

<b>OASIS ITEM:</b>
<p><b>(M0250) Therapies</b> the patient receives <u>at home</u>: <b>(Mark all that apply.)</b></p> <p><input type="checkbox"/> 1 - Intravenous or infusion therapy (excludes TPN)</p> <p><input type="checkbox"/> 2 - Parenteral nutrition (TPN or lipids)</p> <p><input type="checkbox"/> 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)</p> <p><input type="checkbox"/> 4 - None of the above</p>
<b>DEFINITION:</b>
Identifies whether the patient is receiving intravenous, parenteral nutrition, or enteral nutrition therapy at home.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
<p>Start of care</p> <p>Resumption of care</p> <p>Follow-up</p> <p>Discharge from agency – not to an inpatient facility</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• Include only such therapies administered at home. Exclude similar therapies administered in outpatient facilities.</li> <li>• If the patient will receive such therapy as a result of this assessment (e.g., the IV will be started at this visit; the physician will be contacted for an enteral nutrition order; etc.), mark the applicable therapy.</li> <li>• If a patient receives intermittent medications or fluids via an IV line (e.g., heparin or saline flush), mark Response 1. If IV catheter is present but not active (e.g., site is observed only or dressing changes are provided), do <u>not</u> mark Response 1.</li> <li>• If any enteral nutrition is provided, mark Response 3. If a feeding tube is in place, but not currently used for nutrition, Response 3 does <u>not</u> apply. A flush of a feeding tube is <u>not</u> considered to provide nutrition.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
Determine from patient/caregiver interview, nutritional assessment, review of past health history, and referral orders. Assessment of hydration status or nutritional status may result in an order for such therapy (therapies).