APPENDIX C

SAMPLE CLINICAL RECORDS INCORPORATING OASIS-B1 (10/2003) DATA SET

Appendix C contains six sample assessment forms and a patient tracking sheet which incorporate the OASIS-B1 (10/2003) data items into the home health agency clinical record. They are not official CMS forms. Each home health agency is expected to integrate OASIS items into its comprehensive assessment form, but no specific comprehensive assessment form has been mandated or sanctioned. These forms are provided as examples of OASIS integration into clinical documentation.

PATIENT TRACKING SHEET

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1.	(M0010) Agency Medicare Provider Number:	2.	(M0012) Agency Medicaid Provider Number:				
	Branch Identification						
3.	(M0014) Branch State:	4.	(M0016) Branch ID Number:				
5.	(M0020) Patient ID Number:						
6.	(M0030) Start of Care Date:	7.	(M0032) Resumption of Care Date:				
	mm dd y y y		m m d d y y y y				
8.	(M0040) Patient Name:	9.	Patient Address:				
	(First) (MI) (Last) (Suffix)		Street, Route, Apt. Number - not P.O. Box				
10.	Patient Phone:	Ī					
	()		City (M0050) State (M0060) Zip Code				
11.	(M0063) Medicare Number:	12.	(M0064) Social Security Number:				
	(including suffix if any) D NA - No Medicare		UK - Unknown or Not Available				
13.	(M0065) Medicaid Number:	14.	(M0066) Birth Date:				
		1	$\overline{m} \ \overline{m} \ \overline{d} \ \overline{d} \ \overline{y} \ \overline{y} \ \overline{y} \ \overline{y}$				
15.	5. (M0069) Gender:						
16.	(M0072) Primary Referring Physician ID:		(UPIN#)				
	Name	Phone ()					
	Address	FAX ()					
17.	Marital Status: ☐ Not Married ☐ Married ☐ Widowe	d	□ Divorced □ Separated □ Unknown				
18.	(M0140) Race/Ethnicity (as identified by patient): (Mark all that app ☐ 1 - American Indian or Alaska Native ☐ 3 - Black or African-Am ☐ 2 - Asian ☐ 4 - Hispanic or Latino		n □ 5 - Native Hawaiian or Pacific Islander □ UK - Unknown □ 6 - White				
19.	Emergency Contact (Name and 20. Emergency Conta	ict Ac	Idress: 21. Emergency Contact Telephone No.:				
	Relationship):						
			()				
	(M0150) Current Payment Sources for Home Care: (Mark all that apply.) 0 - None; no charge for current services 1 - Medicare (traditional fee-for-service) 2 - Medicare (HMO/managed care) 3 - Medicaid (traditional fee-for-service) 4 - Medicaid (HMO/managed care) 5 - Workers' compensation 6 - Title programs (e.g., Title III, V or XX) 7 - Other government (e.g., CHAMPUS, VA, etc.) 8 - Private insurance 9 - Private insurance 10 - Self-pay 11 - Other (specify)						

(Also used for Resumption of Care Following Inpatient Stay)

on of Care Following Inpatient Stay (Page 1 of 14) Client's Name:

Client Record No.

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A. DEMOGRAPHIC INFORMATION - Update Patient Tracking Sheet at ROC						
1.	(M0080) Discipline of Person Completing ☐ 1 - RN ☐ 3 - SLP/ST ☐ 2 - PT ☐ 4 - OT	Assessment:	•	(M0090) Date Assessment Completed: m m d d y y y y		
3.	(M0100) This Assessment is Currently Be	ing Completed for the Fo	ollowing	ng Reason:		
	Start/Resumption of Care	Follow-Up		Transfer to an Inpatient Facility		
	 □ 1 - Start of care—further visits planned □ 3 - Resumption of care (after inpatient stay) 	4 - Recertification (reassessment5 - Other follow-up	,	7-up) 6 - Transferred to an inpatient facility—patient not discharged from agency 7 - Transferred to an inpatient facility—patient discharged from agency <u>Discharge from Agency — Not to an Inpatient Facility</u> 8 - Death at home 9 - Discharge from agency		
4.	Economic/Financial Problems or Needs (describe):			 (M0200) Medical or Treatment Regimen Change Within Past 14 Days: Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days? 0 - No [If No, go to #10 - Conditions Prior] 1 - Yes 		
5.	(M0175) From which of the following Inpatier patient discharged during the past 14 days? (apply.) 1 - Hospital 2 - Rehabilitation facility 3 - Skilled nursing facility 4 - Other nursing home 5 - Other (specify) NA - Patient was not discharged from an [If NA, go to #8 - Medical or Treate Change]	Mark all that	9.	. (M0210) List the patient's Medical Diagnoses and ICD-9-CM codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen (no surgical, E codes, or V codes): Changed Medical Regimen Diagnosis ICD-9-CM a		
 7. 	(M0180) Inpatient Discharge Date (most red ———————————————————————————————————	CD-9-CM code at onditions treated	10.	O. (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.) 1 - Urinary incontinence 2 - Indwelling/suprapubic catheter 3 - Intractable pain 4 - Impaired decision-making		
	during an inpatient facility stay within the last of E codes, or V codes): Inpatient Facility Diagnosis a. b.	<u>4 days</u> (no surgical,		 □ 5 - Disruptive or socially inappropriate behavior □ 6 - Memory loss to the extent that supervision required □ 7 - None of the above □ NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days □ UK - Unknown 		

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Client's Name: Client Record No.

CURRENT ILLNESS В.

1.	codes) for which the patient is receiving home care. Rate each condition using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.) E codes (for M0240 only) or V codes (for M0230 or M0240) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V code is reported in place of a case mix diagnosis, then M0245 Payment Diagnosis should be completed. Case mix diagnosis is a primary or first secondary diagnosis that determines the Medicare PPS case mix group. 0 - Asymptomatic, no treatment needed at this time							
	 1 - Symptoms well controlled with current therapy 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring 3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled, history of rehospitalizations 							
	(M0230) Primary Diagnosis	ICD-9-CM	<u> </u>	Severity	Rating			
	a	()	□ 0	□ 1	□ 2	□ 3	□ 4	
	(M0240) Other Diagnoses	ICD-9-CM	<u> </u>	Severity	Rating			
	b	()	□ 0	□ 1	□ 2	□ 3	□ 4	
	C	()	□ 0	□ 1	□ 2	□ 3	□ 4	
	d	()	□ 0	□ 1	□ 2	□ 3	□ 4	
	e	()	□ 0	□1	□ 2	□3	□ 4	
	f	()	□ 0	□ 1	□2	□ 3	□ 4	
3.	(M0245) Payment Diagnoses (Optional): If a V code was reported in M0230 in place of a case mix diagnosis, list the primary diagnosis and ICD-9-CM code, determined in accordance with OASIS requirements in effect before October 1, 2003 no V codes, E codes, or surgical codes allowed. ICD-9-CM sequencing requirements must be followed. Complete both lines (a) and (b) if the case mix diagnosis is a manifestation code or in other situations where multiple coding is indicated for the primary diagnosis; otherwise complete line (a) only. (M0245) Primary Diagnosis ICD-9-CM a							
C.	C. SIGNIFICANT PAST HEALTH HISTORY:							
D.	(M0250) THERAPIES the patient receives at home	e: (Mark all that apply.)			·			
	(M0250) THERAPIES the patient receives <u>at home</u> : (Mark all that apply.) □ 1 - Intravenous or infusion therapy (excludes TPN) □ 2 - Parenteral nutrition (TPN or lipids) □ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) □ 4 - None of the above							

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□ 9 - Food storage or preparation problems
□ 10 - Telephone access problem
□ 11 - Other

E.	PROGNOSIS				
1.	(M0260) Overall Prognosis: BEST description of patient's overall prognosis for recovery from this episode of illness. □ 0 - Poor: little or no recovery is expected and/or further decline is imminent □ 1 - Good/Fair: partial to full recovery is expected □ UK - Unknown	3.	(M0280) Life Expectancy: (Physician documentation is not required.) □ 0 - Life expectancy is greater than 6 months □ 1 - Life expectancy is 6 months or fewer		
2.	 (M0270) Rehabilitative Prognosis: BEST description of patient's prognosis for <u>functional status</u>. □ 0 - Guarded: minimal improvement in functional status is expected; decline is possible □ 1 - Good: marked improvement in functional status is expected □ UK - Unknown 				
F.	ALLERGIES: (Environmental, drugs, food, etc.)				
G.	IMMUNIZATION/SCREENING TESTS				
1.	Immunizations: Flu Yes No Date Tetanus Yes No Date	_	Pneumonia Yes No Date Other: Date		
2.	Screening: Cholesterol level Yes No Date Mammogram Yes No Date		Colon cancer screen Yes No Date Prostate cancer screen Yes No Date		
3.	Self-Exam Frequency: Breast self-exam frequency	Testicular self-exam frequency			
H.	(M0290) HIGH RISK FACTORS characterizing this patient: (Mark ☐ 1 - Heavy smoking ☐ 2 - Obesity ☐ 3 - Alcohol dependency	k all th	at apply.)		
	☐ 4 - Drug dependency ☐ 5 - None of the above ☐ UK - Unknown				
I.	LIVING ARRANGEMENTS				
1.	 (M0300) Current Residence: □ 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other) □ 2 - Family member's residence □ 3 - Boarding home or rented room □ 4 - Board and care or assisted living facility □ 5 - Other (specify) 		(M0340) Patient Lives With: (Mark all that apply.) □ 1 - Lives alone □ 2 - With spouse or significant other □ 3 - With other family member □ 4 - With a friend □ 5 - With paid help (other than home care agency staff) □ 6 - With other than above		
3.	Physical Environment (Check to indicate presence of problem or check, "No problems identified." ☐ 1 - No problems identified ☐ 2 - High crime area ☐ 3 - Electrical hazards ☐ 4 - Structural hazards ☐ 5 - Stairs ☐ 6 - Water supply problems ☐ 7 - Sewage disposal problems ☐ 8 - Insect/rodent problems	CO	OMMENTS:		

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Client Record No.

Client's Name:

J.	OTHERS LIVIN	IG IN HO	JSEHOL	D:							
Var	me	Age	Sex	Relationship	Able & willing to assist?	Name		Age	Sex	Relationship	Able & willing to assist?
ζ.	SUPPORTIVE	ASSISTA	NCE	1	1					-	
	Names of Perso	ns/Organiz	zations Pı	roviding Assista	ance:						
<u>.</u>	☐ 2 - Person ☐ 3 - Paid he ☐ 4 - None of Section ☐ UK - Unknow	that apply. es, friends, residing in lp if the above or L - Revie on [If Unk	or neighbothe home [If None w of Systen	ors living outside (EXCLUDING page of the above, gens/Physical A to Section L - F	the home aid help) to to ssessment]	4.	(M0370) How C primary caregive ☐ 1 - Severa ☐ 2 - Severa ☐ 3 - Once C ☐ 4 - Three C ☐ 5 - One to ☐ 6 - Less o ☐ UK - Unknow	r? I times du I times du I times du laily or more til two times Iten than	uring day uring day mes per v	and night	ance from the
3.	Systems/Physical Assessment] (M0360) Primary Caregiver taking lead responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff): □ 0 - No one person [If No one person, go to Section L - Review of Systems/Physical Assessment] □ 1 - Spouse or significant other □ 2 - Daughter or son □ 3 - Other family member □ 4 - Friend or neighbor or community or church member □ 5 - Paid help □ UK - Unknown [If Unknown, go to Section L - Review of Systems/Physical Assessment]			5.	bowel/l 2 - IADL a laundry 3 - Enviror 4 - Psycho recreat 5 - Advoca appropo appropo finance 7 - Health	sistance bladder, essistance obsistance of the sistance of the	(e.g., bath atting/feed (e.g., mene, shopp upport (hopport (socialitates partical care power of	hing, dressing, to	ekeeping, sintenance) anionship, sion in		
or	mments regarding	j assistand	e availab	le to patient:							
	REVIEW OF S										
	(Mark S for subje	ctive, O for Dizzine					sent or if not assen, duration)				
	EYES:	Glasse Catara			ed/double visior	n _	Glaucoma				

OASIS-B1 SOC/ROC (10/2003)

1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count

0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.

□ 2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

fingers at arm's length.

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3.	EARS:	Hearing Aid	Tinnitus	Other (specify)			
	□ 0 - □ 1 -	No observable impairment. Able to With minimal difficulty, able to hear repetition, extra time, or louder voice	hear and understand complex of and understand most multi-step be.	r detailed instructions and instructions and ordinary	ring aids if the patient usually uses them): I extended or abstract conversation. conversation. May need occasional eversation; needs frequent prompting or		
	□ 3-	assistance. Has severe difficulty hearing and up	nderstanding simple greetings ar	nd short comments Requ	ires multiple repetitions, restatements,		
		demonstrations, additional time.		•	, ,		
	□ 4-	Unable to hear and understand fam	niliar words or common expression	ons consistently, <u>or</u> patien	t nonresponsive.		
4.	ORAL:	Gum problems	Chewing problems	Dentures	Other (specify)		
	 (M0410) 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). Speaks in phrases or short sentences. □ 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases. □ 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. 						
5.	NOSE A	ND SINUS: Epistaxis	Other (specify)				
_							
3.	NECK A	ND THROAT: Hoarsenes	ss Difficulty swallo	owing Other (spe	ecify)		
7.	MUSCU	LOSKELETAL, NEUROLOGICA	<u>L</u> :				
	Hx	arthritis Joint pain	Syncope		(describe)		
	Go	out Weakness ffness Leg cramp		Amputatio	n (where)		
	Sw	ollen joints Numbness	Deformities	Aphasia/ir	narticulate speech		
		equal grasp Temp cha	nges Comatose	Other (spe	ecify)		
	Coordina	tion, gait, balance (describe):					
	COMMENTS: (Prostheses, appliances)						
	Patient's	Perceived Pain Level:(Scale 0-10)				
	movemen 0 1 2 3 -	Frequency of Pain interfering with nt: Patient has no pain or pain does no or movement Less often than daily Daily, but not constantly All of the time	,	not easily relieved, occusive, appetite, physical	ain: Is the patient experiencing pain that is irs at least daily, and affects the patient's or emotional energy, concentration, emotions, or ability or desire to perform		
	Commor	nts on nain management:					

Describe current treatment approach(es) for pressure ulcer(s):

