

OASIS Alert

Assessment: Follow These Tips for Better ADL Assessment

Do you have an accurate understanding of all that's involved in toilet transfer?

When completing OASIS items related to your patient's ability to perform Activities of Daily Living (ADLs), it's essential to have a solid understanding of some general yet important considerations, says **Pat Jump, MA, BSN, RN, COS-C**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. Make sure you're clear on the following concepts related to these OASIS items.

Overall: When reporting your patient's ADL abilities, you should evaluate what's true "on the day of assessment." That means you're considering his ability during the home visit assessment time and 24 hours prior to the assessment, Jump says. And if his ability varies over time, choose the response that describes the patient's ability more than 50 percent of the time period under consideration, she says.

M1810 -- Current ability to dress upper body safely and M1820 -- Current ability to dress lower body safely: These items assess the client's ability to safely get dressed and undressed with or without dressing aids, Jump says. If the client cannot safely complete the task as identified in one OASIS item answer, move down through the answers until you find one he can do safely, she suggests.

Be sure to consider what is routinely worn and the patient's ability to manage zippers, buttons, snaps, hooks, etc., associated with his usual clothing style, Jump says. And if a client modifies the clothing he wears due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the client could return to the previous style of dressing.

Remember: Devices are part of body apparel so you should include splints, corsets, braces, and knee immobilizers when assessing for these items, Jump says.

And getting dressed includes the ability for the client to get to where clothes are usually stored.

M1830 -- Bathing: If your patient is medically restricted from stair climbing, and the only tub or shower in the home requires climbing stairs, the patient is temporarily unable to bathe in the tub or shower due to combined medical restrictions and environmental barriers, Jump points out.

M1840 -- Toilet Transferring: For item M1840, toilet transfer means that the patient is getting from a seated position to standing, ambulating to the room where the toilet is, getting on the toilet, getting back up, and then returning to the room, says **Lista L. Clark, RN, BSN** with **Healthcare Provider Solutions** in Nashville, TN.

So M1840 can't be "0 -- Able to get to and from the toilet and transfer independently with or without a device" if the patient needs help with transfers. This is a common misconception, Clark says. Clinicians often think "toilet transfer" means just getting on and off the toilet, she says.

Tip: Toileting hygiene includes a catheterized patient's ability to cleanse around the urinary catheter, Jump says.

M1850 -- Transferring: When considering your patient's ability to transfer, the ability to bear weight refers to the patient's ability to support the majority of his or her body weight through any combination of weight-bearing extremities, Jump says. That means that a patient with a weight-bearing restriction on one lower extremity may be able to support her entire weight through the other lower extremity and the upper extremities, she points out.

For non bedfast patients, M1850 asks you to assess the patient's ability to transfer from lying down in bed to the first seated surface in the home, Clark says. "If there's no chair or bedside commode in the patient's room, this could be a

chair in another room," she points out. Clinicians often think the item assesses only for moving from a seated position to standing, she says.

M1860 -- Ambulation/Locomotion: When evaluating your patient's ability to ambulate, you should have her demonstrate her ability on all the surfaces she routinely encounters, Jump says. If the patient is safely able to ambulate without a device on a level surface, but requires minimal assistance on stairs, steps and uneven surfaces, then response 2 -- Requires use of a two-handed device (e.g., 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, is the best response, she explains.

Caution: Clinicians often mark M1860 "2" when it should be 3 -- Able to walk only with the supervision or assistance of another person at all times. Response "2" means your patient is safe ambulating with a rolling walker over every possible surface except that she needs some assistance when going upstairs or on uneven surfaces, Clark points out.

And if a patient doesn't have a walking device or refuses to use one, but is clearly not safe walking alone, the client minimally needs supervision or assistance to ambulate, Jump says.