

OASIS ITEM	
<p>(M1030) Therapies the patient receives <u>at home</u>: (Mark all that apply.)</p> <p> <input type="checkbox"/> 1 - Intravenous or infusion therapy (excludes TPN) <input type="checkbox"/> 2 - Parenteral nutrition (TPN or lipids) <input type="checkbox"/> 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) <input type="checkbox"/> 4 - None of the above </p>	
ITEM INTENT	
<p>Identifies whether the patient is receiving intravenous, parenteral nutrition, or enteral nutrition therapy at home, whether or not the home health agency is administering the therapy. This item is not intended to identify therapies administered in outpatient facilities or by any provider outside the home setting.</p>	
TIME POINTS ITEM(S) COMPLETED	
<p>Start of care Resumption of care Follow-up</p>	
RESPONSE—SPECIFIC INSTRUCTIONS	
<ul style="list-style-type: none"> This item addresses only therapies administered at home, defined as the patient's place of residence. Exclude therapies administered in outpatient facilities or by any provider outside the home setting. If the patient will receive such therapy as a result of this SOC/ROC or follow-up assessment (e.g., the IV will be started at this visit or a specified subsequent visit; the physician will be contacted for an enteral nutrition order; etc.), mark the applicable therapy. Select Response 1 if a patient receives intermittent medications or fluids via an IV line (including heparin or saline flushes). 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. Select Response 1 if ongoing infusion therapy is being administered at home via central line, subcutaneous infusion, epidural infusion, intrathecal infusion, or insulin pump. Select Response 1 if the patient receives hemodialysis or peritoneal dialysis in the home. Do not select Response 1 if there are orders for an IV infusion to be given when specific parameters are present (e.g., weight gain), but those parameters are not met on the day of the assessment. An irrigation or infusion of the bladder is not included when completing M1030, Therapies at Home. Select Response 3 if any enteral nutrition is provided. 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 does <u>not</u> provide nutrition. 	
DATA SOURCES / RESOURCES	
<ul style="list-style-type: none"> Patient/caregiver interview Physician orders Referral information 	<ul style="list-style-type: none"> Review of past health history Physical assessment