OASIS-C 9-Discharge

Clinical Record Items

#	Question	Answer	To prevent emergent care… Considerations
M0080	Discipline of Person Completing Assessment	☐ 1-RN ☐ 2-PT ☐ 3-SLP/ST ☐ 4-OT	
M0090	Date Assessment Completed		
M0100	This Assessment is Currently Being Completed for the Following Reason	☐ 1 – Start of care—further visits planned ☐ 3 – Resumption of care (after inpatient stay) ☐ 4 – Recertification (follow-up) reassessment [Go to M0110] ☐ 5 – Other follow-up [Go to M0110] ☐ 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M2300] ☐ 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M2300] ☐ 8 – Death at home [Go to M0906] ☐ 9 – Discharge from agency [Go to M1032]	
M0903	Date of Last (Most Recent) Home Visit:		
M0906	Discharge/Transfer/Death Date: Enter the date of the discharge* transfer* or death (at home) of the patient.		

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Demographic and Patient History

#	Question	Answer	To prevent emergent care…	Considerations
M1032	Frailty Indicators: Which of the following signs or symptoms characterize this patient as at risk for major decline or hospitalization (Mark all that apply.)	☐ 1 - Unstable vital signs ☐ 2 - Debilitating pain ☐ 3 - Recent decline in mental status ☐ 4 - Recent functional decline ☐ 5 - Multiple hospitalizations (>1) in the past 12 months ☐ 6 - History of falls (2 or more falls - or any fall with an injury - in the past year) ☐ 7 - Other ☐ 8 - None of the above		
M1034	Stability Prognosis: Which description best fits the patient's overall status (Check one)	☐ 0 - The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age). ☐ 1 - The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (beyond those typical of the patient's age). ☐ 2 - The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death. ☐ 3 - The patient has serious progressive conditions that could lead to death within a year. ☐ UK - The patient's situation is unknown or unclear.		
M1036	Risk Factors characterizing this patient: (Mark all that apply.	☐ 1 - Smoking ☐ 2 - Obesity ☐ 3 - Alcohol dependency ☐ 4 - Drug dependency ☐ 5 - None of the above ☐ UK - Unknown		

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Demographics and Patient History continued

#	Question	Answer	To prevent emergent care…	Considerations
M1040	Influenza Vaccine: Did the patient receive the influenza vaccine from your agency for this year's influenza season (October 1 through March 31) during this episode of care?	☐ 0 - No ☐ 1 - Yes [Go to M1050] ☐ NA - Does not apply because entire episode of care (SOC/ROC to Transfer/Discharge) is outside this influenza season. [Go to M1050]		
M1045	Reason Influenza Vaccine not received: If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:	☐ 1 - Received from another health care provider (e.g., physician) ☐ 2 - Received from your agency previously during this year's flu season ☐ 3 - Offered and declined ☐ 4 - Assessed and determined to have medical contraindication(s) ☐ 5 - Not indicated; patient does not meet age/condition guidelines for influenza vaccine ☐ 6 - Inability to obtain vaccine due to declared shortage ☐ 7 - None of the above		
M1050	Pneumococcal Vaccine: Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?	☐ 0 - No ☐ 1 - Yes [Go to M1246 at TRN; Go to M1100 at DC]		
M1055	Reason PPV not received: If patient did not receive the pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge), state reason:	☐ 1 - Patient has received PPV in the past ☐ 2 - Offered and declined ☐ 3 - Assessed & determined to have med con ☐ 4 - Not indicated; patient does not meet age/condition guidelines for PPV ☐ 5 - None of the above contraindication(s)		

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Living Arrangements

#	Question		Around the clock	Regular Daytime	Regular Nigttime	Occ Short-term assistance	No Assistance Available
M1100	Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance (Check one box only).	a. Patient lives alone	☐ 01	☐ 02	☐ 03	☐ 04	☐ 05
		b. Patient lives with other person(s) in the home	☐ 06	☐ 07	☐ 08	☐ 09	☐ 10
		c. Patient lives in congregate (e.g. assisted living)	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15

Sensory Status

#	Question	Answer	To prevent emergent care…	Considerations
M1230	Speech and Oral (Verbal) Expression of Language (in patient's own language):	☐ 0 – Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment. ☐ 1 – Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance). ☐ 2 – Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). ☐ 3 – Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener.. ☐ 4 – Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible). ☐ 5 – Patient nonresponsive or unable to speak.		

