

OASIS ITEM
<p>(M1400) When is the patient dyspneic or noticeably Short of Breath?</p> <p><input type="checkbox"/> 0 - Patient is not short of breath</p> <p><input type="checkbox"/> 1 - When walking more than 20 feet, climbing stairs</p> <p><input type="checkbox"/> 2 - With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)</p> <p><input type="checkbox"/> 3 - With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation</p> <p><input type="checkbox"/> 4 - At rest (during day or night)</p>
ITEM INTENT
Identifies the level of exertion/activity that results in a patient's dyspnea or shortness of breath.
TIME POINTS ITEM(S) COMPLETED
Start of care Resumption of care Follow-up Discharge from agency – not to inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> If the patient uses oxygen continuously, select the response based on assessment of the patient's shortness of breath while using oxygen. If the patient uses oxygen intermittently, mark the response based on the patient's shortness of breath WITHOUT the use of oxygen. <ul style="list-style-type: none"> The response is based on the patient's actual use of oxygen in the home, not on the physician's oxygen order. The responses represent increasing severity of shortness of breath. For a chairfast or bedbound patient, evaluate the level of exertion required to produce shortness of breath. The chairfast patient can be assessed for level of dyspnea while performing ADLs or at rest. Response 0 would apply if the patient has not been short of breath during the day of assessment. Response 1 would be appropriate if demanding bed-mobility activities produce dyspnea in the bedbound patient (or physically demanding transfer activities produce dyspnea in the chairfast patient). See Responses 2, 3, and 4 for assessment examples for these patients as well as ambulatory patients.
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> Observation Physical assessment Patient/caregiver interview Review of health history

OASIS ITEM
<p>(M1410) Respiratory Treatments utilized at home: (Mark all that apply.)</p> <p> <input type="checkbox"/> 1 - Oxygen (intermittent or continuous) <input type="checkbox"/> 2 - Ventilator (continually or at night) <input type="checkbox"/> 3 - Continuous / Bi-level positive airway pressure <input type="checkbox"/> 4 - None of the above </p>
ITEM INTENT
Identifies any of the listed respiratory treatments being used by this patient in the home.
TIME POINTS ITEM(S) COMPLETED
Start of care Resumption of care
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> Excludes any respiratory treatments that are not listed in the item (for example, does not include nebulizers, inhalers). Response 3 reflects both CPAP and BiPAP.
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> Patient/caregiver interview Observation Physician's orders Referral information Review of health history