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8.	INT	EGUN	<u>MENT</u> :									
	a.		Hair changes (w	here)	Pruritu	s Other (spec	cify)					
	b.	Skin	condition (Record	d type # on body area. Indic	cate size to right of nu	mbered category.)						
			(2)	\bigcirc		<u>Type</u>	<u>Size</u>					
				\mathcal{A}	1.	Lesions						
					2.	Bruises						
		M. M FILL 119	3.	Masses								
		HI H MILLY		4.	Scars							
		W)	and I have not I be	5.	5. Stasis Ulcers							
			PO(14)-1)-1			6. Pressure Ulcers						
					7.	Surgical Wounds						
			HH.	ää	8.	Other (specify)						
d.		0 - 1 1 - 1 445) [0 - 1 1 - 1	No [If No, go to Yes Does this patient hat No [If No, go to Yes	nave a Skin Lesion or an O Section 9 - Cardiorespirate nave a Pressure Ulcer? #8.e - Stasis Ulcer]	ory]	one response for each stage.)					
				Pressure U	llcer Stages		N	lumber o	f Pressi	ure Ulce	ers	
				nchable erythema of intact s varmth, edema, hardness, o			0	1	2	3	4 or more	
				hickness skin loss involving cally as an abrasion, blister		mis. The ulcer is superficial	0	1	2	3	4 or more	
		c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue was extend down to, but not through, underlying fascia. The ulcer presents clinically as crater with or without undermining of adjacent tissue.					0	1	2	3	4 or more	
				kness skin loss with extensi supporting structures (e.g.,			0	1	2	3	4 or more	
		e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the dressing, including casts? □ 0 - No □ 1 - Yes						e of esch	ar or a	nonrem	ovable	
		Pres	60) Stage of Mos sure Ulcer: 1 - Stage 1 2 - Stage 2 3 - Stage 3 4 - Stage 4 A - No observabl	st Problematic (Observable) le pressure ulcer	de)	(M0464) Status of Mo Pressure Ulcer: □ 1 - Fully granula □ 2 - Early/partial g □ 3 - Not healing □ NA - No observab	ting granulat	ion	•	vable)		

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Э.	(M0468) Does this patient have a Stasis Ulcer? □ 0 - No [If No, go to #8.f - Surgical Wound] □ 1 - Yes	f.	(M0482) Does this patient ☐ 0 - No [If No, go to ☐ 1 - Yes	t have a Surgical Wound? o Section 9 - Cardiorespiratory]
	(M0470) Current Number of Observable Stasis Ulcer(s): □ 0 - Zero □ 1 - One □ 2 - Two □ 3 - Three □ 4 - Four or more (M0474) Does this patient have at least one Stasis Ulcer that Cannot be Observed due to the presence of a nonremovable dressing?		Surgical Wounds: (Imber of (Observable) If a wound is partially closed but has ng, consider each opening as a separate
	□ 0 - No □ 1 - Yes (M0476) Status of Most Problematic (Observable) Stasis Ulcer:			atient have at least one Surgical Wound erved due to the presence of a ng?
	 □ 1 - Fully granulating □ 2 - Early/partial granulation □ 3 - Not healing □ NA - No observable stasis ulcer Describe current treatment approach(es) for stasis ulcer(s):		(M0488) Status of M Surgical Wound: ☐ 1 - Fully granul ☐ 2 - Early/partia ☐ 3 - Not healing ☐ NA - No observa	I granulation
			Describe current trea	tment approach(es) for surgical wound(s
Oth	ner Wounds Requiring Treatment			
	Type of Wound:			
	Status:			
	Current treatment Approach(es):			
9.	CARDIORESPIRATORY: Temperature Respirat	tions		
	BLOOD PRESSURE: Lying Sitting _		Standing	<u></u>
	PULSE: Apical rate Radial rate		Rhythm	Quality
	CARDIOVASCULAR:			
	Palpitations Dyspnea on exertion	ВР рі	roblems	Murmurs
	ClaudicationParoxysmal nocturnal dyspnea	Ches	t pain	Edema
	Fatigues easilyOrthopnea (# of pillows)	Cardi	ac problems (specify)	Cyanosis
	Pacemaker	Other	(specify)	Varicosities
	(Date of last battery change) COMMENTS:			

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	RESPIRATORY:						
	History of: As	sthma	Bronchitis	Pneumonia		Other (specify)	
	TE		Pleurisy	Emphysema	a		
	Present Condition:						
	Cough (desc	cribe)				Sputum (charac	ter and amount)
	Breath soun	ds (describe)				Other (specify)	
	☐ 3 - With minimal ex	s not short of brea nore than 20 feet, exertion (e.g., wh dpan, walking dis ertion (e.g., while r ADLs) or with a	ath climbing stairs ile dressing, using tances less than 20 e eating, talking, or		(Mark al □ 1 - □ 2 - □ 3 -	Respiratory Treatr I that apply.) Oxygen (intermitten Ventilator (continua Continuous positive None of the above	lly or at night)
10.	GENITOURINARY TRA	<u>CT</u> :					
	Frequency		_ Nocturia		Dysm	nenorrhea	Gravida/Para
	Pain		_ Urgency		Lesio	ns	Date last PAP test
	Hematuria		Prostate disorder		Hx hy	sterectomy	Contraception
	Vaginal discharge/b	leeding	Other (specify)				
	(M0510) Has this patient in the past 14 days? □ 0 - No □ 1 - Yes □ NA - Patient on proph □ UK - Unknown (M0520) Urinary Inconti	nylactic treatment			□ 0 - □ 1 -	When does Urinary Timed-voiding defet During the night onl During the day and	у
	□ 0 - No incontinence urinary drainage Gastrointestina □ 1 - Patient is incont □ 2 - Patient requires	or catheter (inclue) [If No, go to stall Tract] inent a urinary cathete mittent, suprapub	udes anuria or oston Section 11 -	ny for			
	COMMENTS: (e.g., appli	ances and care,	bladder programs, c	atheter type and	l care)		
11.	GASTROINTESTINAL T	TRACT:					
	Indigestion	_	_ Pain	_	Recta	al bleeding	Jaundice
	Nausea, vomiting		_ Hernias (where)			orrhoids	Tenderness
	Ulcers		_ Diarrhea/constipat	ion	Gallb	ladder problems	Other (specify)
	(M0540) Bowel Incontin □ 0 - Very rarely or ne □ 1 - Less than once □ 2 - One to three tim □ 3 - Four to six times □ 4 - On a daily basis □ 5 - More often than □ NA - Patient has osto □ UK - Unknown	ever has bowel in weekly es weekly s weekly once daily	continence		an oston a) was re change i 0 - 1 -	ny for bowel eliminatielated to an inpatient n medical or treatme Patient does not hat Patient's ostomy wadid not necessitate regimen. The ostomy was rel	Elimination: Does this patient have on that (within the last 14 days): facility stay, or b) necessitated a nt regimen? ve an ostomy for bowel elimination. as not related to an inpatient stay and change in medical or treatment atted to an inpatient stay or did in medical or treatment regimen.
	COMMENTS: (bowel fun	ction, use of laxa	tives or enemas, ho	wel program. GI	status)	•	-

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Client's Name: Client Record No.

12.	NUTRITIONAL STATUS:	
	Weight loss/gain last 3 mos. (Give amount)	Over/under weight Change in appetite Diet
	Other (specify)	Meals prepared by
	COMMENTS:	
13.	BREASTS: (For both male and female)LumpsTendernessDischarge	Pain Other (specify)
	COMMENTS:	
14.	NEURO/EMOTIONAL/BEHAVIORAL STATUS:	
		Other (specify)
	 (M0560) 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 (cueing, 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. (M0570) When Confused (Reported or Observed): 	 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
	(M0570) 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	 (M0620) 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
	(M0580) 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	 4 - Several times a week 5 - At least daily (M0630) Is this patient receiving Psychiatric Nursing Services at home provided by a qualified psychiatric nurse? 0 - No 1 - Yes
	(M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.) □ 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 - None of the above feelings observed or reported	

COMMENTS: (describe other related behaviors or symptoms, e.g., weight loss, sleep disturbances, coping skills)

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15.	ENDOC	RINE AND HEMATOPOIETIC:	
	Dia	betes Polyuria Polydipsia	Thyroid problem Excessive bleeding or bruising
	Fractiona	als: Usual results	Intolerance to heat and cold
		Frequency checked	Other (specify)
	COMME	NTS:	
M.	"Prior" o	STEM PROFILE: For M0640-M0800, complete the "Column only at start of care and at resumption of care; care date (M0030) or resumption of care date (M0032).	Current" column for all patients. For these same items, complete the mark the level that corresponds to the patient's condition 14 days prior to In all cases, record what the patient is <i>able to do</i> .
1.	(M0640) fingernai		., washing face and hands, hair care, shaving or make up, teeth or denture care
Prior	□ 1 - □ 2 - □ 3 -	Able to groom self unaided, with or without the use of ass Grooming utensils must be placed within reach before ab Someone must assist the patient to groom self. Patient depends entirely upon someone else for grooming Unknown	le to complete grooming activities.
2.		Ability to Dress <u>Upper</u> Body (with or without dressing a g zippers, buttons, and snaps:	ids) including undergarments, pullovers, front-opening shirts and blouses,
Prior	□ 1 - □ 2 - □ 3 -	Able to get clothes out of closets and drawers, put them of Able to dress upper body without assistance if clothing is Someone must help the patient put on upper body clothin Patient depends entirely upon another person to dress the Unknown	g.
3.	(M0660)	Ability to Dress Lower Body (with or without dressing a	ids) including undergarments, slacks, socks or nylons, shoes:
Prior	□ 1 - □ 2 - □ 3 -	Able to obtain, put on, and remove clothing and shoes with Able to dress lower body without assistance if clothing an Someone must help the patient put on undergarments, slepatient depends entirely upon another person to dress low Unknown	d shoes are laid out or handed to the patient. acks, socks or nylons, and shoes.
4.	(M0670)	Bathing: Ability to wash entire body. Excludes grooming	ng (washing face and hands only).
Prior	□ 1-	Able to bathe self in <u>shower or tub</u> independently. With the use of devices, is able to bathe self in shower or Able to bathe in shower or tub with the assistance of anot (a) for intermittent supervision or encouragement or remit (b) to get in and out of the shower or tub, <u>OR</u>	her person:
	□ 4 - □ 5 -	(c) for washing difficult to reach areas. Participates in bathing self in shower or tub, <u>but</u> requires <u>Unable</u> to use the shower or tub and is bathed in <u>bed or tool</u> Unable to effectively participate in bathing and is totally be Unknown	
5.	(M0680)	Toileting: Ability to get to and from the toilet or bedside	commode.
Prior	□ 1 - □ 2 - □ 3 - □ 4 -	Able to get to and from the toilet independently with or wit When reminded, assisted, or supervised by another personable to get to and from the toilet but is able to use a be Unable to get to and from the toilet or bedside commode Is totally dependent in toileting. Unknown	on, able to get to and from the toilet. dside commode (with or without assistance).

(Also used for Resumption of Care Following Inpatient Stay)

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Client's Name:

Client Record No.

(M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and

	pos	sition	self in bed if patient is bedfast.
Prior		0 - 1 - 2 - 3 - 4 - 5 -	Able to independently transfer. Transfers with minimal human assistance or with use of an assistive device. <u>Unable</u> to transfer self but is able to bear weight and pivot during the transfer process. Unable to transfer self and is <u>unable</u> to bear weight or pivot when transferred by another person. Bedfast, unable to transfer but is able to turn and position self in bed. Bedfast, unable to transfer and is <u>unable</u> to turn and position self. Unknown
7.			Ambulation/Locomotion: Ability to <u>SAFELY</u> walk, once in a standing position, or use a wheelchair, once in a seated position, on a f surfaces.
Prior			Abberta Sadara ada di Anglia a anggara and anggara and albah atalah anggara (Sanana anggara (Sanana anggara)
			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). Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or
		3 - 4 - 5 -	uneven surfaces. Able to walk only with the supervision or assistance of another person at all times. Chairfast, unable to ambulate but is able to wheel self independently. Chairfast, unable to ambulate and is unable to wheel self. Bedfast, unable to ambulate or be up in a chair. Unknown
8.			Feeding or Eating: Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and ing, not preparing the food to be eaten.
Prior	Curre		
			Able to independently feed self. Able to feed self independently but requires:
_	_	•	(a) meal set-up; <u>OR</u>
			(b) intermittent assistance or supervision from another person; <u>OR</u>(c) a liquid, pureed or ground meat diet.
			<u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack.
			Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy. <u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
			Unable to take in nutrients orally or by tube feeding.
	l		Unknown
9.	(MC)720)	Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals:
Prior			
		0 -	(a) Able to independently plan and prepare all light meals for self or reheat delivered meals; <u>OR</u>(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).
			<u>Unable</u> to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
			Unable to prepare any light meals or reheat any delivered meals. Unknown
10.	(MC)730)	Transportation: Physical and mental ability to <u>safely</u> use a car, taxi, or public transportation (bus, train, subway).
Prior	Curre		Able to independently drive a regular or adented car: OR uses a regular or handisan accessible public bus
			Able to independently drive a regular or adapted car; <u>OR</u> uses a regular or handicap-accessible public bus. Able to ride in a car only when driven by another person; <u>OR</u> able to use a bus or handicap van only when assisted or accompanied by
			another person.
			<u>Unable</u> to ride in a car, taxi, bus, or van, and requires transportation by ambulance. Unknown
11.	(MC han		Laundry: Ability to do own laundry to carry laundry to and from washing machine, to use washer and dryer, to wash small items by
Prior			(a) Abbe to be described to the constant all beautiful to QD
		U -	(a) Able to independently take care of all laundry tasks; <u>OR</u>(b) Physically, cognitively, and mentally able to do laundry and access facilities, <u>but</u> has not routinely performed laundry tasks in the past
			(i.e., prior to this home care admission).
		1 -	Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs
		2 -	assistance with heavy laundry such as carrying large loads of laundry. <u>Unable</u> to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.
	ı		Unknown

(Also used for Resumption of Care Following Inpatient Stay)
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Client's Name:

12.	(M0750)	Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.
<u>Prior</u> □	Current □ 0 -	 (a) Able to independently perform all housekeeping tasks; <u>OR</u> (b) Physically, cognitively, and mentally able to perform <u>all</u> housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission).
	□ 2 - □ 3 - □ 4 -	Able to perform only <u>light</u> housekeeping (e.g., dusting, wiping kitchen counters) tasks independently. Able to perform housekeeping tasks with intermittent assistance or supervision from another person. <u>Unable</u> to consistently perform any housekeeping tasks unless assisted by another person throughout the process. Unable to effectively participate in any housekeeping tasks. Unknown
13.	(M0760)	Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.
	Current	
		(a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; <u>OR</u>(b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission).
	□ 1-	Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist.
	□ 3-	<u>Unable</u> to go shopping, but is able to identify items needed, place orders, and arrange home delivery. Needs someone to do all shopping and errands. Unknown
14.	(M0770)	Ability to Use Telephone: Ability to answer the phone, dial numbers, and effectively use the telephone to communicate.
	Current	
	□ 1 - □ 2 - □ 3 - □ 4 -	Able to dial numbers and answer calls appropriately and as desired. Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. Able to answer the telephone only some of the time or is able to carry on only a limited conversation. Unable to answer the telephone at all but can listen if assisted with equipment. Totally unable to use the telephone.
	□ NA -	Patient does not have a telephone. Unknown
15.	administr	Management of Oral Medications: Patient's ability to prepare and take <u>all prescribed oral medications reliably and safely, including</u> ration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability pliance or willingness.)
	Current	Able to independently take the correct and medication(a) and proper decorac(a) at the correct times
		Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR
		(b) given daily reminders; <u>OR</u>(c) someone develops a drug diary or chart.
	□ NA -	<u>Unable</u> to take medication unless administered by someone else. No oral medications prescribed. Unknown
16.	metered	Management of Inhalant/Mist Medications: Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes all other medication (oral tablets, injectable and IV medications).
	Current	
		Able to independently take the correct medication and proper dosage at the correct times. Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, <u>OR</u>
		(b) given daily reminders. <u>Unable</u> to take medication unless administered by someone else.
		No inhalant/mist medications prescribed. Unknown
17.		Management of Injectable Medications: Patient's ability to prepare and take <u>all prescribed injectable medications</u> reliably and safely, administration of correct dosage at the appropriate times/intervals. <u>Excludes</u> IV medications.
	Current	Able to be described by the control of the control
		Able to independently take the correct medication and proper dosage at the correct times. Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, <u>OR</u> (b) given daily reminders.
	□ NA -	Unable to take injectable medications unless administered by someone else. No injectable medications prescribed. I Inknown

(Also used for Resumption of Care Following Inpatient Stay)

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Client's Name:

18.	(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or <u>supplies</u>): <u>Patient's ability</u> 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, but independently completes portions of the task. 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 [If NA, go to Section N - Therapy Need]								
19.	(M0820) Caregiver Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): <u>Caregiver's ability</u> 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 - Caregiver manages all tasks related to equipment completely independently. □ 1 - If someone else sets up equipment, caregiver is able to manage all other aspects. □ 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions 								
	of task. 3 - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies).								
	 □ 4 - Caregiver is completely dependent on someone else to manage all equipment. □ NA - No caregiver □ UK - Unknown 								
٧.	THERAPY NEED								
١.	(M0825) Therapy Need: Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?								
	□ 0 - No □ 1 - Yes □ NA - Not applicable								
). I.	EQUIPMENT AND SUPPLIES: Equipment Needs: (check appropriate box) 2. Supplies Needed and Comments Regarding Equipment Needs:								
	a. Oxygen/Respiratory Equip.								
	b. Wheelchair 3. Financial Problems/Needs:								
	c. Hospital Bed d. Other (specify)								
ο.	SAFETY MEASURES RECOMMENDED TO PROTECT PATIENT FROM INJURY:								
Q .	EMERGENCY PLANS:								

Client's Name:

(/	Also used for Resumption of Care Following Inpatient Stay) (Page 14 of 14)	Client Record No.
R.	CONCLUSIONS/IMPRESSIONS AND SKILLED INTERVENTIONS	PERFORMED THIS VISIT:

Signature of Assessor: ____

Date of Assessment: ___

FOLLOW-UP ASSESSMENT (Page 1 of 6)

Client's Name:

Client Record No.