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M1240	Frequency of Pain interfering with patient's activity or movement:	☐ 0 - Patient has no pain ☐ 1 - Patient has pain that does not interfere with activity or movement ☐ 2 - Less often than daily ☐ 3 - Daily, but not constantly ☐ 4 - All of the time	
M1246	Pain Intervention: Since the previous OASIS assessment* have pain management steps in the physician-ordered plan of care been implemented to monitor and mitigate pain?	☐ 0 - No ☐ 1 - Yes ☐ NA - No pain intervention included in physician-ordered plan of care	

Integumentary Status

#	Question	Answer	To prevent emergent care…	Considerations
M1306	Pressure Ulcer Prevention: Since the previous OASIS assessment* were intervention(s) on the current physician-ordered plan of care to prevent pressure ulcers implemented?	☐ 0 - No] ☐ 1 – Yes ☐ NA - No pressure ulcer prevention in physician-ordered plan of care		
M1308	Does this patient have at least one unhealed (non-epithelialized) Pressure Ulcer at Stage II or higher or designated as not stageable?	☐ 0 - No [Go to M1322 at SOC/ROC/DC; Go to M1324 at FU] ☐ 1 - Yes		
M1310	Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage: (Enter 0 if none; enter 4 if 4 or more; enter UK for rows d.1 – d.3 if Unknown)	If the patient has unhealed pressure ulcers, a comprehensive baseline assessment (including measurements) for each pressure ulcer is necessary to track effectiveness of treatment.		

Integumentary Status continued

#	Question	Answer	To prevent emergent care…	Considerations
M1312	Pressure Ulcer Length: Longest length in any direction | ___ | ___ | . | ___ | (cm)			
M1314	Pressure Ulcer Width: Width of the same pressure ulcer* greatest width measured at right angles to length | ___ | ___ | . | ___ | (cm)			
M1320	Status of Most Problematic (Observable) Pressure Ulcer:	☐ 0 - Re-epithelialized or healed ☐ 1 - Fully granulating ☐ 2 - Early/partial granulation ☐ 3 - Not healing ☐ NA - No observable pressure ulcer		
M1322	Current Number of Stage I Pressure Ulcers: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful* firm* soft* warmer or cooler as compared to adjacent tissue.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more		
M1324	Stage of Most Problematic (Observable) Pressure Ulcer:	☐ 1 - Stage I [Go to M1330 at SOC/ROC/FU] ☐ 2 - Stage II ☐ 3 - Stage III ☐ 4 - Stage IV ☐ NA - No observable pressure ulcer [Go to M1330 at SOC/ROC/FU]		
M1328	Pressure Ulcer Intervention: Since the previous OASIS assessment* were moisture retentive dressings used?	☐ 0 - No ☐ 1 - Yes ☐ 2 - Moisture retentive dressings not indicated for this patient ☐ NA - Patient had no Stage II or higher unhealed pressure ulcers on previous OASIS assessment		

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Integumentary Status continued

#	Question	Answer	To prevent emergent care…	Considerations
M1330	Does this patient have a Stasis Ulcer	☐ 0 - No [Go to M1340] ☐ 1 - Yes, patient has one or more (observable) stasis ulcers ☐ 2 - Stasis ulcer known or likely but not observable due to non-removable dressing [Go to M1340]		
M1332	Current Number of (Observable) Stasis Ulcer(s):	☐ 1 - One ☐ 2 - Two ☐ 3 - Three ☐ 4 - Four or more		
M1334	Status of Most Problematic (Observable) Stasis Ulcer:	☐ 0 - Re-epithelialized or healed ☐ 1 - Fully granulating ☐ 2 - Early/partial granulation ☐ 3 - Not healing		
M1340	Does this patient have a Surgical Wound	☐ 0 - No [Go to M1350] ☐ 1 - Yes, patient has at least one (observable) surgical wound ☐ 2 - Surgical wound known or likely but not observable due to non-removable dressing [Go to M1350]		
M1342	Status of Most Problematic (Observable) Surgical Wound:	☐ 0 - Re-epithelialized or healed ☐ 1 - Fully granulating ☐ 2 - Early/partial granulation ☐ 3 - Not healing		
M1350	Does this patient have a Skin Lesion or Open Wound* excluding bowel ostomy* other than those described above that is receiving assessment and/or intervention by the home health agency	☐ 0 - No ☐ 1 - Yes		

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Integumentary Status continued

#	Question	Answer	To prevent emergent care…	Considerations
M1365	Diabetic Foot Care Plan Follow-up: Since the previous OASIS assessment* was the physician-ordered plan of care regarding patient education and regular monitoring for the presence of lesions on the lower extremities followed?	☐ 0 - No ☐ 1 – Yes ☐ NA - Bilateral amputee OR Patient does not have diagnosis of diabetes OR Diabetic foot care not included in physician-ordered plan of care		

Respiratory Status

#	Question	Answer	To prevent emergent care…	Considerations
M1400	When is the patient dyspneic or noticeably Short of Breath	☐ 0 - Patient is not short of breath ☐ 1 - When walking more than 20 feet, climbing stairs ☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet) ☐ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation ☐ 4 - At rest (during day or night)		
M1410	Respiratory Treatments utilized at home: (Mark all that apply.)	☐ 1 - Oxygen (intermittent or continuous) ☐ 2 - Ventilator (continually or at night) ☐ 3 - Continuous positive airway pressure ☐ 4 - None of the above		

Cardiac Status

#	Question	Answer	To prevent emergent care…	Considerations
M1500	Symptoms of Heart Failure: Since the previous OASIS assessment* did the patient exhibit symptoms of heart failure indicated by clinical heart failure guidelines (including dyspnea* orthopnea* edema* or weight gain) at any point?	☐ 0 - No [Go to M1736 at TRN; Go to M1600 at DC] ☐ 1 - Yes ☐ 2 - Not assessed [Go to M1736 at TRN; Go to M1600 at DC] ☐ NA - Patient does not have diagnosis of heart failure		
M1510	Heart Failure Follow-up: Since the previous OASIS assessment* what action(s) has (have) been taken to respond to each instance of heart failure? (Mark all that apply.)	☐ 0 - No action taken ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day, ☐ 2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room), ☐ 3 - Implement physician-ordered patient-specific established parameters for treatment, ☐ 4 - Patient education about symptoms and management, ☐ 5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.) ☐ NA - Patient does not have diagnosis of heart failure		

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Elimination Status

#	Question	Answer	To prevent emergent care…	Considerations
M1600	Has this patient been treated for a Urinary Tract Infection in the past 14 days	☐ 0 - No ☐ 1 - Yes ☐ NA - Patient on prophylactic treatment ☐ UK - Unknown		
M1610	Urinary Incontinence or Urinary Catheter Presence:	☐ 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [Go to M1620] ☐ 1 - Patient is incontinent ☐ 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [Go to M1620]		
M1615	When does Urinary Incontinence occur	☐ 0 - Timed-voiding defers incontinence ☐ 1 - Occasional stress incontinence ☐ 2 - During the night only ☐ 3 - During the day only ☐ 4 - During the day and night		
M1620	Bowel Incontinence Frequency:	☐ 0 - Very rarely or never has bowel incontinence ☐ 1 - Less than once weekly ☐ 2 - One to three times weekly ☐ 3 - Four to six times weekly ☐ 4 - On a daily basis ☐ 5 - More often than once daily ☐ NA - Patient has ostomy for bowel elimination ☐ UK - Unknown		

