OASIS ITEM

(M1307) The Oldest Non-epithelialized Stage II Pressure Ulcer that is present at discharge

- □ 1 Was present at the most recent SOC/ROC assessment
- \Box 2 Developed since the most recent SOC/ROC assessment:

NA - No non-epithelialized Stage II pressure ulcers are present at discharge

ITEM INTENT

The intent of this item is to a) identify the oldest Stage II pressure ulcer that is present at the time of discharge and is <u>not fully epithelialized</u>, and b) assess the length of time this ulcer remained unhealed while the patient received care from the home health agency and c) identify patients who develop Stage II pressure ulcers while under the care of the agency.

TIME POINTS ITEM(S) COMPLETED

Discharge from agency – not to inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- THIS ITEM REFERS **ONLY** TO NONEPITHELIALIZED STAGE II PRESSURE ULCERS. DO NOT CONSIDER STAGE III OR IV ULCERS WHEN ANSWERING THIS ITEM.
- Do not reverse stage pressure ulcers.
- Based on advances in wound care research and the opinion of the National Pressure Ulcer Advisory Panel (NPUAP), it has been determined that Stage II (partial thickness) pressure ulcers can heal through epithelialization (the process of regeneration of the epidermis across a wound surface).
- Select Response 1 if the oldest Stage II pressure ulcer that is <u>not fully epithelialized</u> was already present when the SOC/ROC assessment was completed.
- Select Response 2 if the oldest Stage II pressure ulcer that is <u>not fully epithelialized</u> was first identified since the most recent SOC/ROC visit (i.e., since the last time the patient was admitted to home care or had a resumption of care after an inpatient stay).
- If Response 2 is selected, specify the date of onset. Use two digits to indicate the month (e.g., September is 09), single-digit dates should begin with 0, and use four digits to indicate the year (e.g., September 2, 2009 be 09/02/2009).
- Select Response "NA" if the patient has no Stage II pressure ulcers at the time of discharge, or all Stage II
 pressure ulcers have been fully epithelialized.
- An ulcer that is suspected of being a Stage II, but is unstageable, should <u>not</u> be identified as the "oldest Stage II pressure ulcer." For this item, "unstageable" refers to pressure ulcers that are known to be present or that the care provider suspects may be present based on clinical assessment findings (e.g., patient report of discomfort, past history of skin breakdown in the same area), but that are unobservable due to dressings or devices (e.g., casts) that cannot be removed to assess the skin underneath.

DATA SOURCES / RESOURCES

Patient/caregiver interview	Clinical Record
ObservationPhysical assessment	 Consult published guidelines of NPUAP <u>f</u>or additional clarification and/or resources for training. Other resources can be found in Chapter 5 of this manual.
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