

OASIS ITEM
<p>(M1745) Frequency of Disruptive Behavior Symptoms (Reported or Observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.</p> <p> <input type="checkbox"/> 0 - Never <input type="checkbox"/> 1 - Less than once a month <input type="checkbox"/> 2 - Once a month <input type="checkbox"/> 3 - Several times each month <input type="checkbox"/> 4 - Several times a week <input type="checkbox"/> 5 - At least daily </p>
ITEM INTENT
Identifies frequency of any behaviors that are disruptive or dangerous to the patient or the caregivers.
TIME POINTS ITEM(S) COMPLETED
Start of care Resumption of care Discharge from agency - not to an inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> Consider if the patient has any problematic behaviors – not just the behaviors listed in M1740 – which jeopardize or could jeopardize the safety and well-being of the patient or caregiver. Then consider how frequently these behaviors occur. Include behaviors considered symptomatic of neurological, cognitive, behavioral, developmental, or psychiatric disorders. Use clinical judgment to determine if the degree of the behavior is disruptive or dangerous to the patient or caregiver. Behaviors can be observed by the clinician or reported by the patient, family, or others. Examples of disruptive/dangerous behaviors include sleeplessness, “sun-downing,” agitation, wandering, aggression, combativeness, getting lost in familiar places, etc.
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> Patient/caregiver interview Observation Physical assessment Referral information Review of past health history Physician Links to additional information sources can be found in Chapter 5 of this manual.