

<b>OASIS ITEM</b>
<p><b>(M1410) Respiratory Treatments</b> utilized at home: <b>(Mark all that apply.)</b></p> <p> <input type="checkbox"/> 1 - Oxygen (intermittent or continuous)  <input type="checkbox"/> 2 - Ventilator (continually or at night)  <input type="checkbox"/> 3 - Continuous / Bi-level positive airway pressure  <input type="checkbox"/> 4 - None of the above         </p>
<b>ITEM INTENT</b>
Identifies any of the listed respiratory treatments being used by this patient in the home.
<b>TIME POINTS ITEM(S) COMPLETED</b>
Start of care Resumption of care Discharge from agency – not to inpatient facility
<b>RESPONSE—SPECIFIC INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>Excludes any respiratory treatments that are not listed in the item (e.g., does not include nebulizers, inhalers).</li> <li>Option 3 reflects both CPAP and BiPAP.</li> </ul>
<b>DATA SOURCES / RESOURCES</b>
<ul style="list-style-type: none"> <li>Patient/caregiver interview</li> <li>Observation</li> <li>Physician's orders</li> <li>Referral information</li> <li>Review of health history</li> </ul>