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A.	A. DEMOGRAPHIC/GENERAL INFORMATION Update Patient Tracking Sheet as needed.									
1.	(M0080) Discipline of Person Completing	(M0080) Discipline of Person Completing Assessment:		2. (M0090) Date Assessment Completed:						
	□ 1 - RN □ 3 - SLP/ST □ 2 - PT □ 4 - OT		<u></u>							
3.	(M0100) This Assessment is Currently Be Start/Resumption of Care 1 - Start of care—further visits planned 3 - Resumption of care (after inpatient stay)	ing Completed for the F Follow-Up	n (follow- nent [Go	rason: Transfer 6 - 7 - Discharg 8 -	to an Ir Transfedischa Transfedischa discha	npatient erred to rged fro erred to rged fro Agency at home	Facility an inpa m agen an inpa m agen m agen m Agen	tient facility—patient cy o an Inpatient Facility	not	
4.	(M0175) From which of the following Inpatier ☐ 1 - Hospital ☐ 2 - Rehabilitation facility ☐ 3 - Skilled nursing facility ☐ 4 - Other nursing home ☐ 5 - Other (specify) ☐ NA - Patient was not discharged from an	,	nt discharge	d <u>during th</u>	ne past	14 days	<u>6</u> ? (Mar	c all that apply.)		
5.	(M0230/M0240) Diagnoses and Severity Indicodes) for which the patient is receiving home most severe rating appropriate for each diagn sequencing requirements must be followed if diagnosis, then M0245 Payment Diagnosis she Medicare PPS case mix group.	care. Rate each condition osis.) E codes (for M0246 multiple coding is indicate	on using the f 0 only) or V o d for any dia	ollowing s codes (for gnoses. If	everity M0230 f a V co	index. or M024 de is re	(Choose 40) may ported ir	one value that repres be used. ICD-9-CM place of a case mix	ents the	
	 O - Asymptomatic, no treatment needed at th 1 - Symptoms well controlled with current th 2 - Symptoms controlled with difficulty, affect 3 - Symptoms poorly controlled, patient need 4 - Symptoms poorly controlled, history of re 	erapy ting daily functioning; pati ds frequent adjustment in								
	(M0230) Primary Diagnosis	ICD-9-CM		<u>s</u>	Severity	Rating				
	a	()	□ 0	□ 1	□ 2	□ 3	□ 4		
	(M0240) Other Diagnoses	ICD-9-CM		<u>s</u>	Severity	Rating				
	b	_ ()	□ 0	□ 1	□ 2	□ 3	□ 4		
	C	()	□ 0	□ 1	□ 2	□3	□ 4		
	d)	□ 0	□ 1	□ 2	□ 3	□ 4		
	e)	□ 0	□ 1	□ 2	□3	□ 4		
	f	()	□ 0	□ 1	□ 2	□ 3	□ 4		
6.	(M0245) Payment Diagnoses (Optional): If ICD-9-CM code, determined in accordance wi allowed. ICD-9-CM sequencing requirements or in other situations where multiple coding is	th OASIS requirements in must be followed. Comp	effect before lete both line	e October es (a) and	1, 2003 (b) if the	B no V e case r	' codes, nix diag	E codes, or surgical c	odes	
	(M0245) Primary Diagnosis	ICD-9-CM								
	a	<u> </u>)							
	(M0245) First Secondary Diagnosis	ICD-9-CM								
	b	<u> </u>)							
6.	Patient/Family Knowledge and Coping Lev	el Regarding Present III	ness:							
	Family:									

FOLLOW-UP ASSESSMENT (Page 2 of 6)

Client's Name: Client Record No.

В.	3. (M0250) THERAPIES the patient receives at home: (Mark all that apply.)					
	 □ 1 - Intravenous or infusion therapy (excludes TPN) □ 2 - Parenteral nutrition (TPN or lipids) □ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any □ 4 - None of the above 	y othe	er artificial entry into the alimentary canal)			
C.	HIGH RISK FACTORS					
	Update information on risk factors: No changes Smoking		Alcohol dependency Other			
D.	LIVING ARRANGEMENTS AND SUPPORT					
	Note any changes in patient's environment, living situation, or supportive	assi	istance:			
	No changes Changes present; describe:					
E.	REVIEW OF SYSTEMS/PHYSICAL ASSESSMENT					
1.	EYES:	2.	Identify and describe any changes or problems with:			
	(M0390) Vision with corrective lenses if the patient usually wears them:		Ears:			
	 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint. 		Mouth/throat:			
	 1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length. 2 - Severely impaired: cannot locate objects without hearing 	Nose:				
	or touching them <u>or</u> patient nonresponsive.					
3.	MUSCULOSKELETAL, NEUROLOGICAL:					
	Patient's perceived pain level (scale value 0-10) (M0420) Frequency of Pain interfering with patient's activity or		Comments on pain management:			
	movement: 0 - Patient has no pain or pain does not interfere with activity or movement 1 - Less often than daily 2 - Daily, but not constantly 3 - All of the time					
	Identify and describe any neurological or musculoskeletal changes or pro	obler	ns assessed:			
	Cognitive functioning Speech/language Muscle st Level of consciousness Sensation Range of	treng moti	th/weakness Joint function Balance, coordination on Posture Dizziness			
	COMMENTS:					
4.	<u>INTEGUMENT</u> :					
a.	Skin condition (Record type # on body area. Indicate size to right of nur	mber	ed category.)			
	(2 = 1)		<u>Type</u> <u>Size</u>			
		1.	Lesions			
	[1- · M M M	2.	Bruises			
	$(7) \cdot () \cdot () \cdot () \cdot ()$	3.	Masses			
		4.	Scars			
		5.	Stasis Ulcers			
		6.	Pressure Ulcers			
	H/-(H/-(7.	Surgical Wounds			
	UU	8.	Other (specify)			

FOLLOW-UP ASSESSMENT (Page 3 of 6)

	10450) Current Number of Pressure Ulcers at Each Stage: (Circ given stage, circle "0" for that stage.)	le one	response for each stage. If	the pa	itient ha	s no pre	essure	ulcers a
	Pressure Ulcer Stages			١	Number o	of Press	ure Ulce	ers
	 Stage 1: Nonblanchable erythema of intact skin; the heraldi pigmented skin, warmth, edema, hardness, or discolored skin 			0	1	2	3	4 or more
	b) Stage 2: Partial thickness skin loss involving epidermis and and presents clinically as an abrasion, blister, or shallow cra		mis. The ulcer is superficial	0	1	2	3	4 or more
	 Stage 3: Full-thickness skin loss involving damage or necro may extend down to, but not through, underlying fascia. The crater with or without undermining of adjacent tissue. 			0	1	2	3	4 or more
	 Stage 4: Full-thickness skin loss with extensive destruction, muscle, bone, or supporting structures (e.g., tendon, joint ca 			0	1	2	3	4 or more
	e) In addition to the above, is there at least one pressure ulcer dressing, including casts? □ 0 - No □ 1 - Yes	that ca	nnot be observed due to the p	oresenc	e of escl	nar or a	nonrem	ovable
	□ 3 - Stage 3 □ 4 - Stage 4 □ NA - No observable pressure ulcer Describe current status of pressure ulcer(s). Describe current treatment approach(es) for pressure ulcer(s).							
St	asis Ulcers	e.	Surgical Wounds					
(N G	10476) Status of Most Problematic (Observable) Stasis Ulcer: to to 4e if patient has no stasis ulcers. 1 - Fully granulating 2 - Early/partial granulation 3 - Not healing NA - No observable stasis ulcer		(M0488) Status of Most Pr Surgical Wound: Go to 4f 1 - Fully granulating 2 - Early/partial granu 3 - Not healing NA - No observable sur	if pation	ent has			unds.
De	escribe current treatment approach(es) for stasis ulcer(s).		Describe current treatment a	approad	ch(es) fo	r surgica	al wound	d(s).
	ther Wounds Requiring Treatment							
Of	pe of Wound:							

FOLLOW-UP ASSESSMENT (Page 4 of 6)

5.	CARDIORESPIRATO	ORY: Temperature	Respirations			
	BLOOD PRESSURE:		Sitting			
	PULSE:	Apical rate	Radial rate		າ	Quality
	Edema	Varicosities		Pacemaker		
	Chest pain	Fatigues easily		(Date of Other	of last battery chan	ge)
	O - Never, patier 1 - When walkin 2 - With modera 3 - With minimal 4 - At rest (durin	0 , 0 ,	irs using commode or b ng, or performing oth	er ADLs) or with agitatio	n	
	Orthopnea (# of pi	illows) Cough (Des	scribe)		_ Breath sounds	(Describe)
	Cyanosis					
	COMMENTS:	((Character and amour	nt)	(Specify)	
 7. 	does have a urinary caoccur? 0 - Timed-voidin 1 - During the ni 2 - During the da GASTROINTESTINA (M0540) Bowel Incor 0 0 - Very rarely o 1 - Less than on 2 - One to three 3 - Four to six tir 4 - On a daily ba 5 - More often th	g defers incontinence ght only ay and night AL TRACT: ntinence Frequency: r never has bowel incontinence ice weekly times weekly mes weekly asis		an ostomy for bowel a) was related to an i change in medical or 0 - Patient doe 1 - Patient's os	r Bowel Elimination elimination that (win patient facility state treatment regiments not have an ostor tomy was not relatessitate change in	on: Does this patient have thin the last 14 days): y, or b) necessitated a ? my for bowel elimination. ed to an inpatient stay and medical or treatment
8.	COMMENTS: (e.g., b	owel function, use of laxatives or	enemas, bowel prog			or treatment regimen.
J.		Oemonstrated at Least Once a \	<i>N</i> eek	Identify and describe	any changes or pr	oblems:
	(Reported or Observe	ed): (Mark all that apply.)		Anxiety	and offeringes of pr	55.5716.
		cit: failure to recognize familiar es, inability to recall events of pa	st 24 hours,		on, mania, lability)	
	significant me	emory loss so that supervision is	required	Sleep disturband		
	or IADLs, ina	sision-making: failure to perform ability to appropriately stop activiti		•		
		safety through actions otion: yelling, threatening, excess	sive profanity	Agitation		
	sexual refere	ences, etc.		Other		
	others (e.g., maneuvers v	ression: aggressive or combative hits self, throws objects, punches with wheelchair or other objects)	s, dangerous	COMMENTS: (desc	ribe other related b	ehaviors or symptoms)
		ıfantile, or socially inappropriate b erbal actions)	penavior			
	☐ 6 - Delusional, h	nallucinatory, or paranoid behavio above behaviors demonstrated	or			

FOLLOW-UP ASSESSMENT (Page 5 of 6)

Client's Name: Client Record No.

OTHER UPDATED ASSESSMENTS:

F.	LIFE SYSTEM PROFILE: For M0650-M0700, record what the patient currently is able to do.
1.	 (M0650) Ability to Dress Upper Body (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.
2.	 (M0660) Ability to Dress Lower Body (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.
3.	 M0670) Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only). □ 0 - Able to bathe self in shower or tub independently. □ 1 - With the use of devices, is able to bathe self in shower or tub independently. □ 2 - Able to bathe in shower or tub with the 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 - Participates 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 and is bathed in bed or bedside chair. □ 5 - Unable to effectively participate in bathing and is totally bathed by another person.
4.	 (M0680) Toileting: Ability to get to and from the toilet or bedside commode. □ 0 - Able to get to and from the toilet independently with or without a device. □ 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet. □ 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.
5.	 (M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast. □ 0 - Able to independently transfer. □ 1 - Transfers 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 and is unable to turn and position self. □ 5 - Bedfast, unable to transfer and is unable to turn and position self.
6.	 (M0700) Ambulation/Locomotion: Ability to SAFELY walk, 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 - Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 2 - Able to walk only with the supervision or assistance of another person at all times. 3 - Chairfast, unable to ambulate but is able to wheel self independently. 4 - Chairfast, unable to ambulate and is unable to wheel self. 5 - Bedfast, unable to ambulate or be up in a chair.
7.	Identify and describe any changes or problems with: Personal hygiene Meal preparation Medication management Feeding, eating Laundry, shopping, housekeeping

Client's Name: **FOLLOW-UP ASSESSMENT** Client Record No. (Page 6 of 6) **G. THERAPY NEED** (M0825) Therapy Need: Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group? □ 0 - No □ 1 - Yes □ NA - Not applicable H. UPDATE TO ANY OTHER ASSESSMENT AREAS: CONCLUSIONS/IMPRESSIONS AND SKILLED INTERVENTIONS PERFORMED THIS VISIT:

Signature of Assessor:

Date of Assessment:

TRANSFER TO INPATIENT FACILITY (Page 1 of 2)

Client's Name:

Client Record No.

