**OASIS ITEM**

(M1400) When is the patient dyspneic or noticeably Short of Breath?

- □ 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)

**ITEM INTENT**

Identifies the level of exertion/activity that results in a patient’s dyspnea or shortness of breath.

**TIME POINTS ITEM(S) COMPLETED**

Start of care
Resumption of care
Follow-up
Discharge from agency – not to inpatient facility

**RESPONSE—SPECIFIC INSTRUCTIONS**

- If the patient uses oxygen continuously, select the response based on assessment of the patient’s shortness of breath while using oxygen. If the patient uses oxygen intermittently, mark the response based on the patient's shortness of breath WITHOUT the use of oxygen.
  - The response is based on the patient's actual use of oxygen in the home, not on the physician's oxygen order.
- The responses represent increasing severity of shortness of breath.
- For a chairfast or bedbound patient, evaluate the level of exertion required to produce shortness of breath. The chairfast patient can be assessed for level of dyspnea while performing ADLs or at rest. Response 0 would apply if the patient has not been short of breath during the day of assessment. Response 1 would be appropriate if demanding bed-mobility activities produce dyspnea in the bedbound patient (or physically demanding transfer activities produce dyspnea in the chairfast patient). See Responses 2, 3, and 4 for assessment examples for these patients as well as ambulatory patients.

**DATA SOURCES / RESOURCES**

- Observation
- Physical assessment
- Patient/caregiver interview
- Review of health history