

OASIS Alert

Item Focus: M1400: Breathe Easier When Assessing Dyspnea

Use your clinical judgment when deciding between responses 2 and 3.

OASIS item M1400 asks you to identify when your patient is dyspneic or noticeably short of breath. New guidance from the **Centers for Medicare & Medicaid Services** helps clarify the logic behind selecting the right answer.

Establish The Basics

Your response options for M1400 -- When is the patient dyspneic or noticeably Short of Breath? include the following levels of increasing severity:

0 -- Patient is not short of breath

1 -- When walking more than 20 feet, climbing stairs

2 -- With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)

3 -- With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation

4 -- At rest (during day or night).

Key: When selecting your response, you should consider what is true for the patient on the day of the assessment. And according to the most recent CMS OASIS guidance, your response should be based on the patient's actual use of oxygen in the home, not on the physician's oxygen order.

Know These Rules for Oxygen Use

When completing M1400 for patients who use supplemental oxygen, you'll need to determine whether to assess with the oxygen on or off. CMS advises that you should conduct the assessment with the supplemental oxygen on if the patient uses oxygen continuously. Assess the patient without supplemental oxygen if he uses oxygen intermittently. And if the patient is supposed to be on continuous oxygen but isn't, assess the patient with the oxygen off.

Get the Latest Item Guidance from CMS

The January 2011 Quarterly CMS OCCB Q&As offer new instruction for completing M1400, in answer to the question "In regards to M1400 ... if we had a client that had dyspnea when they bent over to tie shoes, or when they bent over to pick something up from the floor, would they be a "3"?"

This question stems from confusion over the significance of the examples included with responses 2 and 3, said **Deborah L. Chisholm, RN, BSN, CPHQ, COS-C**, senior associate consultant with Redmond, Wash.- based **OASISAnswers** during the **OASIS Certificate and Competency Board's** January 2011 OASIS Q&A quarterly update teleconference. Answer 2 includes dressing as an example ADL, and tying shoes could be considered part of dressing, she points out.

But CMS explains that "the examples included in responses 2 and 3 are used to illustrate the degree of effort represented by the terms 'moderate' and 'minimal.'" The examples are meant to help the clinician make the determination as to the amount of effort that caused the patient's dyspnea. These examples aren't meant to hem you in to a particular response, Chisholm said.

Example: CMS provides the following example in the quarterly Q&As. A patient lifted his arm to insert it into the sleeve of his shirt and this minimal amount of effort caused the patient to become short of breath. The appropriate response in this situation would be 3 -- minimal exertion, even though the patient became short of breath during dressing, CMS says.

"This patient would more than likely also have become short of breath while eating or performing other activities requiring only minimal exertion," CMS says. Similarly, "a patient who became short of breath after just bending over to pick something up or tie a shoe could be considered Response 3 -- With minimal exertion, if in the clinician's judgment, the patient became dyspneic after exerting just minimal effort."

Tip: Consider the examples included in M1400 as a guide when determining whether it was moderate or minimal exertion that caused the patient's dyspnea, CMS says.