













**ADL/IADLs (Cont'd.)**

**(MO680) 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.

**(MO690) 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 but is able to turn and position self in bed.
- 5 - Bedfast, unable to transfer and is unable to turn and position self.

**(MO700) 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.

**(MO710) 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 - 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.

**(MO720) 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).
- 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
- 2 - Unable to prepare any light meals or reheat any delivered meals.

**(MO730) 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 care; 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 another person.
- 2 - Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.

**(MO740) Laundry:** Ability to do own laundry – to carry to and from washing machine, to use washer and dryer, to wash small items by hand.

- 0 - (a) Able to independently take care of all laundry tasks; OR  
(b) Is 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).
- 1 - 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.
- 2 - Unable to do any laundry due to physical limitations or needs continual supervision and assistance due to cognitive or mental limitations.

**ADL/IADLs (Cont'd.)**

**(MO750) Housekeeping:** Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

- 0 - (a) Able to independently perform all housekeeping tasks; OR  
(b) Is 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.

**(MO760) Shopping:** Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

- 0 - (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR  
(b) Is 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 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 - Unable 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

**(MO770) Ability to Use Telephone:** Ability to answer the phone, dial numbers, and effectively use the telephone to communicate.

- 0 - Able to dial numbers and answer calls appropriately and as desired.
- 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
- 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
- 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
- 4 - Unable to answer the telephone at all but can listen if assisted with equipment.
- 5 - Totally unable to use the telephone.
- NA - Patient does not have a telephone.

**MEDICATIONS**

**(MO780) 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.)**

- 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- 1 - Able to take medication(s) at the correct times if:
  - (a) individual dosages are prepared in advance by another person; OR
  - (b) given daily reminders; OR
  - (c) someone develops a drug diary or chart.
- 2 - Unable to take medication unless administered by someone else.
- NA - No oral medications prescribed.

**(MO790) 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 inhalant/mist 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.

**(MO800) Management of Injectable Medications:** Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes IV medications.**

- 0 - Able to independently take the correct injectable medication and proper dosage at the correct times.
- 1 - Able to take injectable medication at the 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.

**EQUIPMENT MANAGEMENT**

**(MO810) 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 medications, 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 MO830]**

**(MO820) Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion therapy, 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 medications, 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 (i.e., fills portable oxygen tank, provides patient with prepared solutions), caregiver is able to manage all other aspects of equipment.
- 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of the 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

**EMERGENT CARE**

**(MO830) 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 MO855]**
- 1 - Hospital emergency room (includes 23-hour holding)
- 2 - Doctor's office emergency visit/house call
- 3 - Outpatient department/clinic emergency (includes urgent center sites)
- UK - Unknown **[If UK, go to MO855]**

**(MO840) 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 INFORMATION**

**(MO855) To which Inpatient Facility** has the patient been admitted?

- 1 - Hospital
- 2 - Rehabilitation facility **[Go to MO903]**
- 3 - Nursing home
- 4 - Hospice **[Go to MO903]**
- NA - No inpatient facility admission

**(MO870) Discharge Disposition:** Where is the patient after discharge from your agency? **(Choose only one answer.)**

- 1 - Patient remained in the community (not in hospital, nursing home, or rehab facility)
- 2 - Patient transferred to a noninstitutional hospice **[Go to MO903]**
- 3 - Unknown because patient moved to a geographic location not served by this agency **[Go to MO903]**
- UK-Other Unknown **[Go to MO903]**

**(MO880) After discharge, does the patient receive health, personal, or support Services or Assistance?** **(Mark all that apply.)**

- 1 - No assistance or services received
- 2 - Yes, assistance or services provided by family or friends
- 3 - Yes, assistance or services provided by other community resources (e.g., meals-on-wheels, home health services, homemaker assistance, transportation assistance, assisted living, board and care)

**DISCHARGE INFORMATION (Cont'd.)**

(MO903) Date of Last (Most Recent) Home Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

(MO906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**SKILLED CARE PROVIDED THIS VISIT**

Temperature \_\_\_\_\_ Pulse \_\_\_\_\_  Regular  Irregular Respiration \_\_\_\_\_  Regular  Irregular Blood Pressure \_\_\_\_\_

**SUMMARY OF CARE**

**GOALS**

Accomplished  Unaccomplished  Partially Met

**REASON FOR DISCHARGE**

- Patient-centered goals achieved
  - Patient expired
  - Geographic relocation
  - Patient refused further care
  - No longer home bound
  - Repeatedly not home/not found
  - Patient refused to accept care/treatment as ordered
  - Patient/Family request
  - Physician request
  - Persistent noncompliance with POC
  - Other (specify) \_\_\_\_\_
  - Failure to maintain services of an attending physician
  - Agency/Organization decision
- Explain: \_\_\_\_\_

**DISCHARGE INSTRUCTIONS**

- Follow-up with physician as scheduled
- Report S/S of emergencies
- Continue with Home Exercise Program
- Follow physician orders for medications

Instructions given to patient/caregiver:  Yes  No, explain: \_\_\_\_\_

Patient/Caregiver demonstrates understanding of instructions:  Yes  No, explain: \_\_\_\_\_

Physician Contacted:  Yes  No

**SIGNATURE/DATES**

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Patient/Caregiver (if applicable)*

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Person Completing This Form (signature/title)*

**OASIS INFORMATION**

Date Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial \_\_\_\_\_  
Date Entered & Locked \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial \_\_\_\_\_