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DEMOGRAPHIC/GENERAL INFORMATION - Update Patier (M0080) Discipline of Person Completing Assessment: □ 1 - RN □ 3 - SLP/ST □ 2 - PT □ 4 - OT (M0100) This Assessment is Currently Being Completed for the Start/Resumption of Care Follow-Up 1 - Start of care—further visits 4 - Recertificatio reassessment	2. (N	M0090) Date Assessment Completed:
□ 1 - RN □ 3 - SLP/ST □ 2 - PT □ 4 - OT (M0100) This Assessment is Currently Being Completed for the Start/Resumption of Care 1 - Start of care—further visits 4 - Recertificatio		, ⁻
□ 2 - PT □ 4 - OT (M0100) This Assessment is Currently Being Completed for the Start/Resumption of Care Follow-Up 1 - Start of care—further visits 4 - Recertificatio		
(M0100) This Assessment is Currently Being Completed for the Start/Resumption of Care 1 - Start of care—further visits 4 - Recertification		m m d d v v v v
Start/Resumption of Care Follow-Up 1 - Start of care—further visits 4 - Recertificatio	Followin	mmdd yyyy
3 - Resumption of care (after 5 - Other follow-inpatient stay)	nt	Transfer to an Inpatient Facility
EMERGENT CARE		
(M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? (Mark all that apply.) □ 0 - No emergent care services [If no emergent care, go to Section C #1 - Inpatient Facility] □ 1 - Hospital emergency room (includes 23-hour holding) □ 2 - Doctor's office emergency visit/house call □ 3 - Outpatient department/clinic emergency (includes urgicenter sites) □ UK - Unknown [If UK, go to Section C #1 - Inpatient Facility]		 (M0840) Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? (Mark all that apply.) □ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis □ 2 - Nausea, dehydration, malnutrition, constipation, impaction □ 3 - Injury caused by fall or accident at home □ 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction) □ 5 - Wound infection, deteriorating wound status, new lesion/ulcer □ 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain □ 7 - Hypo/Hyperglycemia, diabetes out of control □ 8 - GI bleeding, obstruction □ 9 - Other than above reasons □ UK - Reason unknown
INPATIENT FACILITY ADMISSION OR DISCHARGE FROM	HOME (CARE
[M0855] To which Inpatient Facility has the patient been admitted? □ 1 - Hospital [Go to #2 - Hospital Reason] □ 2 - Rehabilitation facility [Go to #5 - Most Recent Home Visit Date] □ 3 - Nursing home [Go to #4 - Reason Admitted Nursing Home] □ 4 - Hospice [Go to #5 - Most Recent Home Visit Date] [M0890] If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted? □ 1 - Hospitalization for emergent (unscheduled) care □ 2 - Hospitalization for urgent (scheduled within 24 hours of admission) care □ 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care		(M0895) Reason for 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 problems (SOB, infection, obstruction) □ 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer □ 5 - Hypo/Hyperglycemia, diabetes out of control □ 6 - GI bleeding, obstruction □ 7 - Exacerbation of CHF, fluid overload, heart failure □ 8 - Myocardial infarction, stroke □ 9 - Chemotherapy □ 10 - Scheduled surgical procedure □ 11 - Urinary tract infection □ 12 - IV catheter-related infection □ 13 - Deep vein thrombosis, pulmonary embolus □ 14 - Uncontrolled pain □ 15 - Psychotic episode □ 16 - Other than above reasons Go to #5 - Most Recent Home Visit Date
	M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? Mark all that apply.) 0 - No emergent care services [If no emergent care, go to Section C #1 - Inpatient Facility] 1 - Hospital emergency room (includes 23-hour holding) 2 - Doctor's office emergency visit/house call 3 - Outpatient department/clinic emergency (includes urgicenter sites) UK - Unknown [If UK, go to Section C #1 - Inpatient Facility] NPATIENT FACILITY ADMISSION OR DISCHARGE FROM M0855) To which Inpatient Facility has the patient been admitted? 1 - Hospital [Go to #2 - Hospital Reason] 2 - Rehabilitation facility [Go to #5 - Most Recent Home Visit Date] 3 - Nursing home [Go to #4 - Reason Admitted Nursing Home] 4 - Hospice [Go to #5 - Most Recent Home Visit Date] M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted? 1 - Hospitalization for emergent (unscheduled) care 2 - Hospitalization for urgent (scheduled more than 24 hours of admission) care	M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? Mark all that apply.) O No emergent care services [If no emergent care, go to Section C #1 - Inpatient Facility] 1 - Hospital emergency room (includes 23-hour holding) 2 - Doctor's office emergency visit/house call 3 - Outpatient department/clinic emergency (includes urgicenter sites) UK - Unknown [If UK, go to Section C #1 - Inpatient Facility] NPATIENT FACILITY ADMISSION OR DISCHARGE FROM HOME M0855) To which Inpatient Facility has the patient been 3. admitted? 1 - Hospital [Go to #2 - Hospital Reason] 2 - Rehabilitation facility [Go to #5 - Most Recent Home Visit Date] 3 - Nursing home [Go to #4 - Reason Admitted Nursing Home] 4 - Hospice [Go to #5 - Most Recent Home Visit Date] M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted? 1 - Hospitalization for emergent (unscheduled) care 2 - Hospitalization for emergent (unscheduled) care 3 - Hospitalization for emergent (unscheduled more than 24 hours before admission) care 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care

	TRANSFER TO INPATIE (Page 2 of 2)	ENT FACILITY		Client's Name: Client Record No.
4.	(M0900) For what Reason(s) was the patient 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 UK - Unknown	Admitted to a	6 7.	(M0903) Date of Last (Most Recent) Home Visit:
D.	SUMMARY OF CARE PROVIDED DURI	NG HOME CARE EPI	SODE	
2.	Overall Status at Discharge:	Interventions		Current Status
Cor	by of Summary to ☐ Referral Source	☐ Attending Physician	1	
	e of Assessment:	Signature of Assessor:		

Client's Name:

DISCHARGE ASSESSMENT (Page 1 of 11)

Client's Name:

Client Record No.

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A.	DEMOGRAPHIC/GENERAL INFORMATION - Update Patient Tracking Sheet as Needed
1.	(M0080) Discipline of Person Completing Assessment: □ 1 - RN □ 2 - PT □ 4 - OT □ 3 - SLP/ST □ m m - d d - v v v v v
3.	(M0100) This Assessment is Currently Being Completed for the Following Reason:
	Start/Resumption of Care 1 - Start of care—further visits planned 3 - Resumption of care (after inpatient stay) 5 - Other follow-up 5 - Other follow-up 5 - Other follow-up 5 - Other follow-up 6 - Transferred to an inpatient facility 6 - Transferred to an inpatient facility—patient not discharged from agency [Go to M00830] 7 - Transferred to an inpatient facility—patient discharged from agency [Go to M0830] Discharge from Agency — Not to an Inpatient Facility 8 - Death at home [Go to M0906] 9 - Discharge from agency
4.	(M0200) Medical or Treatment Regimen Change Within Past 14 Days: Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days? □ 0 - No [If No, go to #7] □ 1 - Yes
5.	(M0210) List the patient's Medical Diagnoses and ICD-9-CM codes at the level of highest specificity for those conditions requiring changed medical or treatment regimen (no surgical, E codes, or V codes):
	Changed Medical Regimen Diagnosis ICD-9-CM a. (
6.	(M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days: If this patient experienced a change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the change in medical or treatment regimen. (Mark all that apply.) 1 - Urinary incontinence 2 - Indwelling/suprapubic catheter 3 - Intractable pain 4 - Impaired decision-making 5 - Disruptive or socially inappropriate behavior 6 - Memory loss to the extent that supervision required 7 - None of the above
7.	Patient/Family Knowledge and Coping Level Regarding Present Illness:
	Patient: Family:
В.	(M0250) THERAPIES the patient receives at home: (Mark all that apply.)
	 □ 1 - Intravenous or infusion therapy (excludes TPN) □ 2 - Parenteral nutrition (TPN or lipids) □ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) □ 4 - None of the above
C.	PROGNOSIS
	 (M0280) Life Expectancy: (Physician documentation is not required.) □ 0 - Life expectancy is greater than 6 months □ 1 - Life expectancy is 6 months or fewer

DISCHARGE ASSESSMENT (Page 2 of 11)

D.	(M0290) HIGH RISK FACTORS characterizing this patient: (Mark all that apply.)						
	☐ 1 - Heavy smoking						
	□ 2 - Obesity □ 3 - Alcohol dependency						
	☐ 4 - Drug dependency						
	□ 5 - None of the above						
E.	LIVING ARRANGEMENTS						
1.	(M0300) Current Residence:	2.	(MC		Patient Lives With: (Mark all that apply.)		
	 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant 				Lives alone With spouse or significant other		
	other)				With other family member		
	2 - Family member's residence 3 - Rearding home or rented from				With a friend With paid halp (other than hame care agency staff)		
	 3 - Boarding home or rented room 4 - Board and care or assisted living facility 				With paid help (other than home care agency staff) With other than above		
	□ 5 - Other (specify)						
3.	Note any changes in patient's environment or safety:						
	No changesChanges present, describe:						
F.	SUPPORTIVE ASSISTANCE						
1.	Names of Persons/Organizations Providing Assistance:						
2.	(M0350) Assisting Person(s) Other than Home Care Agency	4.	(MC	1370)	How Often does the patient receive assistance from the		
۷.	Staff: (Mark all that apply.)	٦.			caregiver?		
	☐ 1 - Relatives, friends, or neighbors living outside the home				Several times during day and night		
	□ 2 - Person residing in the home (EXCLUDING paid help)□ 3 - Paid help				Several times during day Once daily		
	☐ 4 - None of the above [If None of the above, go to			4 -	Three or more times per week		
	Section G - Review of Systems/Physical Assessment]				One to two times per week Less often than weekly		
3.	(M0360) Primary Caregiver taking <u>lead</u> responsibility for providing	_	_		•		
	or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):	5.			Type of Primary Caregiver Assistance: I that apply.)		
	□ 0 - No one person [If No one person, go to Section G -				ADL assistance (e.g., bathing, dressing, toileting,		
	Review of Systems/Physical Assessment □ 1 - Spouse or significant other			2	bowel/bladder, eating/feeding) IADL assistance (e.g., meds, meals, housekeeping,		
	□ 2 - Daughter or son		ч	۷ -	laundry, telephone, shopping, finances)		
	☐ 3 - Other family member				Environmental support (housing, home maintenance)		
	4 - Friend or neighbor or community or church member5 - Paid help			4 -	Psychosocial support (socialization, companionship, recreation)		
Con	nments regarding assistance available to the patient:			5 -	Advocates or facilitates patient's participation in		
COII	intents regarding assistance available to the patient.			6 -	appropriate medical care Financial agent, power of attorney, or conservator of		
				7	finance Health care agent, conservator of person, or medical		
				,	power of attorney		
G.	REVIEW OF SYSTEMS/PHYSICAL ASSESSMENT						
1.	ORAL:						
•	(M0410) Speech and Oral (Verbal) Expression of Language (in pa	tient's o	wn Is	naus	uue).		
	☐ 0 - Expresses complex ideas, feelings, and needs clearly, comp	oletely, a	and e	asily	in all situations with no observable impairment.		
	 1 - Minimal difficulty in expressing ideas and needs (may take e intelligibility; needs minimal prompting or assistance). 	xtra tim	e; ma	akes (occasional errors in word choice, grammar or speech		
	☐ 2 - Expresses simple ideas or needs with moderate difficulty (ne	eeds pro	mpti	ng or	assistance, errors in word choice, organization or speech		
	intelligibility). Speaks in phrases or short sentences. 3 - Has severe difficulty expressing basic ideas or needs and re	quires r	naxin	nal as	ssistance or guessing by listener. Speech limited to single		
	words or short phrases. 4 - Unable to express basic needs even with maximal prompting	g or ass	istan	ce bu	t is not comatose or unresponsive (e.g., speech is		
	nonsensical or unintelligible). □ 5 - Patient nonresponsive or unable to speak.						

DISCHARGE ASSESSMENT (Page 3 of 11)

Client's Name:

2.	Identify and describe any changes or problems with:	
	Eyes:	
	Ears:	
	Mouth and Throat:	
	Nose:	
3.	MUSCULOSKELETAL/NEUROLOGICAL:	
	Patients perceived pain level (scale value 0-10)	(M0430) Intractable Pain: Is the patient experiencing pain that is
	(M0420) Frequency of Pain interfering with patient's activity or movement: □ 0 - Patient has no pain or pain does not interfere with activity or movement □ 1 - Less often than daily □ 2 - Daily, but not constantly □ 3 - All of the time Comments on pain management:	not easily relieved, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity? □ 0 - No □ 1 - Yes
lder	ntify and describe any neurological or musculoskeletal changes or proble	ns assessed:
	Sensation Range of motion Posture	Dizziness
	Muscle strength/weakness Joint function Balance, or	
	nments:	
4 . a.	<u>INTEGUMENT</u> : Skin condition (Record type # on body area. Indicate size to right of numbers)	mbered category.)
	\cap	<u>Type</u> <u>Size</u>
		1. Lesions
		2. Bruises
	(11) / N N	3. Masses
	M M B(1 1/9	4. Scars
	[(] . ([)] [] [] []	5. Stasis Ulcers
		6. Pressure Ulcers
		7. Surgical Wounds
	PO(PA)-1	8. Other (specify)

DISCHARGE ASSESSMENT (Page 4 of 11)

Client's Name: Client Record No.

b.	 (M0440) Does this patient have a Skin Lesion or an Open Wound? This excludes "OSTOMIES." 0 - No [If No, go to Section 5 - Cardiorespiratory] 1 - Yes 									
C.	(M0445) Does this patient have a Pressure Ulcer? □ 0 - No [If No, go to #4.d - Stasis Ulcer] □ 1 - Yes									
		(M0	450) Current Number of Pressure Ulcers at Each Stage: (Circle	one	e response for each stage.)				
			Pressure Ulcer Stages			١	Number o	of Press	ure Ulce	rs
	 Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker- pigmented skin, warmth, edema, hardness, or discolored skin may be indicators. 				0	1	2	3	4 or more	
		b)	Stage 2: Partial thickness skin loss involving epidermis and/or der and presents clinically as an abrasion, blister, or shallow crater.	mis	. The ulcer is superficial	0	1	2	3	4 or more
		c)	Stage 3: Full-thickness skin loss involving damage or necrosis of smay extend down to, but not through, underlying fascia. The ulcer crater with or without undermining of adjacent tissue.			0	1	2	3	4 or more
		d)	Stage 4: Full-thickness skin loss with extensive destruction, tissue muscle, bone, or supporting structures (e.g., tendon, joint capsule,			0	1	2	3	4 or more
 e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or dressing, including casts? □ 0 - No □ 1 - Yes 				nar or a	nonrem	ovable				
		Pre (M0 Pre	460) Stage of Most Problematic (Observable) ssure Ulcer: 1 - Stage 1 2 - Stage 2 3 - Stage 3 4 - Stage 4 NA - No observable pressure ulcer 464) Status of Most Problematic (Observable) ssure Ulcer: 1 - Fully granulating e. 2 - Early/partial granulation 3 - Not healing NA - No observable pressure ulcer scribe current treatment approach(es) for pressure ulcer(s):	(I) []	1 1 - Yes (M0484) Current Nun Surgical Wounds: (If more than one opening	ting granular le stasis nent ap nave a S Section nber of a wour	s ulcer proach(e Surgical 1 5 - Car (Observations)	Wound Wound dioresp vable) iially closi	asis ulco] nas
d. (N		d. (M0468) Does this patient have a Stasis Ulcer? □ 0 - No [If No, go to #4.e - Surgical Wound] □ 1 - Yes (M0470) Current Number of Observable Stasis Ulcer(s):			wound.) 0 - Zero 1 - One 2 - Two 3 - Three 4 - Four or more (M0486) Does this patient have at least one Surgical Wound					
C ∂ dr □			0 - Zero 1 - One 2 - Two 3 - Three 4 - Four or more 474) Does this patient have at least one Stasis Ulcer that mot be Observed due to the presence of a nonremovable ssing? 0 - No 1 - Yes		that Cannot be Observed due to the presence of a nonremovable dressing? 0 - No 1 - Yes (M0488) Status of Most Problematic (Observable) Surgical Wound: 1 - Fully granulating 2 - Early/partial granulation 3 - Not healing NA - No observable surgical wound Describe current treatment approach(es) for surgical wound				ound(s):	

