OASIS Accuracy

Improved Patient Outcomes | Star Ratings | PDGM Accuracy | SHP Scores

FAST FACTS

November is: Dyspnea

M 1400 DYSPNEA

Intent:

- Identifies the level of exertion/activity that results in a patient's dyspnea or shortness of breath

Time Period

- Day of assessment and 24 hours prior
- Use observation and interview
- This is not a question of what makes the pt SOB in general-it is a question of what activities have made the patient SOB in the last 24 hours
- If the patient hasn't done stairs in the last 24 hours and we didn't see them do stairs in the assessment then we would not say the stairs made them SOB for OASIS purposes

Guidelines for Accurate Assessment

- Score prior to any teaching or interventions
- Score from the bottom up
- Look for changes in breathing pattern
- Look for increased use of accessory muscles
- Take respiration rate at rest and then after the OASIS walk/activity

Accurate Assessment Continued..

- **If patient uses oxygen continuously assess with oxygen on**
- **If patient uses oxygen intermittently assess without oxygen on**
- Assessment is based on patient use of oxygen not MD order
- You must get the patient up and/or moving to asses dyspnea. If the patient is w/c bound or bed bound you still need to observe how much activity causes dyspnea
- Patients w/ CHF, COPD, asthma, emphysema, obesity, severe pain, severe scoliosis, poor posture, kyphotic posture, recent surgery, poor endurance, or anemia will more than likely have some level of dyspnea

Accurate Assessment Continued..

- Patients with dyspnea, low oxygen levels, or poor pacing skills may not be safe completing functional tasks and this should be considered when scoring their functional abilities on the OASIS
- If your patient requires verbal cues for pacing and proper breathing techniques then they would **NOT** be independent with ADL's as they require verbal cues to be safe
- If you are documenting the distance of ambulation that makes the patient dyspneic please do not use "20" feet. Please use a number less than or greater than 20 feet as that is how it appears in the answer options
- If a patient gets short of breath while bending over to put on their shoes this would be considered dyspnea with minimal exertion
- Orthopnea is the sensation of breathlessness in the recumbent position which qualifies as dyspnea at rest
- If the patient is holding their breath while doing activities causing shortness of breath this would be factored into the scoring for dyspnea

M 1400 DYSPNEA

(M1400) When is the patient dyspneic or noticeably **Short of Breath**?

Enter Code

0 Patient is not short of breath

You did not observe any sob during the admission with activity or at rest and the pt denied sob over the last 24 hours

1 When walking more than 20 feet, climbing stairs

2 With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)

If the patient gets short of breath when completing an ADL

3 With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation

If only a minimal portion of the ADL, caused shortness of breath, then score here

4 At rest (during day or night)

Positional dyspnea

The examples are a starting reference point. You may have a pt that gets short of breath with a very minimal portion of dressing. That pt would score 3 with minimal exertion .

Dyspnea at Discharge

- At discharge, CMS is looking to see if our patients are better able to **manage** their dyspnea after all our interventions, teaching, and training
- At discharge remind your patients, prior to assessment of dyspnea, of all the skills you have taught them.
- If the pt is not SOB during your dc visit score them as such as the time frame is day of assessment. If the pt only gets SOB with stairs and they did not do stairs the day of assessment or in the previous 24 hours they would be scored “0” no SOB.
- When assessing dyspnea at discharge we can use documentation in the last 5 days of the episode, per CMS instruction to capture the best the pt has been
- We will not improve all our patients dyspnea as some pts have chronic conditions but…
- We should be successfully teaching our patients to **manage** their dyspnea, using pacing skills, purse lip breathing, medication management etc. therefore experiencing less dyspnea
- If the patient’s environment has been modified to prevent dyspnea then the pt does not have dyspnea with that activity anymore.
- If the only time your patient had dyspnea was when they were supine in bed and the pt has now modified the bed and sleeps on wedge to avoid dyspnea then they no longer get short of breath when in the bed

Case Scenario

- Mr. Jones is being admitted for exacerbation of COPD. The admitting clinician observes the pt is short of breath when he answers the door. He reports he just walked from the kitchen to the door which is about 15 feet. Based on this information at SOC the above pt would score a 2 -when walking less than 20 feet, climbing stairs.
- During the episode of care the nurse completes teaching and training on how and when to correctly take medications including inhalers. The therapies focus on postural awareness, energy conservation, purse lip breathing exercises, endurance and strength training.
- During the dc visit while the clinician is assessing the patient's dc functional abilities she notices excellent carryover of taught techniques. The patient is taking all medications correctly, standing tall, using purse lip breathing techniques, and pacing himself during activities. He actually stops and takes a standing rest while walking to prevent shortness of breath. Once he gets to the bedroom which is about 40 feet he reports some shortness of breath. This patient would be score a 1-when walking distances greater than 20 feet at dc.
- All the training enabled the patient to better manage his shortness of breath in this scenario

OASIS Accuracy

Improved Patient Outcomes | Star Ratings | PDGM Accuracy | SHP Scores

FAST FACTS

December is:
Dressing UE/LE