

## OASIS Alert

### Clip and Save: Master These M1030 Dos and Don'ts

**Tip: Don't count TPN received outside the home.**

Knowing which therapies count for M1030 ☐ Therapies the patient receives at home and when it's appropriate to report them can be tricky. Make sure you're on top of all the specifics with this advice from **Pat Jump**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**.

Select Response 1 ☐ Intravenous or infusion therapy (excludes TPN) when:

- A patient receives intermittent medications or fluids via an IV line (including heparin or saline flushes).
- A patient or his family manages the infusion completely independently ☐ without assistance from home care clinicians.
- A patient receives infusion via central line, subcutaneous infusion, epidural infusion, intrathecal infusion, or insulin pump.
- A patient receives hemodialysis or peritoneal dialysis in the home.
- A patient receives insulin or morphine via an implanted device.
- A patient has a peritoneal dialysis catheter and there is an order to flush it while in the home to maintain patency.

Do not select Response 1 ☐ Intravenous or infusion therapy (excludes TPN) if:

- There are orders for an IV infusion to be given when specific parameters are present, but those parameters are not met on the day of the assessment.
- An IV catheter is present but not active. For example, you are only providing dressing changes and the catheter is not currently used for infusion.
- A client is receiving subcutaneous injections, even when given over a period of several minutes.
- The client is receiving TPN but receives flushes following the TPN administration. Said flushes are considered part of the TPN therapy.

Select Response 2 ☐ Parenteral nutrition (TPN or liquids) when:

- The patient has multiple lumens, one of which is used for TPN and others that you will flush to maintain patency. Also select Response 1 for this patient.

Do not select Response 2 ☐ Parenteral nutrition (TPN or liquids) when:

- The patient is receiving TPN at a setting located outside of the home such as a clinic or as a hospital outpatient.

Select Response 3 ☐ Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) when:

- The patient receives any enteral nutrition.
- The patient has a PRN order for tube feedings and he meets the parameters for administration of the feeding based on this comprehensive assessment or the patient has received enteral nutrition at home in the past 24 hours.

Do not select Response 3 ☐ Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the

alimentary canal) if:

- The patient has a feeding tube in place, but it isn't currently used for nutrition.
- The patient has a feeding tube in place but it is only being flushed and no nutrition is supplied through the tube.
- The patient is receiving only Pedialyte® through the feeding tube.
- On the day of assessment, the patient refuses and therefore does not receive enteral nutrition.
- The patient is using the feeding only for medication administration or water for hydration.