OASIS ITEM

(M1342) Status of Most Problematic (Observable) Surgical Wound:

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing

ITEM INTENT

Identifies the degree of healing present in the most problematic, observable surgical wound.

TIME POINTS ITEM(S) COMPLETED

Start of Care
Resumption of Care
Follow-up
Discharge from agency - not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- If the patient has only one observable surgical wound, that wound is the most problematic. The “most problematic” surgical wound may be the largest, the most resistant to treatment, an infected surgical wound, etc., depending on the specific situation.
- 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 dehiscences or presents signs of infection. After 30 days, it is generally described as a scar.
- The presence of a scab does not automatically equate to a “not healing” response. The clinician must first assess if the wound is healing entirely by primary intention (complete closure with no openings), or if there is a portion healing by secondary intention, due to dehiscence or interruption of the incision.
  - Primary Intention: Surgical incisions healing by primary intention do not granulate, therefore the only appropriate responses would be 0-Newly epithelialized or 3-Not healing. If the wound is healing solely by primary intention, observe if the incision line has re-epithelialized. (If there is no interruption in the healing process, this generally takes within a matter of hours to three days.) If there is not full epithelial resurfacing such as in the case of a scab adhering to underlying tissue, the correct response would be “Not healing” for the wound healing by primary intention.
  - Secondary Intention: If it is determined that there is incisional separation, healing will be by secondary intention, and the clinician will then have to determine the status of healing. Surgical incisions healing by secondary intention do granulate, therefore may be reported as “Not healing,” “Early/partial granulation,” “Fully granulating,” and eventually “Newly epithelialized.”
- “Epidermal resurfacing” means the opening created during the surgery is covered by epithelial cells. If epidermal resurfacing has occurred completely, the correct response in the OASIS would be “Newly epithelialized” until 30 days have passed without complication, at which time it is no longer a reportable surgical wound.
- Select Response 0 for implanted venous access devices and infusion devices when the insertion site is healed. Epithelialization is regeneration of the epidermis across a wound surface.
- At follow-up, skip this item if the patient no longer has surgical wounds(s).

DATA SOURCES / RESOURCES

- Patient/caregiver interview
- Referral documentation
- Observation
- Review of health history
- Physical Assessment
- Physician
- Links to the Wound, Ostomy, and Continence Nurses’ guidelines are provided in Chapter 5 of this manual.

Guidance for this item updated 12/2011