

OASIS ITEM
<p>(M1700) Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. <input type="checkbox"/> 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. <input type="checkbox"/> 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. <input type="checkbox"/> 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. <input type="checkbox"/> 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.
ITEM INTENT
Identifies the patient's current (at the time of the assessment and in the preceding 24 hours) level of cognitive functioning, including alertness, orientation, comprehension, concentration, and immediate memory for simple commands.
TIME POINTS ITEM(S) COMPLETED
Start of care Resumption of care Discharge from agency - not to inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> • Responses progress from no impairment to severely impaired. • Consider the patient's signs/symptoms of cognitive dysfunction that have occurred over the past 24 hours. • Consider the amount of supervision and care the patient has required due to cognitive deficits. • Patients with diagnoses such as dementia, delirium, development delay disorders, mental retardation, etc., <u>will</u> have various degrees of cognitive dysfunction. Consider the degree of impairment. • Patients with neurological deficits related to stroke, mood/anxiety disorders, or who receive opioid therapy <u>may</u> have cognitive deficits.
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> • Patient/caregiver interview • Observation • Physical assessment • Links to cognitive assessment tools can be found in Chapter 5 of this manual. • Review of past health history • Physician