COMMENTS: Describe wounds not identified above, include type, location, and size of each wound; current status; and treatment approach(es):

DISCHARGE ASSESSMENT (Page 5 of 11)

5.	CARDIORESPIRATORY: Temp	erature Respiration	os	
	BLOOD PRESSURE: Lying	Sitting	Standing	<u></u>
	PULSE: Apical rate	Radial rate		
		Pacemaker(Date of last battery ch	ange)	
	Chest pain Fatigue easily	Other(Describe)		
СО	MMENTS:	(Describe)		
	(M0490) When is the patient dyspne □ 0 - Never, patient is not short o □ 1 - When walking more than 2 □ 2 - With moderate exertion (e. □ 3 - With minimal exertion (e.g. □ 4 - At rest (during day or night)	of breath 0 feet, climbing stairs g., while dressing, using commode of , while eating, talking, or performing	or bedpan, walking distances less other ADLs) or with agitation	than 20 feet)
	Orthopnea (# pillows)	Cough	Breath Sound	S(Describe)
	Cyanosis	_ Sputum(character and amount)	Other (describe)	
	(M0500) Respiratory Treatments of 1 - Oxygen (intermittent or cor 2 - Ventilator (continually or at 3 - Continuous positive airway 4 - None of the above COMMENTS:	ntinuous) night)	ly.)	
6.	GENITOURINARY TRACT:		(22222) 144	
	 (M0510) Has this patient been treating the past 14 days? □ 0 - No □ 1 - Yes □ NA - Patient on prophylactic treating 	·	(M0530) When does Uring □ 0 - Timed-voiding de □ 1 - During the night of □ 2 - During the day an	fers incontinence only id night
	(M0520) Urinary Incontinence or U □ 0 - No incontinence or cathete urinary drainage) [If No, g Gastrointestinal Tract] □ 1 - Patient is incontinent □ 2 - Patient requires a urinary of	r (includes anuria or ostomy for go to Section 7 -	type and care):	ces and care, bladder program, catheter
		orapubic) [Go to Section 7 -		
7.	GASTROINTESTINAL TRACT :			
	(M0540) Bowel Incontinence Freq □ 0 - Very rarely or never has bo □ 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 bow	wel incontinence	an ostomy for bowel elimina necessitated a change in m 0 - Patient does not h 1 - Patient's ostomy of treatment regimen	ecessitate change in medical or
	COMMENTS (e.g., bowel function, ubowel program, G.I. status, nutritional			

DISCHARGE ASSESSMENT

Client's Name: Client Record No.

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8	NEURO/EM	TIONAL /	REHAVIOR	RAI STATUS:

(M0560) Cognitive Functioning: (Patient's current level of (M0610) Behaviors Demonstrated at Least Once a Week alertness, orientation, comprehension, concentration, and immediate (Reported or Observed): (Mark all that apply.) memory for simple commands.) 1 - Memory deficit: failure to recognize familiar 0 - Alert/oriented, able to focus and shift attention, persons/places, inability to recall events of past 24 hours, comprehends and recalls task directions independently. significant memory loss so that supervision is required Requires prompting (cueing, repetition, reminders) only Impaired decision-making: failure to perform usual ADLs under stressful or unfamiliar conditions. or IADLs, inability to appropriately stop activities, 2 - Requires assistance and some direction in specific jeopardizes safety through actions situations (e.g., on all tasks involving shifting of attention), 3 - Verbal disruption: yelling, threatening, excessive profanity, or consistently requires low stimulus environment due to sexual references, etc. 4 - Physical aggression: aggressive or combative to self and distractibility. П П 3 - Requires considerable assistance in routine situations. others (e.g., hits self, throws objects, punches, dangerous Is not alert and oriented or is unable to shift attention and maneuvers with wheelchair or other objects) recall directions more than half the time. Disruptive, infantile, or socially inappropriate behavior 4 - Totally dependent due to disturbances such as constant (excludes verbal actions) disorientation, coma, persistent vegetative state, or 6 -Delusional, hallucinatory, or paranoid behavior delirium. 7 - None of the above behaviors demonstrated (M0570) When Confused (Reported or Observed): (M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, □ 0 - Never 1 - In new or complex situations only physical aggression, etc.): 2 - On awakening or at night only 0 - Never 1 - Less than once a month П 3 - During the day and evening, but not constantly 4 - Constantly 2 - Once a month □ NA - Patient nonresponsive 3 - Several times each month 4 - Several times a week ☐ 5 - At least daily (M0580) When Anxious (Reported or Observed): 0 - None of the time (M0630) Is this patient receiving Psychiatric Nursing Services at 1 - Less often than daily 2 - Daily, but not constantly home provided by a qualified psychiatric nurse? 3 - All of the time П □ 0 - No □ NA - Patient nonresponsive □ 1 - Yes (M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.) 1 - Depressed mood (e.g., feeling sad, tearful) 2 - Sense of failure or self reproach 3 - Hopelessness 4 - Recurrent thoughts of death П 5 - Thoughts of suicide 6 - None of the above feelings observed or reported COMMENTS (describe other related behaviors or symptoms, e.g., weight loss, sleep disturbances, coping skills): **OTHER UPDATED ASSESSMENTS:**

LIFE SYSTEM PROFILE: For M0640-M0800, record what the patient currently is able to do.

- (M0640) Grooming: Ability to tend 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.

DISCHARGE ASSESSMENT (Page 7 of 11)

Client's Name:

2.	M0650) Ability to Dress <u>Upper</u> Body (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouse 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.	∋ S,
3.	 M0660) Ability to Dress Lower Body (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. 	
4.	 M0670) Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only). ○ - Able to bathe self in shower or tub independently. 1 - With the use of devices, is able to bathe self in shower or tub independently. ○ 2 - Able to bathe in shower or tub with the 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 - Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or super ○ 4 - Unable to use the shower or tub and is bathed in bed or bedside chair. ○ 5 - Unable to effectively participate in bathing and is totally bathed by another person. 	rvisior
5.	 M0680) Toileting: Ability to get to and from the toilet or bedside commode. □ 0 - Able to get to and from the toilet independently with or without a device. □ 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet. □ 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. 	
6.	M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn an osition self in bed if patient is bedfast. □ 0 - Able to independently transfer. □ 1 - Transfers 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.	nd
7.	 M0700) Ambulation/Locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, or variety of surfaces. ○ - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance assistive device). ○ 1 - Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or ste uneven surfaces. ○ 2 - Able to walk only with the supervision or assistance of another person at all times. ○ 3 - Chairfast, unable to ambulate but is able to wheel self independently. ○ 4 - Chairfast, unable to ambulate and is unable to wheel self. ○ 5 - Bedfast, unable to ambulate or be up in a chair. 	ce or
8.	 M0710) Feeding or Eating: Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten. ○ - 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. 	

DISCHARGE ASSESSMENT (Page 8 of 11)

Client's Name:

9.		0 -	 Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals: (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). Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations. Unable to prepare any light meals or reheat any delivered meals.
10.		0 - 1 -	Transportation: Physical and mental ability to <u>safely</u> use a car, taxi, or public transportation (bus, train, subway). Able to independently drive a regular or adapted car; <u>OR</u> uses a regular or handicap-accessible public bus. Able to ride in a car only when driven by another person; <u>OR</u> able to use a bus or handicap van only when assisted or accompanied by another person.
		2 -	<u>Unable</u> to ride in a car, taxi, bus, or van, and requires transportation by ambulance.
11.	(M07		Laundry: Ability to do own laundry to carry laundry to and from washing machine, to use washer and dryer, to wash small items by
			 (a) Able to independently take care of all laundry tasks; <u>OR</u> (b) Physically, cognitively, and mentally able to do laundry and access facilities, <u>but</u> has not routinely performed laundry tasks in the pas (i.e., prior to this home care admission).
			Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry. Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.
		_	to do any ladially due to physical initiation of neede continual capervision and decidation due to degrissive or montal initiation.
12.		0 -	 Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks. (a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission).
		2 - 3 -	Able to perform only <u>light</u> housekeeping (e.g., dusting, wiping kitchen counters) tasks independently. Able to perform housekeeping tasks with intermittent assistance or supervision from another person. <u>Unable</u> to consistently perform any housekeeping tasks unless assisted by another person throughout the process. Unable to effectively participate in any housekeeping tasks.
13.	<u> </u>	0 -	 Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery. (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission).
		2 -	Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) <u>Unable</u> to go shopping alone, but can go with someone to assist. <u>Unable</u> to go shopping, but is able to identify items needed, place orders, and arrange home delivery. Needs someone to do all shopping and errands.
14.		0 - 1 - 2 - 3 - 4 - 5 -	Ability to Use Telephone: Ability to answer the phone, dial numbers, and effectively use the telephone to communicate. Able to dial numbers and answer calls appropriately and as desired. Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. Able to answer the telephone only some of the time or is able to carry on only a limited conversation. Unable to answer the telephone at all but can listen if assisted with equipment. Totally unable to use the telephone. Patient does not have a telephone.
15.	admii	nistr : om 0 - 1 -	Management of Oral Medications: Patient's ability to prepare and take all prescribed oral medications reliably and safely, including ation of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability pliance or willingness.) Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) given daily reminders; OR (c) someone develops a drug diary or chart. Unable to take medication unless administered by someone else. No oral medications prescribed.

DISCHARGE ASSESSMENT (Page 9 of 11)

Client's Name:

16.	 (M0790) Management of Inhalant/Mist Medications: Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes all other forms of medication (oral tablets, injectable and IV medications). □ 0 - Able to independently take the correct medication and proper dosage at the correct times. □ 1 - Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, OR (b) given daily reminders. □ 2 - Unable to take medication unless administered by someone else. □ NA - No inhalant/mist medications prescribed.
17.	 (M0800) Management of Injectable Medications: Patient's 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 the 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 daily reminders. □ 2 - Unable to take injectable medications unless administered by someone else. □ NA - No injectable medications prescribed.
18.	 (M0810) Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition 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, but independently completes portions of the task. □ 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 [If NA, go to Section I - Emergent Care]
19.	 (M0820) Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver'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.)
I.	EMERGENT CARE
1.	(M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? (Mark all that apply.) □ 0 - No emergent care services [If no emergent care, go to Section J - Inpatient Facility Admission or Discharge] □ 1 - Hospital emergency room (includes 23-hour holding) □ 2 - Doctor's office emergency visit/house call □ 3 - Outpatient department/clinic emergency (includes urgicenter sites) □ UK - Unknown [If UK, go to Section J - Inpatient Facility Admission or Discharge]
2.	 (M0840) Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? (Mark all that apply.) □ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis □ 2 - Nausea, dehydration, malnutrition, constipation, impaction □ 3 - Injury caused by fall or accident at home □ 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction) □ 5 - Wound infection, deteriorating wound status, new lesion/ulcer □ 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain) □ 7 - Hypo/Hyperglycemia, diabetes out of control □ 8 - GI bleeding, obstruction □ 9 - Other than above reasons □ UK - Reason unknown

DISCHARGE ASSESSMENT (Page 10 of 11)

Client's Name:

J.	INPATIENT FACILITY ADMIS	SION OR DISCHA	RGE FROM HOME CARE		
1.		☐ 2 - Rehabilitation	en admitted? (Choose only one a	nswer.) □ 4 - Hospice	□ NA - No inpatient facility
		facility			admission
	\downarrow	\downarrow	\downarrow	\downarrow	\downarrow
	(M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted?	[Go to #5 - Most Recent Home Visit Date]	3. (M0900) For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all	[Go to #5 - Most Recent Home Visit Date]	4. (M0870) Discharge Disposition: Where is the patient after discharge from
	Hospitalization for emergent (unscheduled) care Hospitalization for urgent (scheduled within 24 hours of		that apply.) ☐ 1 - Therapy services ☐ 2 - Respite care ☐ 3 - Hospice care		your agency? (Choose only one answer.) 1 - Patient remained in the community (not in
	admission) care 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care	\downarrow	 □ 4 - Permanent placement □ 5 - Unsafe for care at home □ 6 - Other □ UK - Unknown 	\downarrow	hospital, nursing home, or rehab facility) [Go to next question - Services or Assistance]
	UK - Unknown		.[.		2 -Patient transferred to a
(M	↓ 0895) Reason for Hospitalization:		✓ [Go to #5 - Most Recent Home Visit Date]		noninstitutional hospice [Go to #5 - Most Recent Home Visit Date]
	(Mark all that apply.)		•		☐ 3 - Unknown because
	Improper medication administration, medication side effects, toxicity, anaphylaxis Injury caused by fall or	\downarrow	\downarrow	\downarrow	patient moved to a geographic location not served by this agency [Go to #5 - Most Recent
	accident at home 3 - Respiratory problems (SOB, infection, obstruction) 4 - Wound or tube site infection,				Home Visit Date] □ UK - Other unknown [Go to #5 - Most Recent Home Visit Date]
	deteriorating wound status,				
	new lesion/ulcer 5 - Hypo/Hyperglycemia, diabetes out of control 6 - GI bleeding, obstruction 7 - Exacerbation of CHF, fluid overload, heart failure	\	\	\	(M0880) After discharge, does the patient receive health, personal, or support Services or Assistance? (Mark all that apply.)
	 8 - Myocardial infarction, stroke 9 - Chemotherapy 10 - Scheduled surgical procedure 11 - Urinary tract infection 12 - IV catheter-related infection 13 - Deep vein thrombosis, pulmonary embolus 	↓	\	\downarrow	 □ 1 - No assistance or services received □ 2 - Yes, assistance or services provided by family or friends □ 3 - Yes, assistance or services provided by
	14 - Uncontrolled pain 15 - Psychotic episode 16 - Other than above reasons	↓	\	\downarrow	other community resources (e.g., meals- on-wheels, home health services, homemaker assistance,
	io to #5 - Most Recent ome Visit Date]	·	•	·	transportation assistance, assisted living, board and care)
					[Go to #5 - Most Recent Home Visit Date]
5.	(M0903) Date of Last (Most Rec	ent) Home Visit:		scharge/Transfer/Dea ransfer, or death (at hor	th Date: Enter the date of the me) of the patient.
	\overline{m} \overline{m} \overline{d} \overline{d} \overline{y} \overline{y} \overline{y} \overline{y}		<u></u>	d - y y y y	

DISCHARGE ASSESSMENT (Page 11 of 11)

K.	SUMMARY OF CARE PROVIDED DUR					
1.	Identified Problem	Interventions	Current Status			
_		'	'			
2.	Overall Status at Discharge:					
Car	or Summany to:	D Peterral Source	Attending Physician			
Сор	y of Summary to:	☐ Referral Source	☐ Attending Physician			
Date	e of Assessment:	Signature of Assessor:				

	DEATH AT HOME (Page 1 of 1)		Client's Name: Client Record No.
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۷.	DEMOGRAPHIC/GENERAL INFORMATION - Update Patien	t Tracking	g Sheet as needed.
1.	(M0080) Discipline of Person Completing Assessment: □ 1 - RN □ 3 - SLP/ST	2. (M0	090) Date Assessment Completed:
3.	☐ 2 - PT ☐ 4 - OT (M0100) This Assessment is Currently Being Completed for the I	m m	
3.	Start/Resumption of Care 1 - Start of care—further visits planned reassessment 3 - Resumption of care (after inpatient stay) Start/Resumption of care (after inpatient stay)	n (follow-up t	Transfer to an Inpatient Facility
			Discharge from Agency — Not to an Inpatient Facility ■ 8 - Death at home 9 - Discharge from agency
	(M0906) Discharge/Transfer/Death Date: Enter the date of the di	scharge, tra	ansfer, or death (at home) of the patient.
	$\frac{1}{m}$ $\frac{1}{m}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$		

Date of Assessment: _____ Signature of Assessor: ___

SAMPLE CLINICAL ASSESSMENT FORM FOR ALL TIME POINTS (INCORPORATING OASIS-B1 [10/2003] DATA SET)

This sample assessment form incorporates the OASIS-B1 (10/2003) data items for all time points into one document. This assessment form was created in response to requests from the home health industry, so that agencies could provide one document to clinicians that could be used for any of the required assessment time points (start/resumption of care, follow-up, transfer to inpatient facility, death at home, and discharge). Consistent with the Conditions of Participation regarding the comprehensive assessment, the OASIS items have been integrated into other items that would typically be included in a comprehensive patient assessment.

