

OASIS ITEM
<p>(M1810) Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. <input type="checkbox"/> 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient. <input type="checkbox"/> 2 - Someone must help the patient put on upper body clothing. <input type="checkbox"/> 3 - Patient depends entirely upon another person to dress the upper body.
ITEM INTENT
<p>Identifies the patient's ability to dress upper body, including the ability to obtain, put on and remove upper body clothing. Assess ability to put on whatever clothing is routinely worn. This specifically includes the ability to manage zippers, buttons, and snaps if these are routinely worn.</p> <p>The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. These items address the patient's ability to safely dress the upper body, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. The patient must be viewed from a holistic perspective in assessing ability to perform ADLs. Ability can be temporarily or permanently limited by:</p> <ul style="list-style-type: none"> - physical impairments (e.g., limited range of motion, impaired balance) - emotional/cognitive/behavioral impairments (e.g., memory deficits, impaired judgment, fear) - sensory impairments, (e.g., impaired vision or pain) - environmental barriers (e.g., stairs, narrow doorways, location of bathroom or laundry)
TIME POINTS ITEM(S) COMPLETED
<p>Start of care</p> <p>Resumption of care</p> <p>Follow-up</p> <p>Discharge from agency - not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> • Prosthetic, orthotic, or other support devices applied to the upper body (e.g., upper extremity prosthesis, cervical collar, or arm sling) should be considered as upper body dressing items. • The patient's ability may change as the patient's condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified. The clinician must consider what the patient is <i>able to do</i> on the day of the assessment. If ability varies over time, choose the response describing the patient's ability more than 50% of the time period under consideration. • The ability to dress upper body scale presents the most independent level first then proceeds to the most dependent. Read each response carefully to determine which one best describes what the patient is able to do. • In cases where a patient's ability is different for various dressing upper body tasks, pick the response that best describes the patient's level of ability to perform the majority of dressing upper body tasks. • If the patient requires standby assistance (a "spotter") to dress <u>safely</u> or requires verbal cueing/reminders, select Response 2.

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1810)

- If a patient modifies the clothing they wear due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the patient could return to their previous style of dressing. There is no specified timeframe at which the modified clothing style will become the routine clothing.
- The clinician will need to determine which clothes should be considered routine. It will be considered routine because the clothing is what the patient usually wears and will continue to wear, or because the patient is making a change in clothing options to styles that are expected to become the patient's new routine clothing.
- Assessment strategies: A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Ask the patient if he/she has difficulty dressing upper body. Observe the patient's general appearance and clothing to determine if the patient has been able to dress appropriately. Opening and removing upper body garments during the physical assessment of the heart and lung provides an excellent opportunity to evaluate the upper extremity range of motion, coordination, and manual dexterity needed for dressing. The patient can also be asked to demonstrate the body motions involved in dressing. Assess ability to put on whatever clothing is routinely worn.

DATA SOURCES / RESOURCES

- Observation
- Patient/caregiver interview
- Physical assessment
- Environmental assessment