing homes. Journal of the American Geriatrics Society 56(7):1252-1258, 14 May 2008.

Centers for Disease Control and Prevention: 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Available from <https://www.cdc.gov/infection-control/hcp/isolation-precautions/>

Centers for Disease Control and Prevention: The Pink Book: Chapters: Epidemiology and Prevention of Vaccine Preventable Diseases, 12th ed. Available from <https://www.cdc.gov/pinkbook/hcp/table-of-contents/>

Centers for Disease Control and Prevention: Prevention of pneumococcal disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Recommended Adult Immunization Schedule – United States. MMWR Recomm. Rep. 57(53); Q1-Q-4, Jan. 9, 2009.

Centers for Medicare & Medicaid Services: HIPPS Codes. April 2012; available from <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProsperMedicareFeeSvcPmtGen/HIPPSCodes.html>

Centers for Medicare & Medicaid Services: IMPACT Act of 2014 Data Standardization & Cross Setting Measures. Available from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-of-2014-Data-Standardization-and-Cross-Setting-Measures>

Centers for Medicare & Medicaid Services: MDS 3.0 Data Submission Specifications. Available from <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html>

Centers for Medicare & Medicaid Services: MDS 3.0 for Nursing Home. Available from <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30.html>

Centers for Medicare & Medicaid Services: Medicare Benefit Policy Manual (Pub. 100-2). Available from <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html?DLPage=1&DLSort=0&DLSortDir=ascending>