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Neuro/Emotional/Behavioral

#	Question	Answer	To prevent emergent care…	Considerations
M1700	Cognitive Functioning: (Patient's current level of alertness* orientation* comprehension* concentration* and immediate memory for simple commands.)	☐ 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. ☐ 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. ☐ 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. ☐ 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. ☐ 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.		
M1710	When Confused (Reported or Observed):	☐ 0 - Never ☐ 1 - In new or complex situations only ☐ 2 - On awakening or at night only ☐ 3 - During the day and evening, but not constantly ☐ 4 - Constantly ☐ NA - Patient nonresponsive		
M1720	When Anxious (Reported or Observed):	☐ 0 - None of the time ☐ 1 - Less often than daily ☐ 2 - Daily, but not constantly ☐ 3 - All of the time ☐ NA - Patient nonresponsive		

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Neuro/Emotional/Behavioral continued

#	Question	Answer	To prevent emergent care…	Considerations
M1732	Depressive Symptoms Reported or Observed in Patient in past 14 days: (Mark all that apply.)	☐ 0 - No symptoms observed or reported ☐ 1 - Depressed mood (e.g., feeling sad, tearful) ☐ 2 - Sense of failure or self reproach ☐ 3 - Hopelessness ☐ 4 - Recurrent thoughts of death ☐ 5 - Thoughts of suicide ☐ 6 - Other signs or symptoms		
M1736	Depression Intervention Implementation: Since the previous OASIS assessment* were intervention(s) in the physician-ordered plan of care to address depression implemented?	☐ 0 - No ☐ 1 - Yes ☐ NA - Patient has no depression intervention on the current physician-ordered plan of care		
M1740	Behaviors Demonstrated at Least Once a Week (Reported or Observed): (Mark all that apply.)	☐ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required ☐ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions ☐ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. ☐ 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) ☐ 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) ☐ 6 - Delusional, hallucinatory, or paranoid behavior ☐ 7 - None of the above behaviors demonstrated		

Neuro/Emotional/Behavioral continued

#	Question	Answer	To prevent emergent care…	Considerations
M1745	Frequency of Behavior Problems (Reported or Observed) (e.g.* wandering episodes* self abuse* verbal disruption* physical aggression* etc.):	☐ 0 - Never ☐ 1 - Less than once a month ☐ 2 - Once a month ☐ 3 - Several times each month ☐ 4 - Several times a week ☐ 5 - At least daily		

ADLs/IADLs

#	Question	Answer	To prevent emergent care…	Considerations
M1800	Grooming: Current ability to tend safely to personal hygiene needs (i.e.* washing face and hands* hair care* shaving or make up* teeth or denture care* fingernail care).	☐ 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods. ☐ 1 - Grooming utensils must be placed within reach before able to complete grooming activities. ☐ 2 - Someone must assist the patient to groom self. ☐ 3 - Patient depends entirely upon someone else for grooming needs.		
M1810	Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments* pullovers* front-opening shirts and blouses* managing zippers* buttons* and snaps:	☐ 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. ☐ 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient. ☐ 2 - Someone must help the patient put on upper body clothing. ☐ 3 - Patient depends entirely upon another person to dress the upper body.		

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ADLs/IADLs continued

#	Question	Answer	To prevent emergent care…	Considerations
M1820	Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments* slacks* socks or nylons* shoes:	☐ 0 - Able to obtain, put on, and remove clothing and shoes without assistance. ☐ 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. ☐ 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. ☐ 3 - Patient depends entirely upon another person to dress lower body.		
M1830	Bathing: Current ability to wash entire body safely. Excludes grooming (washing face and hands only).	☐ 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower. ☐ 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. ☐ 2 - Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas. ☐ 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. ☐ 4 - Unable to use the shower or tub, but able to bath self independently with or without the use of devices at the sink, in chair, or on commode. ☐ 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath. ☐ 6 - Unable to participate effectively in bathing and is bathed totally by another person.		

