OASIS ITEM
(M1740) Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed): (Mark all that apply.)
<ul> <li>Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required</li> <li>Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions</li> <li>Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.</li> <li>Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)</li> <li>Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)</li> <li>Delusional, hallucinatory, or paranoid behavior</li> <li>None of the above behaviors demonstrated</li> </ul>
ITEM INTENT
Identifies specific behaviors associated with significant neurological, developmental, behavioral or psychiatric disorders.
TIME POINTS ITEM(S) COMPLETED
Start of care  Resumption of care  Discharge from agency - not to an inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS
<ul> <li>Behaviors may be observed by the clinician or reported by the patient, family, or others.</li> <li>Include behaviors which are severe enough to         <ul> <li>make the patient unsafe to self or others,</li> <li>cause considerable stress to the caregivers, or</li> <li>require supervision or intervention.</li> </ul> </li> <li>If Response 7 is selected, none of the other responses should be selected.</li> </ul>
DATA SOURCES / RESOURCES
<ul> <li>Patient/caregiver interview</li> <li>Observation</li> <li>Physical assessment</li> <li>Referral information</li> <li>Physician</li> <li>Links to standardized cognitive screening tools can be found in Chapter 5 of this manual.</li> </ul>