Those familiar with OASIS items know that the text or responses for several OASIS items change at different time points, and some items are not required for all time points. Use of this form will require that the clinician carefully follow skip instructions denoting the various time points. To assist in this "skip" process, icons representing start/resumption of care, follow-up, transfer, and discharge have been printed in the form. These icons are identified in a legend at the top of each page.

When utilizing this form, agencies should carefully review accepted professional standards and relevant agency policies regarding clinical documentation with their staff. In particular, standards and policies concerning noncompleted items should be addressed. For example, when the form is used for a transfer to an inpatient facility, several pages of the assessment form will not be completed. Professional standards and agency policy should inform the clinician how to proceed in this instance.

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Client's Name:

Client Record No.

The Outcome and Assessment Information Set (OASIS) is the intellectual property of The Center for Health Services Research. Copyright ©2003 Used with Permission. Symbol Key: I = SOC/ROC **⇔**=Follow-up **⇒**=Transfer =Discharge A. DEMOGRAPHIC/GENERAL INFORMATION - Update Patient Tracking Sheet as Needed 🗓 🗗 🗗 🖟 (M0090) Date Assessment Completed: 🗓 🛱 🗗 (M0080) Discipline of Person Completing 1. Assessment: □ 1 - RN □ 3 - SLP/ST m m d d y y y y □ 2 - PT □ 4 - TO 3 🗓 🗗 🗗 🗗 (M0100) This Assessment is Currently Being Completed for the Following Reason: Start/Resumption of Care Follow-Up Transfer to an Inpatient Facility □ 1 - □ Start of care—further visits 4 - Recertification (follow-Transferred to an inpatient facility—patient not planned [Go to #4, discharged from agency [Go to M0830] up) reassessment Economic/Financial] [Go to #5, M0175] 7 - Transferred to an inpatient facility—patient 3 - TResumption of care (after 5 - COther follow-up discharged from agency [Go to M0830] inpatient stay) [Go to #4, [Go to #5, M0175] <u>Discharge from Agency — Not to an Inpatient Facility</u> Economic/Financial] 8 - (a) Death at home [Go to M0906] 9 - Discharge from agency [Go to #8, M0200] Economic/Financial Problems or Needs (describe): (M0190) List each Inpatient Diagnosis and ICD-9-CM code at the level of highest specificity for only those conditions treated during an inpatient facility stay within the last 14 days (no surgical, E codes, or V codes): **Inpatient Facility Diagnosis** ICD-9-CM a. (M0175) From which of the following Inpatient Facilities (M0200) Medical or Treatment Regimen Change Within was the patient discharged during the past 14 days? (Mark all Past 14 Days: Has this patient experienced a change in medical that apply.) or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 1 - Hospital days? 2 - Rehabilitation facility П 3 - Skilled nursing facility 0 - No [If No at [I SOC/ROC, go to #10, I M0220.] 4 - Other nursing home [If No at A Discharge, go to Section B - #3.] 5 - Other (specify) 1 - Yes □ NA - Patient was not discharged from an inpatient facility [If NA at SOC/ROC, go to #8, M0200] At T Follow-up, go to Section B, (M0230/M0240). (M0210) List the patient's Medical Diagnoses and ICD-9-CM codes at the level of highest specificity for those conditions (M0180) Inpatient Discharge Date (most recent): requiring changed medical or treatment regimen (no surgical, E codes, or V codes): m m d d y y y y Changed Medical Regimen Diagnosis ICD-9-CM □ UK - Unknown b. C.

At ISOC/ROC, go to #10 (I M0220).

At IDischarge, go to #11 (I M0220).

(Page 2 of 21) Client Record No. Symbol Key: 1=SOC/ROC **⇔**=Follow-up ⇒=Transfer @=Discharge (M0220) Conditions Prior to Medical or Treatment Regimen (M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient Change Within Past 14 Days: If this patient experienced a change experienced an inpatient facility discharge or change in medical or in medical or treatment regimen within the past 14 days, indicate any treatment regimen within the past 14 days, indicate any conditions conditions which existed prior to the change in medical or treatment which existed prior to the inpatient stay or change in medical or regimen. (Mark all that apply.) treatment regimen. (Mark all that apply.) 1 - Urinary incontinence 1 - Urinary incontinence 2 - Indwelling/suprapubic catheter 2 - Indwelling/suprapubic catheter 3 - Intractable pain 3 - Intractable pain 4 - Impaired decision-making 4 - Impaired decision-making 5 - Disruptive or socially inappropriate behavior П 5 - Disruptive or socially inappropriate behavior 6 - Memory loss to the extent that supervision required 6 - Memory loss to the extent that supervision required 7 - None of the above 7 - None of the above ☐ NA - No inpatient facility discharge and no change in medical or At Discharge, go to Section B, #3, (Patient/Family treatment regimen in past 14 days Knowledge). ☐ UK - Unknown At SOC/ROC, go to Section B (M0230/M0240). **B. CURRENT ILLNESS** (no continuous) Diagnoses and Severity Index: List each medical diagnosis and ICD-9-CM code at the level of highest specificity (no surgical codes) for which the patient is receiving home care. Rate each condition using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.) E codes (for M0240 only) or V codes (for M0230 or M0240) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V code is reported in place of a case mix diagnosis, then M0245 Payment Diagnosis should be completed. Case mix diagnosis is a primary or first secondary diagnosis that determines the Medicare PPS case mix group. - Asymptomatic, no treatment needed at this time 1 - Symptoms well controlled with current therapy Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring 3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring - Symptoms poorly controlled, history of rehospitalizations (M0230) Primary Diagnosis Severity Rating \square 0 □ 1 \square 2 □ 3 \Box 4 __ . __) a. ICD-9-CM (M0240) Other Diagnoses Severity Rating □ 1 \square 2 b. \square 0 □ 3 \Box 4 \square 2 □ 3 \Box 4 C. d. \square 0 \square 2 \square 3 \Box 4 \square 0 □ 1 □ 2 □ 3 □ 4 e. \square 0 \square 2 \square 3 \Box 4 (M0245) Payment Diagnoses (Optional): If a V code was reported in M0230 in place of a case mix diagnosis, list the primary diagnosis and ICD-9-CM code, determined in accordance with OASIS requirements in effect before October 1, 2003 -- no V codes, E codes, or surgical codes allowed. ICD-9-CM sequencing requirements must be followed. Complete both lines (a) and (b) if the case mix diagnosis is a manifestation code or in other situations where multiple coding is indicated for the primary diagnosis; otherwise complete line (a) only. (M0245) Primary Diagnosis (M0245) First Secondary Diagnosis ICD-9-CM 🗓 🗗 🛍 Patient/Family Knowledge and Coping Level Regarding Present Illness: Patient: Family: At CFollow-up and Discharge, go to Section D (M0250). I SIGNIFICANT PAST HEALTH HISTORY:

Client's Name:

UNIVERSAL ASSESSMENT FORM

	UNIVERSAL ASSESSMENT FORM (Page 3 of 21)	Client's Name: Client Record No.
Syı	nbol Key: ဩ=SOC/ROC	r @=Discharge
D.	(Mark 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or ar 4 - None of the above	
	ີ⊅Follow-up, go to Section H, #3 (Update). iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
E.	PROGNOSIS	
1.	 ☑ (M0260) Overall Prognosis: BEST description of patient's overall prognosis for recovery from this episode of illness. □ 0 - Poor: little or no recovery is expected and/or further decline is imminent □ 1 - Good/Fair: partial to full recovery is expected □ UK - Unknown 	 3. ☐ ♠ (M0280) Life Expectancy: (Physician documentation is not required.) □ 0 - Life expectancy is greater than 6 months □ 1 - Life expectancy is 6 months or fewer At ♠ Discharge, go to Section H, #2 (♠ M0290).
2.	☐ (M0270) Rehabilitative Prognosis: BEST description of patient's prognosis for functional status. □ 0 - Guarded: minimal improvement in functional status is expected; decline is possible □ 1 - Good: marked improvement in functional status is expected □ UK - Unknown	
F.	ALLERGIES: (Environmental, drugs, food, etc.)	
G.	IMMUNIZATION/SCREENING TESTS	
1.	Immunizations: Flu Yes No Date Tetanus Yes No Date	Pneumonia Yes No Date Other: Date Date
2.	Screening: Cholesterol level Yes No Date Mammogram Yes No Date	
3.	Self-Exam Frequency: Breast self-exam frequency	Testicular self-exam frequency
Н.	HIGH RISK FACTORS	
1.	(M0290) HIGH RISK FACTORS characterizing this patient: (Mark all that apply.) 1 - Heavy smoking 2 - Obesity 3 - Alcohol dependency 4 - Drug dependency 5 - None of the above UK - Unknown Go to Section J.	2. (M0290) HIGH RISK FACTORS characterizing this patient: (Mark all that apply.) 1 - Heavy smoking 2 - Obesity 3 - Alcohol dependency 4 - Drug dependency 5 - None of the above Go to Section J.
3.	☐ Update information on risk factors:	
	No changes Smoking Alcohol	dependency Other
At 1	⊋ Follow-up, go to Section M, page 5.	
J.	LIVING ARRANGEMENTS	
1.	 ☑ (M0300) Current Residence: 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other) 2 - Family member's residence 3 - Boarding home or rented room 4 - Board and care or assisted living facility 5 - Other (specify) 	2.

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 4 of 21) Client Record No. Symbol Key: =SOC/ROC **⇔**=Follow-up =Transfer @=Discharge COMMENTS: At A Discharge, skip this item. Physical Environment (Check to indicate presence of problem or check, "No problems identified." 1 - No problems identified 2 - High crime area 3 - Electrical hazards П 4 - Structural hazards 5 - Stairs 6 - Water supply problems 7 - Sewage disposal problems At 🗓 SOC/ROC, go to Section K. 8 - Insect/rodent problems 9 - Food storage or preparation problems At 🕰 Discharge, to Section L. 10 - Telephone access problem ☐ 11 - Other SUPPORTIVE ASSISTANCE at I SOC/ROC SUPPORTIVE ASSISTANCE at Discharge (M0350) Assisting Person(s) Other than Home Care Agency Names of Persons/Organizations Providing Assistance: 1. 1. Staff: (Mark all that apply.) 1 - Relatives, friends, or neighbors living outside the home 2 - Person residing in the home (EXCLUDING paid help) (M0350) Assisting Person(s) Other than Home Care Agency П 3 - Paid help Staff: (Mark all that apply.) 4 - None of the above [If None of the above, go to #5] 1 - Relatives, friends, or neighbors living outside the home ☐ 2 - Person residing in the home (EXCLUDING paid help) (M0360) Primary Caregiver taking lead responsibility for ☐ 3 - Paid help providing or managing the patient's care, providing the most frequent ☐ 4 - None of the above [If None of the above, go to #6] assistance, etc. (other than home care agency staff): ☐ UK - Unknown [If Unknown, go to #6] 0 - No one person [If No one person, go to #5] П (M0360) Primary Caregiver taking lead responsibility for 1 - Spouse or significant other 2 - Daughter or son П providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff): Other family member 0 - No one person [If No one person, go to #6] Friend or neighbor or community or church member П 1 - Spouse or significant other Paid help 2 - Daughter or son П (M0370) How Often does the patient receive assistance from the П 3 - Other family member primary caregiver? П 4 - Friend or neighbor or community or church member 1 - Several times during day and night П ☐ 5 - Paid help 2 - Several times during day ☐ UK - Unknown [If Unknown, go to #6] 3 - Once daily (M0370) How Often does the patient receive assistance from the Three or more times per week 5 - One to two times per week primary caregiver? 6 - Less often than weekly 1 - Several times during day and night 2 - Several times during day 3 - Once daily (M0380) Type of Primary Caregiver Assistance: 4 - Three or more times per week (Mark all that apply.) 5 - One to two times per week 1 - ADL assistance (e.g., bathing, dressing, toileting, П ☐ 6 - Less often than weekly ☐ UK - Unknown bowel/bladder, eating/feeding) П IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances) (M0380) Type of Primary Caregiver Assistance: 3 - Environmental support (housing, home maintenance) (Mark all that apply.) 4 - Psychosocial support (socialization, companionship, 1 - ADL assistance (e.g., bathing, dressing, toileting, recreation) bowel/bladder, eating/feeding) Advocates or facilitates patient's participation in appropriate П 2 - IADL assistance (e.g., meds, meals, housekeeping, medical care laundry, telephone, shopping, finances) П Financial agent, power of attorney, or conservator of 3 - Environmental support (housing, home maintenance) finance 4 -Psychosocial support (socialization, companionship, Health care agent, conservator of person, or medical power recreation) of attorney 5 - Advocates or facilitates patient's participation in appropriate medical care 5. Comments regarding assistance available to patient: 6 - Financial agent, power of attorney, or conservator of finance

At 🛍 Discharge, go to Section N.

of attorney

☐ UK - Unknown

7 - Health care agent, conservator of person, or medical power

Comments regarding assistance available to patient:

П

UNIVERSAL ASSESSMENT FORM (Page 5 of 21)

Client's Name:

Client Record No.