ADLs/IADLs continued

#	Question	Answer	To prevent emergent care…	Considerations
M1840	Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	☐ 0 - Able to get to and from the toilet and transfer independently with or without a device. ☐ 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. ☐ 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). ☐ 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. ☐ 4 - Is totally dependent in toileting.		
M1845	Toileting Hygiene: Current ability to maintain safely perineal hygiene* adjust clothes and/or incontinence commode* bedpan* urinal. If managing ostomy* include cleaning opening but not managing equipment.	☐ 0 - Able to manage toileting hygiene and clothing management without assistance. ☐ 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient. ☐ 2 - Someone must help the patient to maintain toileting hygiene or adjust clothing. ☐ 3 - Patient depends entirely upon another person to maintain toileting hygiene.		
M1850	Transferring: Current ability to move safely from bed to chair* or ability to turn and position self in bed if patient is bedfast.	☐ 0 - Able to independently transfer. ☐ 1 - Able to transfer with minimal human assistance or with use of an assistive device. ☐ 2 - Unable to transfer self but is able to bear weight and pivot during the transfer process. ☐ 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person. ☐ 4 - Bedfast, unable to transfer but is able to turn and position self in bed. ☐ 5 - Bedfast, unable to transfer and is unable to turn and position self.		

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ADLs/IADLs continued

#	Question	Answer	To prevent emergent care…	Considerations
M1860	Ambulation/Locomotion: Ability to walk safely* once in a standing position* or use a wheelchair* once in a seated position* on a variety of surfaces.	☐ 0 - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device). ☐ 1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and climb stairs with or without railings. ☐ 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. ☐ 3 - Able to walk only with the supervision or assistance of another person at all times. ☐ 4 - Chairfast, unable to ambulate but is able to wheel self independently. ☐ 5 - Chairfast, unable to ambulate and is unable to wheel self. ☐ 6 - Bedfast, unable to ambulate or be up in a chair.		
M1870	Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating* chewing* and swallowing* not preparing the food to be eaten.	☐ 0 - Able to independently feed self. ☐ 1 - Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. ☐ 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack. ☐ 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. ☐ 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. ☐ 5 - Unable to take in nutrients orally or by tube feeding.		

ADLs/IADLs continued

#	Question	Answer	To prevent emergent care…	Considerations
M1900	Current Planning and Preparing Light Meals (e.g.* cereal* sandwich) or reheat delivered meals safely:	☐ 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission). ☐ 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations. ☐ 2 - Unable to prepare any light meals or reheat any delivered meals.		
M1910	Ability to Use Telephone: Current ability to answer the phone safely* including dialing numbers* and effectively using the telephone to communicate.	☐ 0 - Able to dial numbers and answer calls appropriately and as desired. ☐ 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. ☐ 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. ☐ 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation. ☐ 4 - Unable to answer the telephone at all but can listen if assisted with equipment. ☐ 5 - Totally unable to use the telephone. ☐ NA - Patient does not have a telephone.		
M1930	Has this patient had a multi-factor Fall Risk Assessment (such as falls history* use of multiple medications* mental impairment* toileting frequency* general mobility/transferring impairment* environmental hazards)	☐ 0 - No multi-factor falls risk assessment conducted. ☐ 1 - Yes, and it does not indicate a risk for falls. [Go to M2000 at SOC/ROC; Go to M2004 at TRN/DC] ☐ 2 - Yes, and it indicates a risk for falls.		

