

OASIS-E Death at Home

PRA Disclosure Statement

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OUTCOME ASSESSMENT INFORMATION SET VERSION E (OASIS-E)

Death at Home (DAH)

Section A Administrative Information

M0080. Discipline of Person Completing Assessment	
Enter Code <input type="text"/>	1. RN 2. PT 3. SLP/ST 4. OT

M0090. Date Assessment Completed	
<input type="text"/> - <input type="text"/> - <input type="text"/>	Month Day Year

M0100. This Assessment is Currently Being Completed for the Following Reason	
Enter Code <input type="checkbox"/>	Start/Resumption of Care 1. Start of care – further visits planned 3. Resumption of care (after inpatient stay) Follow-Up 4. Recertification (follow-up) reassessment 5. Other follow-up Transfer to an Inpatient Facility 6. Transferred to an inpatient facility – patient not discharged from agency 7. Transferred to an inpatient facility – patient discharged from agency 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 discharge, transfer, or death (at home) of the patient.	
<input type="text"/> - <input type="text"/> - <input type="text"/>	Month Day Year

Section J	Health Conditions
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J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code <input type="checkbox"/>	Has the patient had any falls since SOC/ROC, whichever is more recent? 0. No → Skip to M2005, Medication Intervention 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
Coding: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/> C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Section N	Medications
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M2005. Medication Intervention	
Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0. No 1. Yes 9. NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications