

OASIS ITEM:
<p>(M0610) Behaviors Demonstrated at Least Once a Week (Reported or Observed): (Mark all that apply.)</p> <p><input type="checkbox"/> 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required</p> <p><input type="checkbox"/> 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions</p> <p><input type="checkbox"/> 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.</p> <p><input type="checkbox"/> 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)</p> <p><input type="checkbox"/> 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)</p> <p><input type="checkbox"/> 6 - Delusional, hallucinatory, or paranoid behavior</p> <p><input type="checkbox"/> 7 - None of the above behaviors demonstrated</p>
DEFINITION:
Identifies specific behaviors which may reflect alterations in a patient's cognitive or neuro/emotional status.
TIME POINTS ITEM(S) COMPLETED:
Start of care Resumption of care Follow-up Discharge from agency - not to an inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> Behaviors may be observed by the clinician or reported by the patient, family, or others.
ASSESSMENT STRATEGIES:
Observe patient for the presence of these behaviors throughout the entire assessment. If present, validate the frequency of their occurrence. In the health history, interview for the current presence of these behaviors at the stated frequency, i.e., at least weekly. Consult with family or caregiver familiar with patient behavior.