ADLs/IADLs continued

#	Question	Answer	To prevent emergent care…	Considerations
M1945	Falls Risk Intervention: Since the previous OASIS assessment* have fall prevention steps in the physician-ordered plan of care been implemented?	☐ 0 - No ☐ 1 - Yes ☐ NA - No fall prevention steps included in the physician-ordered plan of care.		

Medication Management

#	Question	Answer	To prevent emergent care…	Considerations
M2004	Medication Intervention: Since the previous OASIS assessment* was the patient's physician (or other primary care practitioner) contacted within one calendar day to resolve clinically significant medication issues* including reconciliation?	☐ 0 - No ☐ 1 - Yes ☐ NA - No clinically significant medication issues identified since the previous OASIS assessment		
M2015	Patient/Caregiver Drug Education Intervention: Since the previous OASIS assessment* was the patient/caregiver instructed to monitor the effectiveness of drug therapy and potential adverse effects* and how and when to	☐ 0 - No ☐ 1 - Yes ☐ NA - Patient not taking any drugs		
M2020	Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely* including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability* not compliance or willingness.)	☐ 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. ☐ 1 - Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart. ☐ 2 - Able to take medication(s) at the correct times if given daily reminders by another person ☐ 3 - Unable to take medication unless administered by another person. ☐ NA - No oral medications prescribed.		

Medication Management continued

#	Question	Answer	To prevent emergent care…	Considerations
M2030	Management of Injectable Medications: Patient's current ability to prepare and take all prescribed injectable medications reliably and safely* including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.	☐ 0 - Able to independently take the correct medication and proper dosage at correct times. ☐ 1 - Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given reminders based on the frequency of the injection. ☐ 2 - Unable to take injectable medications unless administered by someone else. ☐ NA - No injectable medications prescribed.		

Equipment Management

#	Question	Answer	To prevent emergent care…	Considerations
M2100	Patient Management of Equipment (includes ONLY oxygen* IV/infusion therapy* enteral/parenteral nutrition equipment or supplies* ventilator therapy equipment or supplies): Patient's ability to set up* monitor and change equipment reliably and safely* add appropriate fluids or medication* clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability* not compliance or willingness.)	☐ 0 - Patient manages all tasks related to equipment completely independently. ☐ 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment. ☐ 2 - Patient requires considerable assistance from another person to manage equipment ☐ 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment. ☐ 4 - Patient is completely dependent on someone else to manage all equipment. ☐ NA - No equipment of this type used in care		

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Equipment Management continued

M2110 Types and Sources of Assistance
(Check only **one** box in each row)

Needing assistance = patient needs assistance on any item on the "e.g." list	No assistance needed in this area	Caregiver(s) currently provides assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) not likelyto provide assistance	Unclear if Caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
a. ADL assistance (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding)	a1. ☐	a2. ☐	a3. ☐	a4. ☐	a5. ☐	a6. ☐
b. IADL assistance (e.g., meals, housekeeping, laundry, telephone, shopping, finances)	b1. ☐	b2. ☐	b3. ☐	b4. ☐	b5. ☐	b6. ☐
c. Medication administration (e.g., oral, inhaled or injectable)	c1. ☐	c2. ☐	c3. ☐	c4. ☐	c5. ☐	c6. ☐
d. Medical procedures/ treatments (e.g., changing wound dressing)	d1. ☐	d2. ☐	d3. ☐	d4. ☐	d5. ☐	d6. ☐
e. Management of Equipment (includes oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)	e1. ☐	e2. ☐	e3. ☐	e4. ☐	e5. ☐	e6. ☐
f. Supervision and safety	f1. ☐	f2. ☐	f3. ☐	f4. ☐	f5. ☐	f6. ☐
g. Advocacy or facilitation of patient's participation in appropriate medical care (includes transportation to or from appointments)	g1. ☐	g2. ☐	g3. ☐	g4. ☐	g5. ☐	g6. ☐

