FUNCTION

(11045)	
M1845	

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M1800 ADL/IADLs (M1800) Grooming: Current ability to tend safely to personal hygiene

needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care). (R PA

- □ 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.

M1810

M1820

M1830

M1840

3 - Patient depends entirely upon someone else for grooming needs.

(M1810) Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts

- 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

(M1820) Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:
 R

- □ 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.

(M1830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

- O O R HH PA * □ 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- ☐ 1 With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- ☐ 2 Able to bathe in shower or tub with the intermittent 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 Able to participate 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, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
- 6 Unable to participate effectively in bathing and is bathed totally by another person.

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode. O O R PA

- O Able to get to and from the toilet and transfer independently with or without a device.
- 1 When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
- 2 Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- 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.

(M1845) Tolleting Hyglene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment. OR PA

- 0 Able to manage toileting hygiene and clothing management without assistance.
- 1 Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- 2 Someone must help the patient to maintain tolleting hygiene and/or adjust clothing.
- 3 Patient depends entirely upon another person to maintain toileting hygiene.

(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

- □ 0 Able to independently transfer.
- O O R HH PA *

Comments/Assist Device

- □ 1 Able to transfer with minimal human assistance or with use of an assistive device.
- 2 Able to bear weight and pivot during the transfer process but unable to transfer self.
- 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.

ropriate responses. KEY: I - Independent, VC/SBA M1850

es/Stand-by Assist, MIN - Minimum Assist, MOD Assist, MAX - Maximum Assist, D - Totally Dependent

Task

Toilet Hygiene

Clothing Management

1	VC/SBA	MIN	MOD	MAX	D	Task	Comments/Assist Device
	Taxana	100	- 00	I.		Transfers: Bed	
					140	Wheelchair	7 7 1
		3				Toilet	1874 OV
	01.11					Tub/Shower	State La
						Car	
Т						Bed Mobility: Roll/Turn	10 mm
			16	-		Sit/Supine	4.6
						Sit/Stand	

Transfer Assessment:

VC/SBA MIN MOD MAX

Toileting Assessment:

Previous level:

Previous level:

Current level:

☐ Appears Functional ☐ Additional Training Required

Standing Dynamic

Other:

ADL/IADLs (Cont'd.)

- 0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
- 1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
- 2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.

 3 - Able to walk of person at all tires 4 - Chairfast, unable 5 - Chairfast, unable 6 - Bedfast, unable 	nes. le to ambula le to ambu e to ambula	ite but late ar ite or l	is able to nd is <u>unat</u> ne up in a	whee <mark>l self inc ole to wheel s chair.</mark>	dependenti self.
CURREN Muscle Tone: Posture:		M18		M1870	1880
Endurance:			41890		
Gait Assessment:	Level Surfaces		neven urfaces	Stairs	Other
Distance	Guilasss	1		As a second	artiro manta a
Assistance					No. of the
Assistive Device			4		
Quality/Deviations					
Weight Bearing Star			/	M1900	
Assistive Device(s): Walker Whee	□ Cane	Qua	ad	M1300	
(Circle all applicable Sitting Static	items)	Fair	Poor		
Sitting Dynamic	Good	Fair	Poor		
Sitting Dynamic	Cacici	Fair	POOL		

Good Fair

BERG:____

Standardized Balance Assessment Used and Results:

Poor

(M1870) Feeding or Eating: Current ability to feed self meals and snacks safely. 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.
- 3 Able to take in nutrients orally <u>and</u> 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.

(M1880) Current Ability to Plan and Prepare Light Meals (for example, cereal, sandwich) or reheat delivered meals safely:

- 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 (specifically: 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.

(M1890) Ability to Use Telephone: Current ability to answer the phone safely, including dialing numbers, and effectively using the telephone to communicate.

- 0 Able to dial numbers and answer calls appropriately and as desired.
- 1 Able to use a specially adapted telephone (for example, 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 <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.

(M1900) Prior Functioning ADL/IADL: Indicate the patient's usual ability with everyday activities prior to his/her most recent illness, exacerbation, or injury. Check only one box in each row.

Functional Area	Independent	Needed Some Help	Dependent
Self-Care (specifically: grooming, dressing, bathing, and toileting hygiene)	00	0 1	02
b. Ambulation	00	01	D2
c. Transfer	00	01	D2
d. Household tasks (specifically: light meal preparation, laundry, shopping, and phone use)	0.0	0 1	Q 2

M1910 is on page 14 of 19.

_ Timed Up and GO:

10 #

CARE MANAGEMENT

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.) R (PA)

Type of Assistance	No assistance needed – patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/ supportive services to provide assistance	Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/ feeding)	00	01	D 2	_3	-4
 IADL assistance (for example, meals, housekeeping, laundry, telephone, shopping, finances) 	0.0	0 1	- 2	3	Q 4
c. Medication administration (for example, oral, inhaled or injectable)	00	D1	D 2	3	Q 4
d. Medical procedures/ treatments (for example, changing wound dressing, home exercise program)	00	0 1	D 2	Q3	D4
e. Management of Equipment (for example, oxygen, IV/ infusion equipment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies)	0 0	01	D 2	3	Q 4
f. Supervision and safety (for example, due to cognitive impairment)	00	0 1	2	۵3	04
g. Advocacy or facilitation of patient's participation in appropriate medical care (for example, transportation to or from appointments)	5	M2110	D2	3	Q 4

(M2110)	How Often does the pat	ient receive ADI or IA	DI annietanne from		au than banna banth -	
1412110	HOW CITCH GOES THE Dat	Tent receive ADL of IA	DL assistance from	n any caredivens) lotr	ier than nome nealth a	Dency Stamy

LIVING ARRANGEMENTS/SUPPORTIVE ASSISTANCE

D 1	- At	least	daily	

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72.	Three	or more	timee	nor	wool

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Safety Measures: (Locator #15) HOME ENVIRONMENT SAFETY (Cont'd.) □ 1 - Bleeding precautions ☐ 8 - 24 hr. supervision Emergency planning/fire safety: 2 - O precautions Fire extinguisher ON 9 - Clear pathways DY Smoke detectors on all levels of home OY ON 3 - Seizure precautions ☐ 10 - Lock w/c with transfers Tested and functioning OY ON 4 - Fall precautions ☐ 11 - Infection control measures More than one exit DY ON 5 - Aspiration precautions ☐ 12 - Walker/cane Plan for exit DY ON ☐ 6 - Siderails up ☐ 13 - Other Plan for power failure OY ON 7 - Elevate head of bed CO₂ detector DY DN Oxygen use: HOME ENVIRONMENT SAFETY Signs posted DY DN Safety hazards in the home: Handles smoking/flammables safely OY ON DY DN Unsound structure Oxygen back-up: Available Knows how to use Inadequate heating/cooling/electricity OY ON Electrical / fire safety DY DN Inadequate sanitation/plumbing DY DN Is there a need for a Fall Risk Plan? DY ON Inadequate refrigeration OY ON Summary: Safety plan(s) indicated? DY DN Unsafe gas/electrical appliances or outlets DY DN (Plan/Comments)_ DY DN Inadequate running water Unsafe storage of supplies/equipment OY ON No telephone available and/or unable to use phone DY DN Name of Emergency Preparedness Business/Registry (if applicable) Insects/rodents OY ON Medications stored safely DY DN Contact information (e.g., phone #/email) Grab bar(s) in bathroom/tub/shower DY DN

^{03 -} One to two times per week