

OASIS ITEM
<p>(M1340) Does this patient have a Surgical Wound?</p> <p><input type="checkbox"/> 0 - No [<i>Go to M1350</i>]</p> <p><input type="checkbox"/> 1 - Yes, patient has at least one (observable) surgical wound</p> <p><input type="checkbox"/> 2 - Surgical wound known but not observable due to non-removable dressing [<i>Go to M1350</i>]</p>
ITEM INTENT
Identifies the presence of any wound resulting from a surgical procedure.
TIME POINTS ITEM(S) COMPLETED
Start of care Resumption of care Follow-up Discharge from agency – not to inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> • Old surgical wounds that have resulted in scar or keloid formation are not considered current surgical wounds and should not be included in this item. • If the patient has both an observable and an unobservable wound, the best response is 1 – Yes, patient has at least one (observable) surgical wound). • Select Response 2 if a wound is not observable. A wound is considered not observable if it is covered by a dressing (or cast) which is not to be removed per physician order. • For the purpose of this OASIS item, a surgical site closed primarily (with sutures, staples or a chemical bonding agent) is generally described in documentation as a surgical wound until re-epithelialization has been present for approximately 30 days, unless it dehisces or presents signs of infection. After 30 days, it is generally described as a scar and should not be included in this item. If the home health clinician conducting the assessment is not sure the wound fits the definition of a surgical incision, the clinician should contact the physician for clarification. • A pressure ulcer that has been surgically debrided remains a pressure ulcer. It <u>does not</u> become a surgical wound. • A muscle flap, skin advancement flap, or rotational flap performed to surgically replace a pressure ulcer is a surgical wound and is no longer a pressure ulcer. • Debridement or the placement of a skin graft does not create a surgical wound, as these are treatments performed to an existing wound. The wound would continue to be defined as the type of wound previously identified. • A bowel ostomy is excluded as a surgical wound, unless a "take-down" procedure of a previous bowel ostomy is performed, in which case the surgical take-down produces a surgical wound. A bowel ostomy being allowed to close on its own is excluded as a surgical wound. • All other ostomies are excluded from consideration under this item and should not be counted as surgical wounds. There are many types of "ostomies," all of which involve a surgically formed opening from outside the body to an internal organ or cavity. Examples include cystostomy, urostomy, thoracostomy, tracheostomy, illeostomy, gastrostomy, etc. These may be reported in M1350 if the home health agency is providing intervention specific to the ostomy.

Guidance for this item updated 12/2012

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1340)

- Orthopedic pin sites, central line sites, stapled or sutured incisions, and wounds with drains are all considered surgical wounds. Medi-port sites and other implanted infusion devices or venous access devices are considered surgical wounds.
- A PICC line, either tunneled or non-tunneled, is NOT a surgical wound, as it is peripherally inserted.
- Cataract surgery of the eye, surgery to the mucosal membranes, or a gynecological surgical procedure via a vaginal approach does not create a surgical wound for the purpose of this item.

DATA SOURCES / RESOURCES

- Patient/caregiver interview
- Observation
- Physical Assessment
- Referral documentation
- Review of health history
- Physician
- See Chapter 5 of this manual for resource links.