Syı	Symbol Key: □=SOC/ROC	
M.	M. ⇔ LIVING ARRANGEMENTS AND SUPPORT	
	Note any changes in patient's environment, living situation, or supportive assistance:	
	No changes	
	Changes present; describe:	
N.	N. REVIEW OF SYSTEMS/PHYSICAL ASSESSMENT	
	(Mark S for subjective, O for objectively assessed problem. If no problem present or if not assessed, mark	NA.)
1.	1. 🗓 🛱 🙀 HEAD: Dizziness Headache (describe location, durat	tion)
2.	2. 1 C EYES: Glasses Blurred/double vision	Glaucoma
	Cataracts PERRL Other	(specify)
	At 🕰 Discharge, go to #3 (Ears).	
	 ☐ (M0390) Vision with corrective lenses if the patient usually wears them: □ 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint. □ 1 - Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and fingers at arm's length. □ 2 - Severely impaired: cannot locate objects without hearing or touching them <u>or</u> patient nonresponsitions. 	
3.	3. 🗓 🗘 🛍 EARS: Hearing Aid Tinnitus Other (specify)	
	At ∰ Follow-up & 🛍 Discharge, go to #4 (Oral).	
	 ☑ (M0400) Hearing and Ability to Understand Spoken Language in patient's own language (with hearing 0 - No observable impairment. Able to hear and understand complex or detailed instructions and extermal of the control of the contro	ended or abstract conversation. versation. May need occasional variation; needs frequent prompting or multiple repetitions, restatements, versponsive.
4.	4. 1 Chewing problems Dentures Dentures	Other (specify)
	At Golow-up, go to #5 (Nose and Sinus). (M0410) 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 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in intelligibility; needs minimal prompting or assistance). 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in intelligibility). Speaks in phrases or short sentences. 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessin words or short phrases. 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or nonsensical or unintelligible). 5 - Patient nonresponsive or unable to speak.	word choice, grammar or speech n word choice, organization or speech g by listener. Speech limited to single
5.	5. 🗓 🛱 🙀 NOSE AND SINUS: Epistaxis Other (specify)	
6.	6. 🗓 🛱 🙀 <u>NECK AND THROAT</u> : Hoarseness Difficulty swallowing Other (specif	y)
7.	7. 🗓 🛱 🙀 MUSCULOSKELETAL, NEUROLOGICAL:	
	Hx arthritis Joint pain Syncope Paralysis (des Gout Weakness Seizure Amputation (w Stiffness Leg cramps Tenderness Tremor Swollen joints Numbness Deformities Aphasia/inartic	cribe) here) culate speech
	COMMENTS: (Prostheses, appliances)	

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Patient's Perceived Pain Level: (Scale of the content of th	g with patient's b. (M0430) Intractable Pain: Is the patient experiencing pain that is not easily relieved, occurs at least daily, and affects
At ∰ Follow-up, go to #7.c.	c. 🗓 🛱 🕰 Comments on pain management:
B. INTEGUMENT: a. I C A Hair changes (where) D. I C A	Pruritus Other (specify)
Skin condition (Record type # on body area.	
	Type Size 1. Lesions 2. Bruises 3. Masses 4. Scars 5. Stasis Ulcers 6. Pressure Ulcers 7. Surgical Wounds 8. Other (specify)
 C.	Lesion or an Open Wound? This excludes "OSTOMIES." piratory]
At ♣ Follow-up, go to M0450 (Number of Press	sure Ulcers at Each Stage).
d. (M0445) Does this patient have a Pressure 0 - No [If No, go to #8.e - Stasis Ulcer] 1 - Yes	e Ulcer?

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 7 of 21) Client Record No. Symbol Key: 1=SOC/ROC **⇔**=Follow-up ⇒=Transfer @=Discharge 🗓 🗗 🕰 (M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.) At 🛱 Follow-up, circle one response for each stage. If the patient has no pressure ulcers at a given stage, circle "0" for that stage. Pressure Ulcer Stages Number of Pressure Ulcers Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-0 3 4 or a) pigmented skin, warmth, edema, hardness, or discolored skin may be indicators. more b) Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial 0 2 3 4 or 1 and presents clinically as an abrasion, blister, or shallow crater. more Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which 0 2 3 4 or c) may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep more crater with or without undermining of adjacent tissue. Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to 0 1 2 3 4 or muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.). more In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable e) dressing, including casts? □ 0 - No 1 - Yes (M0464) Status of Most Problematic (Observable) (M0460) Stage of Most Problematic (Observable) Pressure Ulcer: Pressure Ulcer: ☐ 1 - Fully granulating At The Follow-up, skip this item if patient has NO pressure ☐ 2 - Early/partial granulation ulcers, and go to 8.e (Stasis Ulcers). □ 3 - Not healing □ NA - No observable pressure ulcer 1 - Stage 1 2 - Stage 2 3 - Stage 3 4 - Stage 4 □ NA - No observable pressure ulcer Describe current treatment approach(es) for pressure ulcer(s): 🗓 🛱 🛍 Stasis Ulcers e. At Follow-up, if patient HAS stasis ulcers, go to M0476 (Status). if patient has NO stasis ulcers, go to #8.f (Surgical Wounds). (M0468) Does this patient have a Stasis Ulcer? □ 0 - No [If No, go to #8.f - Surgical Wounds] □ 1 - Yes 🗓 🗗 🛍 (M0476) Status of Most Problematic (M0470) Current Number of Observable Stasis

Ulcer(s): □ 0 - Zero

1 - One

2 - Two

0 - No □ 1 - Yes

3 - Three

☐ 4 - Four or more

(M0474) Does this patient have at least one Stasis

Ulcer that Cannot be Observed due to the presence of a nonremovable dressing?

(Observable) Stasis Ulcer:

Describe current treatment approach(es) for

Fully granulating

□ 3 - Not healing

stasis ulcer(s):

□ 2 - Early/partial granulation

□ NA - No observable stasis ulcer

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Syn	nbol Key:	=SOC/ROC	⇔ =Follow-up	- Transfei	r 🕰=Discharge	
f.			AS surgical wounds, go t s NO surgical wounds, g			
		lo [If No, go to #8	ient have a Surgical Wo .g - <i>Other Wounds.</i>]	und?		
	Surgi more : separa □ 0 □ 1 □ 2 □ 3	cal Wounds: (If a	Number of (Observable wound is partially closed consider each opening a	but has	☐ 1 - Fully granulatin☐ 2 - Early/partial gra☐ 3 - Not healing☐ NA - No observable	anulation
	Woun nonre □ 0		is patient have at least or Observed due to the pre			
g.	Type of Wo	Other Wounds Recound:	uiring Treatment			
	Status:					
	Current trea	atment Approach(e	s):			
9.		CARDIORESPIRA			Respirations	
			Lying	Sitting		Occasible :
	PULSE: CARDIOVA		al rate	Radial rate	Rhythm	Quality
		itations	Dyspnea on exertion		BP problems	Murmurs
		dication	Paroxysmal nocturnal		Chest pain	Edema
			Orthopnea (# of pillows	·	Cardiac problems (specify)	
		emaker			Other (specify)	
			last battery change)			<u> </u>
	COMMENT	rs:				

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 9 of 21) Client Record No. Symbol Key: 1=SOC/ROC **⇔**=Follow-up ⇒=Transfer @=Discharge 🗓 🗗 🛍 RESPIRATORY: Other (specify) History of: Asthma Bronchitis Pneumonia Pleurisy Emphysema **Present Condition:** ___Sputum (character and amount) _____ __ Cough (describe) __ Breath sounds (describe) _____ Other (specify) (M0490) When is the patient dyspneic or noticeably (M0500) Respiratory Treatments utilized at home: Short of Breath? (Mark all that apply.) □ 0 - Never, patient is not short of breath ☐ 1 - Oxygen (intermittent or continuous) 1 - When walking more than 20 feet, climbing stairs ☐ 2 - Ventilator (continually or at night) 2 - With moderate exertion (e.g., while dressing, using □ 3 - Continuous positive airway pressure commode or bedpan, walking distances less than 20 ☐ 4 - None of the above feet) 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation 4 - At rest (during day or night) At ☐Follow-up, skip M0500. COMMENTS: 10. I GENITOURINARY TRACT: ___ Dysmenorrhea ____ Gravida/Para _ Frequency Nocturia Pain ___ Urgency ___ Lesions Date last PAP test Hematuria Prostate disorder Hx hysterectomy Contraception Vaginal discharge/bleeding Other (specify) At The Follow-up, if patient HAS urinary incontinence, go to #10.d (M0530). if patient has NO urinary incontinence, and NO urinary catheter go to Section 11 (Gastro-Intestinal Tract). if patient DOES HAVE a urinary catheter, go to #10.e (Comments). At At Discharge, go to #10.b (M0510). (M0510) Has this patient been treated for a Urinary Tract (M0510) Has this patient been treated for a Urinary Tract Infection in the past 14 days? **Infection** in the past 14 days? □ 0 - No □ 0 - No □ 1 - Yes □ 1 - Yes □ NA - Patient on prophylactic treatment □ NA - Patient on prophylactic treatment ☐ UK - Unknown Go to 10.c (M0520). (M0520) Urinary Incontinence or Urinary Catheter (M0530) When does Urinary Incontinence occur? □ 0 - Timed-voiding defers incontinence□ 1 - During the night only Presence: □ 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [If No, go to #10.e - Comments.] □ 2 - During the day and night 1 - Patient is incontinent 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [Go to 10.e - Comments.] 🗓 🗗 🙀 COMMENTS: (e.g., appliances and care, bladder programs, catheter type, frequency of irrigation and change)

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C		_		
-	mbol Key: ☐=SOC/ROC	ľ	@ =Discharge	
11.			De stal ble e die s	la va dia a
	Indigestion Pain	_	Rectal bleeding	Jaundice
	Nausea, vomiting Hernias (where)		Hemorrhoids	Tenderness
	Ulcers Diarrhea/constipation	_	Gallbladder problems	Other (specify)
At 1	☐ Follow-up or 🛍 Discharge, go to #11.b (ជು🍇 M0540).	1		
а.	 ☑ (M0540) 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 Go to #11.c (☐ ➡ M0550). ☑ ★ (M0550) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, or b) necessitated a change in medical or treatment regimen? □ 0 - Patient does not have an ostomy for bowel elimination. □ 1 - Patient's ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen. □ 2 - The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen. 	d. 1	an ostomy for bowel elimination eccessitated a change in median 0 - Patient does <u>not</u> haven 1 - Patient's ostomy didutreatment regimen. 2 - The ostomy <u>did</u> necregimen.	has bowel incontinence kly weekly weekly ekly be daily for bowel elimination (I The M0550). In M0550). In M0550). In M0550 well Elimination: Does this patient have been that (within the last 14 days)
	Go to #11.e (Comments).		So to #11.e (Comments).	
e. 12.	COMMENTS: (bowel function, use of laxatives or enemas, last the second			e in appetite Diet
	COMMENTS:	iviedis ţ	лерагей бу	
	At 🛱 Follow-up or 🛍 Discharge, go to #14.			
13.	<u>II</u> BREASTS: (For both male and female)			
	Lumps Tenderness Discharge	Pain	Other (specify)	
	COMMENTS:			

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Syn	nbol Key: 🗓=SOC/ROC	nsfer	€ =Discharge
14.	🗓 🗗 🙀 <u>NEURO/EMOTIONAL/BEHAVIORAL STATUS</u> :		
	At 🛱 Follow-up, go to #14.e (M0610). Hx of previous psych. illness	Other (specify	fy)
a.	 I (M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.) ○ - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. □ 1 - Requires prompting (cueing, 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. 	e.	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 (excludes verbal actions) □ 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) □ 6 - Delusional, hallucinatory, or paranoid behavior □ 7 - None of the above behaviors demonstrated
b.	 ☐ (M0570) 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 	f.	At To Follow-up, go to #14.h (Comments). (M0620) 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
C.	 I (M0580) 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 	g.	□ 2 - Once a month □ 3 - Several times each month □ 4 - Several times a week □ 5 - At least daily ■ (M0630) Is this patient receiving Psychiatric Nursing
d.	(M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.) 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 - None of the above feelings observed or reported		Services at home provided by a qualified psychiatric nurse? □ 0 - No □ 1 - Yes
h.	The COMMENTS: (describe other related behaviors or symptom)	oms, e.g., wei	eight loss, sleep disturbances, coping skills)
	At ∰ Follow-up or 🛍 Discharge, go to #16.		
15.	I ENDOCRINE AND HEMATOPOIETIC:		
	Diabetes Polyuria Polydipsia _	Thyroid p	problem Excessive bleeding or bruising
	Fractionals: Usual results	Intoleran	ance to heat and cold
	Frequency checked	Other (sp	specify)
	COMMENTS:		

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 12 of 21) Client Record No. Symbol Key: 1=SOC/ROC **⇔**=Follow-up =Transfer @=Discharge 16. 1 C OTHER RELATED ASSESSMENTS: At 🗗 Follow-up or 🕰 Discharge, go to Section P, page 15. Ο. LIFE SYSTEM PROFILE: For M0640-M0800, complete the "Current" column for all patients. For these same items, complete the "Prior" column only at start of care and at resumption of care; mark the level that corresponds to the patient's condition 14 days prior to start of care date (M0030) or resumption of care date (M0032). In all cases, record what the patient is able to do. (M0640) Grooming: Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care). Prior Current 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods. П П □ 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. UK - Unknown (M0650) Ability to Dress Upper Body (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps: Prior Current □ 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. UK - Unknown (M0660) Ability to Dress Lower Body (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes: 3. Prior Current □ 0 - Able to obtain, put on, and remove clothing and shoes without assistance. П 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. UK - Unknown (M0670) Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only). Prior Current 0 - Able to bathe self in shower or tub independently. 1 - With the use of devices, is able to bathe self in shower or tub independently. 2 - Able to bathe in shower or tub with the 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 - Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4 - <u>Unable</u> to use the shower or tub and is bathed in <u>bed or bedside chair</u>. □ 5 - Unable to effectively participate in bathing and is totally bathed by another person. UK - Unknown (M0680) Toileting: Ability to get to and from the toilet or bedside commode. 5. Prior Current П 0 - Able to get to and from the toilet independently with or without a device. 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet. 2 - <u>Unable</u> 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. П UK - Unknown

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 13 of 21) Client Record No. Symbol Key: =SOC/ROC **⇔**=Follow-up =Transfer =Discharge (M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast. Prior Current 0 - Able to independently transfer. П 1 - Transfers with minimal human assistance or with use of an assistive device. 2 - <u>Unable</u> 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 <u>unable</u> to turn and position self. UK - Unknown (M0700) Ambulation/Locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. Prior Current 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). Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 2 - Able to walk only with the supervision or assistance of another person at all times. 3 - Chairfast, unable to ambulate but is able to wheel self independently. 4 - Chairfast, unable to ambulate and is unable to wheel self. 5 - Bedfast, unable to ambulate or be up in a chair. UK - Unknown 1 (M0710) Feeding or Eating: Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and 8. swallowing, not preparing the food to be eaten. Prior Current Able to independently feed self. 0 -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. П 5 - Unable to take in nutrients orally or by tube feeding. UK - Unknown (M0720) Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals: Prior Current 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 - <u>Unable</u> 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. П UK - Unknown 10. 1 (M0730) Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway). Prior Current 0 - Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus. Able to ride in a car only when driven by another person: OR able to use a bus or handicap van only when assisted or accompanied by another person. П 2 - Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance. UK - Unknown (M0740) Laundry: Ability to do own laundry -- to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand. Prior Current 0 - (a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission).

assistance with heavy laundry such as carrying large loads of laundry.

1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs

2 - <u>Unable</u> to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.