M2120	How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?	☐ 1 - At least daily ☐ 2 - Three or more times per week ☐ 3 - One to two times per week ☐ 4 - Received, but less often than weekly ☐ 5 - No assistance received ☐ UK - Unknown*	

Emergent Care

#	Question	Answer	To prevent emergent care…	Considerations
M2300	Emergent Care: Since the last time OASIS data were collected* has the patient utilized a hospital emergency department (includes holding/observation with or without hospital admission)?	☐ 0 - No [Go to M2400] ☐ 1 - Yes ☐ UK - Unknown [Go to M2400]		
M2310	Reason for Emergent Care: For what reason(s) did the patient receive emergent care (with or without hospitalization)? (Mark all that apply.)	☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis ☐ 2 - Injury caused by fall or accident at home ☐ 3 - Respiratory infection (e.g. pneumonia, bronchitis) ☐ 4 - Other respiratory problem ☐ 5 - Heart failure (e.g., fluid overload) ☐ 6 - Cardiac dysrhythmia (irregular heartbeat) ☐ 7 - Myocardial infarction or chest pain ☐ 8 - Other heart disease ☐ 9 - Stroke (CVA) or TIA ☐ 10 - Hypo/Hyperglycemia, diabetes out of control ☐ 11 - Upper GI obstruction, constipation, impaction ☐ 12 - Dehydration, malnutrition ☐ 13 - Urinary tract infection ☐ 14 - IV catheter-related infection ☐ 15 - Wound infection or deterioration ☐ 16 - Uncontrolled pain ☐ 17 - Acute mental/behavioral health problem ☐ 18 - Deep vein thrombosis, pulmonary embolus ☐ 19 - Other than above reasons ☐ UK - Reason unknown		

Data Items Collected At Inpatient Facility Admission OR Agency Discharge Only

#	Question	Answer	To prevent emergent care…	Considerations
M2400	To which Inpatient Facility has the patient been admitted?	☐ 1 - Hospital [Go to M2420 at TRN; Go to M2430 at DC] ☐ 2 - Rehabilitation facility [Go to M0903] ☐ 3 - Nursing home [Go to M2440] ☐ 4 - Hospice [Go to M0903] ☐ NA - No inpatient facility admission		
M2410	Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.)	☐ 1 - Patient remained in the community (not in hospital, nursing home, or rehab facility) ☐ 2 - Patient transferred to a non-institutional hospice ☐ 3 - Unknown because patient moved to a geographic location not served by this agency ☐ UK - Other unknown [Go to M0903]		

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Data Items Collected At Inpatient Facility Admission OR Agency Discharge Only

#	Question	Answer	To prevent emergent care…	Considerations
M2430	Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.)	☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis ☐ 2 - Injury caused by fall or accident at home ☐ 3 - Respiratory infection (e.g. pneumonia, bronchitis) ☐ 4 - Other respiratory problem ☐ 5 - Heart failure (e.g., fluid overload) ☐ 6 - Cardiac dysrhythmia (irregular heartbeat) ☐ 7 - Myocardial infarction or chest pain ☐ 8 - Other heart disease ☐ 9 - Stroke (CVA) or TIA ☐ 10 - Hypo/Hyperglycemia, diabetes ☐ 11 - Upper GI obstruction, constipation ☐ 12 - Dehydration, malnutrition ☐ 13 - Urinary tract infection ☐ 14 - IV catheter-related infection ☐ 15 - Wound infection or deterioration ☐ 16 - Uncontrolled pain ☐ 17 - Acute mental/behavioral health problem ☐ 18 - Deep vein thrombosis, pulmonary emb ☐ 19 - Scheduled treatment or procedure ☐ 20 - Other than above reasons ☐ UK - Reason unknown [Go to M0903]		
M2440	For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.)	☐ 1 - Therapy services ☐ 2 - Respite care ☐ 3 - Hospice care ☐ 4 - Permanent placement ☐ 5 - Unsafe for care at home ☐ 6 - Other		

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