П

UK - Unknown

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 14 of 21) Client Record No. Symbol Key: =SOC/ROC **⇔**=Follow-up =Transfer =Discharge 12. I (M0750) Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks. Prior Current 0 -(a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission). 1 - Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently. 2 - Able to perform housekeeping tasks with intermittent assistance or supervision from another person. 3 - Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process. 4 - Unable to effectively participate in any housekeeping tasks. UK - Unknown 13. [I] (M0760) Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery. Prior Current П 0 - (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission). 1 - Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist. 2 - <u>Unable</u> to go shopping, but is able to identify items needed, place orders, and arrange home delivery. 3 - Needs someone to do all shopping and errands. П UK - Unknown 14. (M0770) Ability to Use Telephone: Ability to answer the phone, dial numbers, and effectively use the telephone to communicate. Prior Current 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. П 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation. 4 - <u>Unable</u> 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. UK - Unknown 15. [I] (M0780) Management of Oral Medications: Patient's ability to prepare and take all prescribed 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.) Prior Current 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: П (a) individual dosages are prepared in advance by another person; OR (b) given daily reminders; OR (c) someone develops a drug diary or chart. □ 2 - <u>Unable</u> to take medication unless administered by someone else. □ NA - No oral medications prescribed. UK - Unknown П

(M0790) Management of Inhalant/Mist Medications: Patient's ability to prepare and take <u>all</u> prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> all other

forms of medication (oral tablets, injectable and IV medications).

Able to take medication at the correct times if:

(b) given daily reminders.

□ NA - No inhalant/mist medications prescribed.

Able to independently take the correct medication and proper dosage at the correct times.

(a) individual dosages are prepared in advance by another person, OR

2 - <u>Unable</u> to take medication unless administered by someone else.

Prior Current

1 -

UK - Unknown

П

		UNIVERSAL	ASSESSMENT	FORM		Client's Name:	
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Syn	nbol Key	y: I=SOC/ROC	⇔ =Follow-up	₽ =Transfer	į	= Discharge	
	safely, in					are and take <u>all</u> prescribed injectable medications reliably and als. Excludes IV medications .	
		Able to take injectal (a) individual syring	tly take the correct medica ole medication at correct ti ges are prepared in advan	mes if:	_		
	□ NA -	(b) given daily remi <u>Unable</u> to take injectory injectable medical to the control of the contro	table medications unless	administered by som	eone	else.	
18.	supplies of equipr	s): Patient's ability to ment or supplies usin	set up, monitor and chan	ge equipment reliably TE: This refers to a	y and bility	finfusion therapy, enteral/parenteral nutrition equipment or d safely, add appropriate fluids or medication, clean/store/disposy, not compliance or willingness.)	
	□ 1 - □ 2 - □ 3 -	If someone else set other aspects of eq Patient requires cor Patient is only able	s up equipment (i.e., fills puriment. nsiderable assistance from to monitor equipment (e.g	oortable oxygen tank, another person to m ., liter flow, fluid in ba	, prov nanag ag) ar	vides patient with prepared solutions), patient is able to manage ge equipment, but independently completes portions of the task nd must call someone else to manage the equipment.	
			y dependent on someone s type used in care [If NA				
19.	therapy	equipment or supp on, clean/store/dispo	lies): Caregiver's ability to	o set up, monitor and	char	IV/infusion equipment, enteral/parenteral nutrition, ventilatinge equipment reliably and safely, add appropriate fluids or e. (NOTE: This refers to ability, not compliance or	or
	□ 0 - □ 1 -	Caregiver manages If someone else set	all tasks related to equipr s up equipment, caregiver considerable assistance fr	is able to manage a	II oth		ns
	□ 4 -	supplies).	ole to complete small portion to the stelly dependent on some of the stelly dependent on the stelly dependent of the stelly dependent on the stelly dependent of the stelly de	, ,		ter nebulizer treatment, clean/store/dispose of equipment or uipment.	
		Unknown OC/ROC, go to Sect	ion O nogo 19				
	AL EI SC	JC/KOC, go to Sect	ion &, page 16.				
P.	₽₽L	IFE SYSTEM PRO	OFILE: For M0640-M080	0, record what the p	patie	ent currently is able to do.	_
At E	3 Follow	-up, go to #2 (M065	0).				
1.	_ ,	,	lity to tend to personal hyg	giene needs (i.e., was	shing	g face and hands, hair care, shaving or make up, teeth or dentu	re
	□ 0 - □ 1 - □ 2 -	Grooming utensils r Someone must ass	unaided, with or without the nust be placed within react ist the patient to groom se	th before able to com lf.			
	□ 3-	Patient depends en	tirely upon someone else	for grooming needs.			
2.	managin	g zippers, buttons, a	nd snaps:	· ·	,	cluding undergarments, pullovers, front-opening shirts and blous	ses
	□ 1 - □ 2 -	Able to dress upper Someone must help	out of closets and drawers body without assistance i the patient put on upper tirely upon another persor	f clothing is laid out o body clothing.	or har		
3.	□ 0 - □ 1 - □ 2 -	Able to obtain, put of Able to dress lower Someone must help	on, and remove clothing a	nd shoes without ass clothing and shoes garments, slacks, soo	istand are la oks or	aid out or handed to the patient.	
			-	Ť			

Client's Name:

(Page 16 of 21) Client Record No. Symbol Key: =SOC/ROC **⇔**=Follow-up ⇒=Transfer @=Discharge 🛱 🙀 (M0670) Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only). 0 - Able to bathe self in shower or tub independently. 1 - With the use of devices, is able to bathe self in shower or tub independently. 2 - Able to bathe in shower or tub with the 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 - Participates 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 and is bathed in bed or bedside chair. 5 - Unable to effectively participate in bathing and is totally bathed by another person. (M0680) Toileting: Ability to get to and from the toilet or bedside commode. 0 - Able to get to and from the toilet independently with or without a device. П 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet. 2 - <u>Unable</u> 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. 🛱 🏟 (M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast. 0 - Able to independently transfer. 1 - Transfers 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 <u>unable</u> 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. 🛱 🙆 (M0700) Ambulation/Locomotion: Ability to SAFELY walk, 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 - Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 2 - Able to walk only with the supervision or assistance of another person at all times. 3 - Chairfast, unable to ambulate but is able to wheel self independently. 4 - Chairfast, unable to ambulate and is unable to wheel self. 5 - Bedfast, unable to ambulate or be up in a chair. At T Follow-up, go to #20, page 18. (M0710) Feeding or Eating: Ability to feed self meals and snacks. 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 - <u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack. П 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. 4 - <u>Unable</u> 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. (M0720) Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals: 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). 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. 10. 🙀 (M0730) Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway). 0 - Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus. 1 - Able to ride in a car only when driven by another person, OR able to use a bus or handicap van only when assisted or accompanied by 2 - Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.

Client's Name:

UNIVERSAL ASSESSMENT FORM

		UNIVERSAL	ASSESSMENT	FORM	Client's Name:
			(Page 17 of 21)		Client Record No.
Symb	ool Key	: 🗓=SOC/ROC	⇔ =Follow-up	₽ =Transfer	 Discharge
	(M074) and.	0) Laundry: Ability	/ to do own laundry to c	carry laundry to and from v	washing machine, to use washer and dryer, to wash small items by
	0 - ((1 - 7	b) Physically, cogr (i.e., prior to this Able to do only light assistance with hea	s home care admission). laundry, such as minor havy laundry such as carryir	to do laundry and access and wash or light washer ng large loads of laundry.	facilities, <u>but</u> has not routinely performed laundry tasks in the past loads. Due to physical, cognitive, or mental limitations, needs supervision and assistance due to cognitive or mental limitation.
12.	1 0 - (1 1 - 1 1 2 - 1 1 3 - 1	(a) Able to indeper (b) Physically, cogr in the past (i.e., Able to perform only Able to perform hou <u>Jnable</u> to consisten	dently perform all housek nitively, and mentally able prior to this home care ac Ight housekeeping (e.g., sekeeping tasks with inter	keeping tasks; <u>OR</u> to perform <u>all</u> housekeep dmission).	ekeeping and heavier cleaning tasks. Ing tasks but has not routinely participated in housekeeping tasks ounters) tasks independently. ervision from another person. d by another person throughout the process.
13. 6	(M076) 0 - ((a) Able to plan for (b) Physically, cogradmission). Able to go shopping (a) By self is able to by Unable to go shopp	ity to plan for, select, and shopping needs and inde hitively, and mentally able to but needs some assistate to do only light shopping allopping allone, but can go	purchase items in a store ependently perform shopp to take care of shopping, nce: nd carry small packages, with someone to assist. items needed, place orde	and to carry them home or arrange delivery. ing tasks, including carrying packages; <u>OR</u> but has not done shopping in the past (i.e., prior to this home care but needs someone to do occasional major shopping; <u>OR</u> rs, and arrange home delivery.
	0 - 1 1 - 1 2 - 1 3 - 1 1 4 - 1 1 5 -	Able to dial numbers Able to use a specia Able to answer the t Able to answer the t	s and answer calls appropally adapted telephone (i.e telephone and carry on a selephone only some of the telephone at all but can be the telephone.	oriately and as desired. e., large numbers on the d normal conversation but h	ers, and effectively use the telephone to communicate. ial, teletype phone for the deaf) and call essential numbers. ias difficulty with placing calls. on only a limited conversation. iipment.
a n C	dministra ot comp 1 0 - 1 1 1 - 1	ation of the correct	dosage at the appropriate ess.) Ity take the correct oral metion(s) at the correct times ges are prepared in advanders; OR opps a drug diary or chart. ication unless administere	times/intervals. Exclude: edication(s) and proper do s if: nce by another person; OF	d take <u>all</u> prescribed oral medications reliably and safely, including sinjectable and IV medications. (NOTE: This refers to ability, osage(s) at the correct times.
m fo C	netered d orms of 1 0 - 1 1 1 - 1 1 2 - 1	ose devices) reliable medication (oral tandal tandal to independent Able to take medicata) individual dosaga (b) given daily remindable to take med	ly and safely, including ad ablets, injectable and IV tly take the correct medication at the correct times if ges are prepared in advan	Iministration of the correct medications). ation and proper dosage a f: nce by another person, OF	

	UNIVERSAL AS	SESSMENT	FORM	Client's Name:	
		e 18 of 21)		Client Record No.	
Syr	nbol Key: 🗓=SOC/ROC 💢	=Follow-up	- ⊅ =Transfer	=Discharge	
17.					
18.	 (M0810) Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition 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, but independently completes portions of the task. 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 [If NA, go to Section Q]. 				
19.	 (M0820) Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver'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 - Caregiver manages all tasks related to equipment completely independently. 1 - If someone else sets up equipment, caregiver is able to manage all other aspects. 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task. 3 - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies). 4 - Caregiver is completely dependent on someone else to manage all equipment. NA - No caregiver At Discharge, go to Section Q. 				
20.	0. ☐ Identify and describe any changes or problems with:				
_0.		Meal preparation		Medication management	
				Medication management	
	Feeding, eating l	_aundry, shopping, h	lousekeeping		
	☐ ☐ ♠ ANY OTHER ASSESS ☐ Discharge, go to Section V, page ☐ Discharge, go to Sect				
	THERAPY NEED				
1.	. ☐ (M0825) Therapy Need: Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group? □ 0 - No □ 1 - Yes □ NA - Not applicable				
S. 1.	Equipment Needs: (check approprial Oxygen/Respiratory Equip.		2. Supplies Needed ar	nd Comments Regarding Equipment Needs:	
	b. Wheelchair		3. Financial Problems/	Needs:	
	c. Hospital Bed				
	d. Other (specify)		<u>l</u>		

Client's Name:

UNIVERSAL ASSESSMENT FORM (Page 19 of 21)	Client's Name: Client Record No.
Symbol Key: □=SOC/ROC □=Follow-up □=Transfer T. □ □ SAFETY MEASURES RECOMMENDED TO PROTECT PA	€=Discharge
U. ᠋ □ EMERGENCY PLANS:	
V. 🗓 🛱 🙆 CONCLUSIONS/IMPRESSIONS AND SKILLED INTER	
At ③ SOC/ROC and ۞ Follow-up, go to the signature and date lines at the W. ■ MERGENT CARE	e end of the assessment.
 1.	on X, #1 (M0855)]
2.	city, anaphylaxis tion, tracheobronchial obstruction)

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Client's Name:

Client Record No.

X. INPATIENT FACILITY ADMISSION OR DISCHARGE FROM HOME CARE

🖈 🙀 (M0855) To which Inpatient Facility has the patient been admitted? (Choose only one answer.) □ 4 - Hospice □ 1 - Hospital □ 2 - Rehabilitation □ 3 - Nursing home □ NA - No inpatient facility facility admission 4. (M0870) Discharge 2. (M0890) If the patient was admitted [Go to #5 - Most 3. (M0900) For what Reason(s) [Go to #5 - Most to an acute care Hospital, for what Recent Home Visit was the patient Admitted to a Recent Home Visit Disposition: Where is the Reason was he/she admitted? Nursing Home? (Mark all patient after discharge from Date] Date 1 1 - Hospitalization for emergent your agency? (Choose only that apply.) (unscheduled) care 1 - Therapy services one answer.) 2 - Hospitalization for urgent 2 - Respite care ☐ 1 - Patient remained in the (scheduled within 24 hours of 3 - Hospice care community (not in П admission) care 4 - Permanent placement hospital, nursing home, 3 - Hospitalization for elective or rehab facility) [Go to П 5 - Unsafe for care at home (scheduled more than 24 hours 6 - Other next question -☐ UK - Unknown Services or Assistance] before admission) care ☐ 2 -Patient transferred to a ☐ UK - Unknown noninstitutional hospice [Go to #5 - Most Recent [Go to #5 - Most Recent (M0895) Reason for Hospitalization: Home Visit Date] Home Visit Date (Mark all that apply.) □ 3 - Unknown because 1 - Improper medication patient moved to a administration, medication side geographic location not effects, toxicity, anaphylaxis served by this agency 2 - Injury caused by fall or [Go to #5 - Most Recent accident at home Home Visit Date 3 - Respiratory problems (SOB, ☐ UK - Other unknown [Go to infection, obstruction) #5 - Most Recent Home 4 - Wound or tube site infection, Visit Date] deteriorating wound status, new lesion/ulcer (M0880) After discharge, does 5 - Hypo/Hyperglycemia, diabetes out of control the patient receive health. П 6 - GI bleeding, obstruction personal, or support Services 7 - Exacerbation of CHF, fluid or Assistance? (Mark all overload, heart failure that apply.) 8 - Myocardial infarction, stroke 1 - No assistance or 9 - Chemotherapy services received 10 - Scheduled surgical procedure 2 -Yes, assistance or 11 - Urinary tract infection services provided by ☐ 12 - IV catheter-related infection family or friends □ 13 - Deep vein thrombosis, ☐ 3 - Yes, assistance or pulmonary embolus services provided by ☐ 14 - Uncontrolled pain other community ☐ 15 - Psychotic episode resources (e.g., meals-☐ 16 - Other than above reasons on-wheels, home health services, homemaker assistance. [Go to #5 - Most Recent transportation Home Visit Date] assistance, assisted living, board and care) [Go to #5 - Most Recent Home Visit Date] (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. m m d d y y y y

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Symbol Key: □=SOC/ROC □=Fol	low-up ≉=Transfer	= Discharge	
Y. 🙀 SUMMARY OF CARE PROVIDED	D DURING HOME CARE EPISO	ODE	
1. Identified Problem 1. Identified Problem	Interventions	Current Status	
2. Overall Status at Discharge:			
Copy of Summary to:	☐ Referral Source	☐ Attending Physician	
Date of Assessment:	Signature of Assessor:		